Allied Health-Services Limited

Allied Health-Services Bournemouth

Inspection report

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Tel: 012024200022

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09 January 2020
15 January 2020
20 January 2020

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Allied Health-Services Bournemouth is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 38 people were receiving care and support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Systems to oversee the quality of care provided and the management of the service were not robust. The management and administration of people's medicines was not always safely undertaken. Assessment of people's needs and care planning to support people and ensure their needs were understood and met was not detailed enough.

People told us they received care from staff who knew their needs well and ensured that they felt safe and well cared for. We have made recommendations about how risks are managed for people and how safeguarding issues are recognised and reported.

People and relatives told us the service provided staff who were caring and supportive. We have made a recommendation about how staff visits to people are planned to ensure they have the required time to spend with people and enough time to travel between visits.

People were supported by staff who provided flexible, responsive care. Staff recruitment checks ensured staff were suitable to work with people in a care setting. Staff induction and mandatory training enabled them to carry out their roles effectively. We have made a recommendation about staff training to ensure they can meet all people's needs and that they receive appropriate supervision and support.

People told us they felt listened to and consulted when planning and agreeing what care and support they needed. People and staff felt the service was well led.

People knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice and we have made a recommendation regarding mental capacity assessments and best interest decisions.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This service was registered with us on 21/01/2019 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Enforcement
We have identified breaches in relation to the governance of the service, the management and administration of medicines, assessment and care planning and failure to make notifications. Please see the action we have told the provider to take at the end of this report.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Allied Health-Services Bournemouth

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was with older people.

Service and service type
Allied Health-Services Bournemouth is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit. We needed to be sure people were informed we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 9 January 2020 and ended on 20 January 2020. We visited the office location on 9 and 15 January 2020 and continued to gather evidence and feedback until 20 January 2020.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection
During the inspection we spoke with 18 people, four relatives or friends and two health and social care professionals. We also spoke with the registered manager, two management or senior care staff, administrative staff and four care staff.

We reviewed a range of records including six care plans and medicines records, four staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, complaints and accidents and incidents.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included seeking staff opinions via email and contacting health professionals and commissioners to ask for their view of the service. We received feedback from three staff and three health and social care professionals.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Some people required staff support to help them manage their medicines. We could not be certain that people received the correct support at the correct time or in accordance with the prescriber's instructions. For example, one person required medicines to be administered at specific times, four times a day but the majority of the time did not receive it when they should. Care plans lacked information about people's medicines and any special instructions such as to be taken before or after meals or at specific times. Where people were prescribed antibiotics, there was no information about why this had been prescribed, when to take it and how long the course should last. Some people had medicines prescribed that they could take as and when they were needed (PRN). There were no instructions for staff about when such a medicine could be administered and the total amount that could be taken in one day.

● The medicines management policy was not dated and did not reflect current national guidance and best practice. For example, the service was using outdated terminology regarding whether medicines were 'prompted' or 'administered'. Any involvement with medicines is administration and should be assessed and planned for as such.

● Records were not being completed appropriately to demonstrate that staff had administered medicines as required. Medicines Administration Records (MAR), had not been properly completed; there were frequent gaps in the records, specified codes had not been used and other codes which were not in accordance with the registered provider's policies had been used.

● Systems to ensure that the correct information was recorded on MAR were not effective. Handwritten entries on Medicines Administration Record (MAR) did not include the full prescriber's instructions and dosage and had not always been checked and counter signed by a second member of staff. One person did not have a MAR in place at the start of their package of care even though this had been assessed and planned well in advance of the start of the person's care.

● Some medicines, such as topical creams and eye drops, were only effective for a specific period once opened. There was no system in place to check that this was happening and ensure that medicines were given safely. Some people required support to apply and remove medicinal patches to their skin. There was no care plan to guide staff how to do this, how often or ensure that placement was carefully rotated. There was also no information about how these should be disposed of once removed from the person. It transpired that staff had disposed of them inappropriately in domestic waste. In some situations, staff were taking responsibility for removing medicines from people's homes and taking them to a local pharmacy to be destroyed. Records of this were not being kept and this meant that the service was unable to demonstrate that they handled the medicines safely and responsibly.

● Staff had completed safe management of medicines training. However, not all staff had their competencies checked regularly. Two out of five staff checked had been administering medicines for over

one month without a check to ensure they were doing this safely and competently. There was also not evidence that the competency of the member of staff responsible for competency checking the other staff, had had their competency checked.

Medicines management systems that were in place were not effective and did not ensure safe administration of medicines. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that a new medicines policy would be issued within one week and staff training, and competence would be reviewed, and action taken as necessary. They created an action plan with specific timescales to address the other medicines concerns.

Staffing and recruitment

● Suitable time for travelling between visits was not always planned into the schedules for staff. There were many occasions where no time to travel between visits had been included or the time allowed to travel from one area to another was insufficient. Staff confirmed this was often the case. Half of the people and relatives we spoke with confirmed that staff did, on occasions, arrive late. The registered manager advised that this was not in accordance with company policy, which is to ensure there is a minimum of five minutes between every call. They agreed to undertake an investigation into this.

● The service operated an electronic system for staff to register their arrival and departure times at people's homes. This showed that some staff often did not stay with people for the full time that had been commissioned and paid for. The registered manager was aware of a few staff who were doing this and told us that they were addressing it.

● Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.

We recommend the provider ensures there is enough staff cover across the geographical area, so people receive a consistent and reliable service. The provider should also ensure that travelling time is considered to make sure people receive the amount of care that has been agreed in their care plan.

Systems and processes to safeguard people from the risk of abuse

● Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.

● The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. However, in their absence, we could not be sure that other staff had the required knowledge. This was because staff told us they had reported their concerns for one person to senior staff in the absence of the registered manager. When we investigated this, a safeguarding referral to the local authority had not been made. The registered manager took immediate action to address this.

We recommend the provider ensures that effective systems, policies and procedures are in place to ensure safeguarding concerns are identified and managed promptly.

Assessing risk, safety monitoring and management

● Risk assessments were carried out to identify any risks to people and to the staff providing their care. This included any environmental risks in people's homes and risks associated with people's care needs. These often lacked important information and detail. For example, one person was noted to be at high risk of

falling and had recently broken their leg. There was no risk assessment in place to ensure staff understood the risks and the actions they should take to support the person. Another person was said to experience anxiety attacks but there was no information about the way staff should care for the person to try to prevent this or reassure the person if they should experience such an occurrence.

● There was a contingency plan in place in case of events that effected the service running safely such as staff sickness, problems with the building or adverse weather.

We recommend the provider ensures a proactive approach to anticipating and managing risks to people who use services is embedded in the service and that staff understand and use the systems and strategies consistently.

Preventing and controlling infection

● People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.

● Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections. One person told us, "The carers always put on gloves and aprons when they visit me."

Learning lessons when things go wrong

● Accidents and incidents were reviewed and analysed by the registered provider, so any trends could be identified and learning could be facilitated.

● Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's care and support needs were carried out before care was provided for people. These pre-assessments were used to form the basis for people's care plans and ensure that their support needs could be met.
- There were regular reviews of people's care to ensure the service was meeting their needs. Assessments and care plans were not always updated following this. For example, one person's needs had changed following a review, and their package of care had increased from three visits to four visits per day. Care plans and other documentation were for three visits per day. This had not been an issue as current staff knew people well but there was a risk that new staff would not be aware of changes or able to meet people's needs.
- Assessments did not always include details about people's cultural, religious and lifestyle choices and any equipment that was needed such as special beds or hoists. For example, there were no contact details for a person's next of kin and other people's faith or spiritual needs had not been considered.

We found no evidence that people had not received the care and support they required. However, systems to assess people's needs and choices were not comprehensive and did not always ensure that expected outcomes were identified and changes in need were planned for. This placed people at risk of harm. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed that immediate steps would be taken to improve the quality of assessments that were carried out.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles. One person said, "Very good carers. They are well trained and kind."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff said, "The training is great, and we are always up to date on all aspects of the care industry."
- Staff completed a comprehensive induction which included shadowing experienced staff on visits. They did not work unsupervised until they and the management team were confident they could do so safely. An ongoing programme for updates and refresher training was in place.
- Many of the people receiving support from the service were living with specific conditions such as dementia, diabetes, mental health conditions and Parkinson's disease. The registered manager confirmed

that there were online training courses available to staff in many of these areas. However, training records did not reflect what training staff had completed and it was not possible to be certain that staff always had sufficient knowledge and skills to meet people's needs.
● Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs. Some staff had not received formal supervision during their probation or to assess them at the end of this. Senior staff had not received formal supervision in accordance with the registered provider's own policy.

We recommend the provider ensures that staff have the right competence, knowledge, qualifications and skills to carry out their roles. Training and development plans should be designed around the care and support needs of those who use the service as well as the learning needs of the staff.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported by staff who understood their food and drink needs and preferences. One person told us, "The carers make my evening meal, they are good like that."
● Whilst staff had a good understanding of people's needs in relation to eating and drinking, care plans did not always reflect the support the person needed to eat and drink. For example, one person's care plan told staff to ensure the person had "sufficient fluids" but there was no detail about how much this would be. Another person was at risk of malnutrition and their GP had prescribed special fortified drinks. There was no information in the care plan about these or how often they should be taken. Daily records contained only occasional references to the drink having been given to the person. They were also not recorded on the person's MAR although they were a prescribed item.

We recommend the provider ensures care plans always include detail about any support people need with nutrition and hydration, to help protect people from malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other agencies, such as GPs and district nurses, to promote effective care and improve people's quality of life. A health and social care professional told us, "They have been fantastic – always giving me regular feedback, always attending visits with me when needed, able to provide carers when needed. They are brilliant with the clients – very person centred, holistic and patient. "
● Staff spoke knowledgeably about people's health needs and discussions showed they had been proactive in seeking guidance and support from health professionals. However, records did not always support this.
● People confirmed that they were supported to access healthcare services when they needed this. This included support from GPs, community nurses, opticians and chiropodists.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of

Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● The registered manager and staff had completed training about the MCA. They understood people had the right to make their own decisions about their care unless they lacked the mental capacity to do so.
● Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
● People had signed their care records to show that they consented to the care and support they were being provided with. One person told us, "The carers are careful to ask first before doing something for me." Another person said, "Very caring staff, they always ask before doing things for me."
● Where required, mental capacity assessments and best interests decisions forms had been completed.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care and support they received from the service. During discussions we found staff to be kind and compassionate. A relative told us, "When I am there I see the carers being very kind and caring towards [person]."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity. One person said, "The staff are great. Very kind, caring and supportive at every visit."

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard. One person told us, "I do chat about my needs with them." Another person said, "They have spoken to me about my care plan and I am involved in my care."
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "The carers know how I like things done and they do the work as I ask." A relative told us, "Very respectful towards [person], they protect his dignity at all times. I can't fault them."
- People and relatives told us they had regular staff who knew and understood them. One person said, "They are a caring, supportive team who always do their best." A relative told us, "The staff are very good and caring and also supportive of me."
- Assessments asked people whether they had preferences regarding staff of the opposite sex providing their personal care. Where people had such preferences, these were respected.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People told us staff provided them with all the care and support they required. They said they felt well cared for and were always consulted about what they needed and how they wanted this to be done for them. A relative told us, "I was involved in [person]'s care plan and it is updated from time to time."
- Each person had a care plan that was personal to them. Care plans provided basic information about people's needs and the tasks staff were to complete at each visit. Some areas of care plans, such as moving and assisting people, personal care needs, and pressure area care, did not have enough detail to ensure there was a complete record of their needs and how staff should provide support to ensure people's needs were met.
- Some people were living with specific conditions such as diabetes, Parkinson's disease and mental health conditions. The registered manager stated that they expected each person's file to contain an information sheet about the condition. There were no information sheets in the files we checked. Staff confirmed that there was information in the files kept in people's homes. However, there was no personalised information about how a person was affected by their condition or any signs and symptoms staff should be aware of.
- Staff knew people well and understood their personal history. However, this was not always recorded in care plans so that all staff had access to this information.
- The service provided support to people who were at the end of their life.
- Care plans lacked information about the support people wished to receive to have a comfortable and dignified death. There was little information about any work with health care services that may be needed or the people and support the person wished for in their final hours. There was no information about pain relief or anticipatory medicines or how staff could access these.
- Staff training records were incomplete, so it was not possible to establish whether the staff who were working with people at the end of their lives had the necessary skills to support the people concerned.

We found no evidence that people had not received the support and care they required. Care plans did not fully identify people's needs, choices and preferences nor give clear information about how these areas were to be supported by staff to ensure all care and support needs were fully met.
This placed people at risk of harm. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately during and after the inspection. They confirmed that a review of all care plans would be undertaken, and necessary improvements would be made.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.

Improving care quality in response to complaints or concerns

● People were given information about the service and how to complain when they first started to receive support from the service.

● People told us they knew how complain if they needed to and felt confident they would be listened to.

● The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.

● Complaints were acknowledged, investigated and resolved in line with this policy. One person told us, "If I had a problem I would call the office."

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●Whilst people, relatives and staff mostly expressed confidence the service was well run, some had a less favourable view One person said, "I do think the service is well managed, it doesn't let me down." Another person said, "I think the service used to be run better than it is now, so it could improve."

●The registered manager and staff were clear about their roles and responsibilities. However, the registered manager was responsible for more than one branch and confirmed that, due to pressures in the other branches, they had not been able to spend as much time at the Bournemouth office as was needed. They confirmed they had recently started to become aware of some of the shortfalls that were identified at this inspection and were already taking steps to address these.

● The registered manager monitored the quality of the service provided through a range of audits. Audits had been completed just prior to this inspection and the registered manager had created an action plan to address the shortfalls that had been identified, for example, the issues regarding care planning.

● The systems in place had not been fully effective in assessing and monitoring other areas of the service such as the management and administration of medicines, record keeping or the shortfalls in staff competencies and supervision. For example, audits of MAR by staff in the office had identified that there were gaps or that staff had completed records in the wrong colour pen but none of the other issues highlighted at this inspection had been identified.

We found no evidence that people had been harmed. However, governance, management and accountability systems were either not in place or robust enough to ensure effective management of the service and that people received good quality care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed that an action plan had been created which included the secondment of another manager to support the Bournemouth office.

● Services are required to notify CQC of a number of different types of incidents and events. This includes any allegations of abuse, incidents involving the police or serious injuries. We identified that incidents of suspected abuse, abuse and contact with the police had not been notified as required.

This was a breach of regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The registered manager and staff were motivated to provide the best possible person-centred care and support for people. A member of staff told us, "All the team members in the office are supportive and care not only for our clients but for us carers too. We work well together as a team and always put our clients first."

● People and relatives told us the registered manager and senior staff were approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team.

● The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. The registered manager promoted openness and learning from mistakes. This reflected the requirements of the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.

● Staff said they felt comfortable putting forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care: Working in partnership with others

● There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

● The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The service had not submitted notifications of incidents as required.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found no evidence that people had not received the end of life care they required. However, systems were either not in place or robust enough to demonstrate that appropriate care had been or would be received.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines management systems that were in place were not effective and did not ensure safe administration of medicines.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found no evidence that people had been harmed. However, governance, management and accountability systems were either not in place or robust enough to ensure effective management of the service and that people received good quality care.