Buadu Limited

Bluebird Care (Hillingdon)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 16 and 17 May 2016 and was announced. We gave the provider short notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection. This was the first inspection with Care Quality Commission (CQC) since the service moved to a different building which was registered in July 2015.

Bluebird Hillingdon provided a range of services to people in their own home including personal care. People using the service had a range of needs and were mainly older people and some were living with dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 46 people were receiving personal care in their own homes. The care had either been funded by their local authority, Clinical Commissioning Group (CCG) or people were paying for their own care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Not all the records relating to the prompting or administration of medicines were accurate.

The provider had systems in place to monitor the quality of the care provided. However, these did not always provide appropriate information to identify issues and address the quality of the service.

Systems were in place to safeguard people from the risk of abuse.

Risk assessments were in place for identified areas of risk to minimise them.

There was a record of the equipment in people's homes which included who was responsible to maintain and service the equipment in order to protect care workers and people using the service.

Staff recruitment procedures were in place and being followed. There were enough staff available to meet people's needs.

Staff and care workers said they worked well as a team and received training to provide them with the skills and knowledge to care for people effectively.

The Mental Capacity Act (2005) had been appropriately applied and considered. People were involved in how they wanted to be supported and had consented to the support they received.

Care workers respected people's wishes, gave them choices and supported them to be as independent as possible.

The provider was active in seeking feedback from people with regard to their experiences of the service and used this to drive improvement.

People's care plans covered their needs and detailed the support their care workers provided on each visit.

People's healthcare and nutritional needs were monitored and they were referred to the GP and other healthcare professionals if needed.

People and relatives were confident to raise any complaints and systems were in place to record and investigate these.

We found breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to medicines management and quality assurance systems.

You can see what action we told the provider to take at the back of the full version of the report.

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.

Improvements needed to be made to the assessment and recording of the exact support people needed to safely receive their medicines.

People using the service told us they felt safe with their care workers and the registered manager and care workers knew how to respond if they had a safeguarding concern.

There were systems in place to ensure risks to people's safety and wellbeing were identified and addressed in a proportionate way.

The recruitment procedures included checks on the staff member's suitability to work with people living in their own homes.

Is the service effective?

Good

The service was effective.

Care workers received the training, support and information they needed to care for people safely and to meet their needs.

People had consented to their care and treatment. Where people were not able to consent the provider had liaised with relevant people to make sure care was provided in the person's best interest.

People and relatives gave us good feedback about the care and support people received.

The staff monitored people's health and nutritional needs and worked with other professionals to make sure these needs were met.

Is the service caring?

Good

The service was caring.

People we spoke with felt the care workers were caring and treated them with dignity and respect while providing care.

Care workers supported people to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received support from care workers who knew and understood their needs.

People's care plans covered their care needs and detailed the support their care workers provided on each visit.

People told us that staff listened to them, and gave them time to express their views and preferences about the way care was delivered.

People and relatives were confident to raise any complaints and systems were in place to record and investigate these.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had systems in place to assess the quality of the service being provided. However, these did not fully identify areas for improvement.

People using the service and care workers felt the service was well-led and the registered manager was friendly and approachable.

The provider was active in seeking feedback from people and staff with regard to their experiences of the service and used this to drive improvement.

Bluebird Care (Hillingdon)

Detailed findings

Background to this inspection

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

This inspection took place on 16 and 17 May 2016 and was announced. We gave the provider short notice of the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist with the inspection.

The inspection team consisted of one inspector.

Before the inspection, we reviewed the information we held about the service. This included registration reports and notifications the provider sent us about significant incidents affecting people using the service. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the quality monitoring team for the local authority to gain their views on the service.

During our visit to the service's office we spoke with the provider, who was the director, the registered manager, a customer service manager, two co-ordinators and five care workers We reviewed care records for five people using the service, including their care plans, risk assessments and daily care notes completed by their care workers. We also looked at other records, including four care workers' employment files, the complaints log, accident and incident reports, training records, audits and checks the provider and registered manager completed.

Following the inspection we spoke with eight people using the service and three relatives. We also received feedback about the service via emails from three relatives and two care workers.

Requires Improvement

Is the service safe?

Our findings

Feedback on how people received their medicines was mixed. Some comments were positive and one person confirmed that the care workers gave them their medicines and always signed the medicine administration record (MARS). A second person confirmed that they "mustn't do their own medicines and that care workers always give me my medicines." One relative said that any changes to their family medicines the staff would call them to check what had changed to ensure it was recorded on the (MARS) and that it had been prescribed appropriately.

However, other feedback highlighted there had been some errors. A relative told us that their family member was supported with receiving their medicines and that there had "been a couple of mistakes but these have been rectified and new systems put in place." A second relative confirmed that "the morning staff have to administer medication; they write in the daily notes if they have done so but on many occasions the morning medication has not been given despite there being a dossett box with the required dosage and instructions left." This was raised with the registered manager who looked into this to ensure care workers were following the care plan which was to prompt the person to take their own medicines and not to administer the person's medicines.

We saw that in some people's care records it had noted that care workers needed to "assist" the person with their medicines. In one person's file it said to prepare their next day morning medicines the evening before with no detail of why or what the medicine was. This person's care plan had stated they needed assistance with their medicines yet the sample of daily notes from February 2016 we saw that care workers had recorded "medicines given". This indicated the person had their medicines administered to them. Therefore it was not clear exactly the task care workers needed to carry out. The registered manager amended this person's care records during the inspection so that the medicine role was clearer.

On a second person's care records the information for care workers again was not clear for whether the person needed to be prompted to take their medicines or if they required care workers to administer it to them. The details recorded that after eating the person liked to take their medicines but this did not instruct care workers of their role.

We viewed a sample of MARS for one person. These records did not note if the person had refused to take their medicines and the reason why. We saw that for April 2016 on some dates the letter "n" (which meant the person had not taken, or been given, their medicines) was noted but nothing was recorded anywhere on the MARS or in the daily records to say what had taken place in relation to the person not taking their medicines.

In addition, for one person there had been a period in January 2016 of six days where there had been no MARS in the person's home for care workers to sign if they had carried out a medicine task. The person's daily notes had just noted there were no MARS in the home. The expectation would be that care workers would inform the office that more MARS were required for the following month or that during visits and reviews new MARS were taken to the person's home. However, on this occasion this had not occurred.

We also saw the provider's medicine policy and procedure which included a description of what prompting and administering meant. However, within the detail of administering medicines assisting with medicines was also referred to but not as a clear different and separate task. We drew this to the attention of the registered manager and director who said they would contact the head office and also view other medicine guidelines from the Royal Pharmaceutical Society and from the National Institute of Clinical Excellence (NICE).

The registered manager confirmed they would review and amend all the files where people needed any form of support with their medicines.

The above paragraphs demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers received medicine training and those we spoke with confirmed they had completed this before carrying out this task. We saw in people's care records that the support they required with their medicines was noted and included details if the medicines were in dossett boxes and how the person received their medicines, for example through their local pharmacist.

People using the service told us they felt safe receiving support from the care workers. They said care workers wore a uniform and identification so they knew who they were. One person confirmed, "I feel safe." A second person described how they felt safe when being moved via a hoist and told us the care workers were "confident" when using this equipment and ensured they were moved safely every time.

Care workers confirmed they would know who to contact if they had any concerns, and added they did not have any issues about the service. Staff received training in safeguarding adults and training records confirmed this. Staff were able to tell us what they would do if they suspected someone was being abused and were aware they could also contact external agencies such as the local authority or police.

People's support plans contained risk assessments that identified the risk and the support required to minimise the risk. The assessments covered possible risks in the person's home, mobility and moving and handling. Risk assessments included guidance on how to mitigate identified risks. However, one person's care records had not clearly outlined all their presenting risks, such as requiring support with pressure sores, which the registered manager amended during the inspection. People's risk assessments had been reviewed and we saw no other evidence that these were not relevant to the individual and their needs

The registered manager confirmed that there had been no incidents or accidents. They told us there were forms available to complete if there was an incident and they were aware of their duties to look into these if and when they occur.

People's care records recorded if there was equipment in their home to assist them with their mobility, such as walking frames and hoists. There was information regarding when it was serviced, if applicable, and the details of who provided the equipment. This enabled care workers to be reassured that they were not using unsafe equipment and that people were also being safely supported.

The provider deployed sufficient staff to meet people's needs in a safe manner. Care workers we spoke with said they were given enough time to travel to people using the service, unless there were issues at previous visits or trouble with traffic. The co-ordinator explained that the online system calculated the travel time for a care worker if they were using public transport or driving. The electronic system in place at the service alerted the office staff if a care worker had not logged in at a person's home and they could also see how

long a care worker was at a visit to ensure that they stayed for the agreed length of time.

Feedback from people and relatives on care worker's timekeeping was mixed and although staff based in the office told us they would where possible call the person if they were informed that the care worker was running late this did not always occur. One person said care workers, "usually come on time" and another said "Care workers do get here on time." However, one person commented that "if only someone would tell me if they (care workers) are running late," and that "the time does vary when they come." A relative also told us, "The care givers often do not come at the expected time and no, I am not informed." And a second relative said, "Majority of the time (care workers) come on time, I do not believe they always advise if running late." We spoke with the registered manager about this who said they had recognised that there were times that people and/or their relatives were not contacted and that they would immediately address this and remind staff that this needed to be communicated to the relevant persons.

The majority of people and relatives we received feedback from said they did now regularly receive a copy of the rota so that they knew which care worker would be visiting. Although some people said this was not always accurate and that it might occasionally be a different care worker.

Staff confirmed they had gone through recruitment checks. They confirmed they had attended an interview, which we saw evidence of in the files we viewed and had provided employment details and identification documents. The care worker's employment files we viewed contained an application form and employment history, a minimum of two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provided information about any criminal convictions a person may have and helped to ensure people employed were of good character and had been assessed as suitable to work at the service. There was some information that required clarification, such as details on one care worker's curriculum vitae (CV) did not match what was on their application form, which the registered manager checked during the inspection and amended and verified this. There was also no explanation on a second care worker's file as to why their previous line manager had not been requested to provide a reference. The registered manager spoke with the care worker to record the reason why this had occurred. They confirmed that an audit on staff employment files would be completed to ensure there was no missing information and where there needed to be verification or clarification then this would be noted.

Good

Is the service effective?

Our findings

Staff, including care workers, told us that they had received an induction prior to starting to work with people in the community. One staff member said they had been "given time to become familiar with the work." A care worker said they had asked for more time to shadow experienced care workers and that this had been agreed to ensure they felt they had enough time to feel ready to work unsupervised. A second care worker described how they "had three days of induction, followed by shadowing calls." The registered manager said new care workers would complete the modules aligned with the Care Certificate, (these are a set of introductory standards that health and social care workers adhere to in their daily working life to provide compassionate, safe and high quality care and support). We saw evidence that these were being used.

We saw that care workers and staff mainly based in the office received training on a range of subjects. One care worker told us, "I have ongoing training with this company and have recently signed up to do my NVQ level 2." Care workers said they felt "supported" and that they found the registered manager "always helping." Training subjects included, basic first aid, infection control, end of life care and dementia. We saw evidence that care workers had received ongoing training and the registered manager developed a training plan shortly after the inspection to ensure training was offered to all care workers in a timely and planned way. Care workers were encouraged to study for a social care qualification and we saw evidence that several care workers had either completed or were waiting to start the course in order to develop their skills and knowledge.

Training was taking place for new care workers during the two day inspection by an external trainer. This was on moving and handling and medicine management. Care workers received the training both face to face and through completing workbooks with questions to test their knowledge and understanding. This was being monitored by the director and registered manager to ensure this was the best method of training for care workers and staff based in the office.

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. The application procedures for community services would be via the local authority and court of protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager confirmed that there was no-one currently using the service who had a court order in place. They were aware of obtaining evidence if someone Lasting Powers of Attorney (LPA) for a person's finances and/ or health and

welfare. We saw for one person the service had a copy of this for finances on their file. The registered manager was aware of their duty in involving the person wherever possible and consulting with their family or friends if agreed and necessary which we saw evidence of in the care records we viewed.

If people were able to they had signed agreeing to the contents of their care plan. People using the service confirmed that care workers asked them how they wanted to be supported and that they were told what tasks the care worker was about to carry out during the visit. One person said, "they (care workers) listen to me, they asked me to give consent to my support verbally and this was recorded." This was important for those people who were unable to sign their name to show they had consented to the support they would be receiving. The registered manager explained in these situations they had recorded people verbally giving consent to ensure the person had been fully involved in decisions being made. A second person described how care workers "ask me if there is anything else they need to do," and that they felt involved in being able to decide on what they were able to do without the care workers assistance.

Care workers received MCA training and those asked had some understanding and could describe their understanding of this legislation in terms of, "helping people to make their own choices" and "enabling individuals to make decisions." Another care worker told us "a person must be assumed to have capacity unless it can be proved that they do not and if it is proven that they lack capacity then decisions made on their behalf must take their best interests into account."

There was a copy on one person's file a copy of a Do Not Attempt to Resuscitate (DNAR) form, with the original noted as being in the person's home. The registered manager confirmed that this was recorded on the service's electronic systems so that care workers had immediate access to this important information on their work mobile telephones.

The registered manager told us that there was no-one currently at risk of malnutrition or dehydration. We saw there were food and fluid charts available for when the service did offer this level of support to people. If people needed help to have a meal then this was recorded and in the daily records viewed it was usually noted what the person had drunk and ate during that visit. Now the service was moving towards electronic records we saw online that care workers were recording more clearly exactly what meals they had given to people.

People's health needs were recorded on their files and we saw evidence of where care workers had noted changes in people's health needs and this was fed back to the staff based in the office. The care plans we looked at provided the contact details for each person's General Practitioner (GP) and other health professional involved in the persons care. We also noted that records were kept of contact with healthcare professionals and that if staff felt a person required healthcare input and an assessment then this was requested. The majority of people attended healthcare appointments via the support from their family members.

Good

Is the service caring?

Our findings

People and relatives were complimentary about the care and support they received. People using the service told us, "the care workers are nice and explain to me what they are doing," one said the customer service manager was "fantastic and very helpful," another person confirmed the care workers were "very pleasant and make you feel comfortable."

One relative told us, "We have found the care staff exceptionally caring and always polite." A second relative said, "All the care givers that have attended X have been courteous, respectful and caring."

Several people told us that they did have regular care workers which helped them when receiving support and care.

Care workers said they supported people to be independent and gave people the opportunity to do as much as they could for themselves.

One person confirmed they their privacy was "respected" and that the care workers were "friendly". Care workers told us they were aware of maintaining people's confidentiality and would not discuss their personal in an inappropriate manner.

Important information was noted at the front of people's care records. This might be if they had two care workers supporting them at a visit or if they had a particular medical condition. One person told us, "I was asked about my likes and dislikes and what my health needs were." The care plans also identified the person's cultural and religious needs. In some cases people's wishes relating to the gender of the care worker providing their support was recorded, which the registered manager confirmed this would be made clearer on the paper records. The name people preferred to be called by care workers was also noted. Where possible if people spoke a language other than English then if there were care workers who also spoke that language then they were matched to the person.

Good

Is the service responsive?

Our findings

People and their relatives confirmed that prior to being offered a service someone from the office visited them and assessed their needs and asked them questions about the support they would like.

Care workers could describe how the care they provided was tailored to individual's needs and was adapted as the individual support needs changed. One care worker confirmed they would "call the office is a person's needs changed." Another care worker confirmed that they looked at the person's care plan "Every time I go into a new customer's house." Care workers also agreed they would contact the office if they felt a person needed more time for a visit to ensure their needs were being met. One person using the service said the care workers "do what they are supposed to do and follow the plan." A second person said "it is usually the same person visiting me."

People's care plans covered their personal, social and health care needs and detailed the support their care workers provided on each visit. The support plans emphasised what the person using the service could do for themselves, as well as the support they needed.

We saw on one person's care plan that they had food allergies but no reference was made as to what these were. The registered manager spoke with the person during the inspection to identify exactly what the allergies were and we saw this had then been recorded.

We received feedback that the service was accommodating and where possible flexible in order to meet people's needs. This was particular important if people had appointments they needed to attend. One relative told us, "They always try and accommodate late changes and it is very rare that they will not be able to assist. They have always covered agreed visits within the normal rota." One person gave an example of where they needed additional assistance and the registered manager had visited to help them out. This visit had not been charged to the person, which they said had been a kind and responsive act.

One care worker said if there was an emergency they would, "Report to on call," and that there was an "Excellent out of hour's service." There was a rolling rota so that care workers always had someone they could call outside of usual 9am-5pm office hours if they had a query or issue.

The provider sent to people and their relatives satisfaction questionnaires once a year. The registered manager was in the process of developing an action plan for the 2016 results if there were any shortfalls or areas for improvement noted.

People using the service and relatives were confident about contacting the service if they had a complaint. People said they would call the office if they had a complaint. One person told us "I do express my dissatisfaction" and also commented that the "service was good but not perfect." Another person said "If I had a concern I would call the office but I haven't had a concern." Two people using the service also told us that where they had not got on with a particular care worker as soon as they raised this with the staff in the office this was sorted out and a different care worker was arranged.

Comments from relatives included they "had a couple of issues but these have been resolved satisfactorily with no delay," and "No complaints but we would contact the manager if necessary." A third relative said, "When I have rung up the complaint has been resolved" however, they did say phone messages were not always relayed to the appropriate person. Communication issues was a theme that the registered manager was aware of that needed to be improved both between care workers and internal office based staff.

We saw there was a complaints policy and this clearly outlined the timescales a person could expect their complaint to be responded to. The complaints log showed that there had been two in 2016 which had been investigated and resolved. More minor complaints had not been recorded but the registered manager confirmed they would do this with immediate effect in order to monitor how many of these were received by the service and to respond to them where necessary in order to make improvements to the service.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to assess and monitor the different aspects of the service. However, during the inspection we had identified several areas where some information was either missing or had not been picked up and addressed. For example the registered manager had needed to make amendments to a person's risk assessment and two people's care plans to ensure they were current and informative. There were checks on staff employment files but these had not fully identified any issues that we had noted and had fed back to the registered manager during the inspection.

There was positive feedback about the registered manager and director. However, feedback on communication within the service and towards people using the service and their relatives varied. One relative told us, "Communication has been good. If I need to get hold of the manager looking after X, she always immediately responds and we sort out query." However both through talking with people and by viewing a sample of comments from visits carried out to people's homes inaccurate or lack of communication was a comment that came up several times. One person had said to a staff member at a review that there could be "better communication," and there was no record of if this had been fed back to the registered manager for them to address this with the person. Another person told us "a lack of communication in not always knowing who is coming to me is an issue." A third person explained how when they had been in hospital a care worker had turned up to their house as they had not been informed that they were not at home. A relative commented that the office did not always tell them if a care worker was not coming or was running late. The registered manager told us that they were aware that communication needed to be improved and needed more closely monitoring so that they had a clear plan in place to demonstrate how this might be addressed.

The above paragraphs demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following on from the inspection the registered manager sent to us an action plan outlining the areas needing to be improved. This included ensuring people's care records clearly noted the medicine support required and more detailed audits on staff employment files. They had produced a timescale for this to be completed to ensure it was focused and staff had a target to reach to ensure people were safely supported.

Although we had identified some issues with the current quality assurance checks in place we did see evidence that some audits were in place and were effective. For example, medicine administration records (MARS) were checked and we saw that where there was any discrepancies staff at the office could check the systems and see if this might be if a person was in hospital or if person had run out of a particular medicine which in one case we saw care workers had alerted the staff based in the office and to raise this with their relative.

Care workers confirmed that staff from the office would carry out unannounced spot checks on their work. This included checking they had arrived on time, were wearing the uniform and engaged appropriately with people using the service. We saw evidence of the various checks carried out on care workers. This included

carrying out assessments and observations on their competence to carry out medicine tasks.

The director and registered manager met monthly to look at different aspects of the service. This included noting how recruitment was going and when satisfaction questionnaires were due to be sent out. An area manager had also visited the service in August 2015 and an action plan had been produced from that. This had picked up that there needed to be a monthly audit on people's records and staff employment files. The director recognised that they needed an additional staff member to support them and the registered manager and was looking to recruit into this role.

The service had also implemented a new computer system which would assist in the recording and monitoring of all aspects of the service. This would include what tasks care workers had completed and without ticking they had carried out agreed tasks they would not be able to log out of the system to then move onto their next visit. The co-ordinator was also logging when visits had been missed. We saw there had been six in April 2016 and the registered manager was checking this in order to take action where necessary.

The registered manager had been the manager for approximately two years They had experience in working in social care and were in the process of studying for a leadership and management qualification. They kept up to date through the information from a range of sources, such as, Bluebird, a national organisation, the Care quality Commission (CQC) and the United Kingdom Homecare Association (UKHCA). The registered manager confirmed they were also in touch with other managers from the two other locations that the Director owned and said the Director visited them and provided support. They described how the aim of the service was to "provide a high standard of care" and "to promote choice." They were knowledgeable about the people using the service and the roles of all the staff members and were receptive to the findings of the inspection.

A care worker told us that they felt supported by their manager and said they "can go to her at anytime for advice." They also confirmed that "if I am ever unsure I know I can contact supervisor/manager for advice at anytime." A second care worker said, "I feel comfy and at ease with (the manager) her motto is my door is always open if we need her and this is true." A staff member working both in the office and in the community commented that the "office work well as a team." They went on to say they talked with the registered manager "regularly."

Care workers had the opportunity to receive news about the service through attending the staff meetings held at the office every quarter. The last meeting had been held in April 2016 and those who were not able to attend, we were told, were sent the minutes of the meeting. They also received a monthly newsletter from the service providing them with updates and information on the service and their roles. The registered manager also confirmed that care workers received information via emails and texts to their work mobile telephones. Surveys for all staff, including care workers, were sent out on an annual basis so that they had another forum to give their views about the service. We saw the 2015 results where the registered manager had drawn up an action plan highlighting how they were to address some of the comments and concerns. These were to be sent out again to staff, including care workers, later in 2016.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured the proper and safe management of medicines Regulation 12 (2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place were not effective as they had not enabled the registered person to assess, monitor and improve the quality of the services provided. Regulation 17 (2) (a)