Housing & Care 21

# Housing & Care 21 - Staveley Court

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| 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

The inspection took place on 22 March 2016 and was announced.

We previously inspected the service in July 2013 and asked the provider to make improvements to their management of medicines and the training and support they provided to staff. We returned to the service in October 2013 and found improvements had been made and the provider was meeting the legal requirements inspected at that time.

Housing & Care 21 - Staveley Court provides a personal care service to people living in their own flats. This enables people living at Staveley Court housing complex to maintain their independence and stay in their own home. The main office is situated on the ground floor of the housing complex which is situated on the outskirts of Keighley. On the day of our inspection37 people received personal care from this service.

The registered manager had left their post approximately two weeks prior to our inspection. 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.

We concluded sufficient numbers of staff were employed to ensure people received safe and consistent care. The provider was recruiting additional bank care staff to cover short notice absences to ensure senior care staff had more office based time to complete their duties.

We concluded that overall the systems for administering medicines were safe. Following our inspection the provider contacted us to confirm they had taken action to produce more robust guidance regarding 'as required' medicines.

People told us they felt safe and effective arrangements were in place to protect people from abuse. Potential risks to people's health and wellbeing were effectively assessed and managed.

Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. They provided effective support to ensure people consumed an appropriate diet.

Staff developed good working relationships with local healthcare professionals and worked with them where appropriate to ensure people's individual healthcare needs were met.

People were cared for by staff who received regular training and development. People told us staff were caring and provided a good standard of care.

People were cared for by regular staff who knew them well. This enabled staff to develop a good

understanding of how to meet people's individual needs. Staff worked with people to help nurture their independent living skills.

People praised the flexibility of the service and said staff were responsive to their individual needs and circumstances.

Rotas were well organised. From our discussions with people and review of records we concluded that missed and late visits were not a feature of this service.

People's views were regularly sought through residents meetings, care reviews and six monthly quality surveys. People's feedback was listened to and acted upon.

Care staff were committed to the delivery of high quality care and consistently put the people who used the service first. There was an open and honest staff culture where staff sought opportunities to learn and improve their practices.

We found the senior care team were committed, professional and passionate about providing quality care. However, additional management support was needed whilst the registered manager's position was recruited to. The registered manager's duties had not been appropriately covered so it was not clear who had overall responsibility for driving improvements in the service.

Some care records needed improvement to ensure they contained accurate and complete information. Staff could not evidence that robust checks of care records had taken place.

Some of the systems and processes which audited the quality of care provided needed improvement. For example, daily notes were not checked in a timely manner and there was not a comprehensive audit of the medicines management system.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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?

Good

The service was safe.

Overall medicines were administered in a safe way.

Sufficient staff were employed to provide prompt and consistent care but additional management support was required.

Plans were in place to identify and manage risks to people's health and wellbeing.

Appropriate arrangements were in place to help protect people from the risk of abuse. People told us they felt safe when staff visited them.

### Is the service effective?

Good

The service was effective.

Staff had a good knowledge of the people they supported and their capacity to make decisions.

People received appropriate support and encouragement to eat and drink and staff assessed and managed nutritional risk effectively.

Staff worked with external health professionals to ensure people's healthcare needs were met.

People were cared for by staff who received training and development.

### Is the service caring?

Good

The service was caring.

People told us staff were kind, caring and respected their privacy and dignity.

People were involved in the care planning process and their views were respected.

Staff had a good knowledge off the people they supported and used this information to deliver person centred care.

## Is the service responsive?

Good

The service was responsive.

People received consistent and person centred care and staff adapted the support provided to accommodate people's changing needs.

People's views were regularly sought, listened to and acted upon.

## Is the service well-led?

Requires Improvement

The service was not always well led.

Some care records needed improvement to ensure they were accurate and complete.

Improvements were needed to some of the systems and processes which audited the quality of care.

The provider needed to improve their communication with staff at the service and additional management support was required whilst the registered manager's position was recruited to.

There was an open and honest staff culture.

# Housing & Care 21 - Staveley Court

**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 22 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service so we needed to be sure that someone would be available at the office. The inspection team consisted of two inspectors.

Before our inspection we spoke with the local authority commissioning team. We also reviewed the information we held about the service. This included information on the 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 asked people who used the service and their relatives to complete questionnaires about their experience of using the service. We received responses from seven people who use the service and one relative. The results of these questionnaires were analysed and helped us to plan our inspection.

During our inspection we reviewed four people's care records and other information regarding the running of the service, including policies, procedures, audits, medication administration records and staff files. We spoke with nine people who used the service and two relatives. We spoke with five members of care staff, the administrator, two senior carers, the acting manager and an area manager. We also spoke with two members of the district nursing team about their experience of working with the service to care for people.

Good

# Is the service safe?

## Our findings

People told us they felt safe and relatives confirmed this. One person told us, "I feel so safe and secure here, staff see to that." Another person said, "I feel safe" and a relative said "We know [relative's name] is safe here. We've never had any concerns". Another relative told us they had been worried beforehand, but once their relative had settled in, said "I don't worry about [my relative] at all".

All of the people who sent us a questionnaire and who we spoke with told us they felt safe from abuse or harm. The service had a safeguarding policy in place and staff had a good understanding of safeguarding. Where concerns were identified we saw appropriate referrals had been made to the local safeguarding unit, CQC and the police where necessary. Following safeguarding incidents there was evidence of thorough investigations and preventative measures put in place to reduce the chance of a re-occurrence and to minimise risk to people. For example, one person was concerned about the potential risk of financial abuse. Staff had liaised with the local authority safeguarding team and the police, who had met with the person and advised them to wear an alert pendant. The staff we spoke were aware of the situation and what actions were needed to keep this person safe. They were informed of developments through handover meetings and staff meetings. This demonstrated the provider had appropriate arrangements in place to help protect people from the risk of abuse.

The service had clear emergency procedures and staff were able to tell us what they would do in an emergency situation. Care records showed potential risks to people's health and wellbeing were assessed and risk management plans were developed to help reduce potential risks. For example, one person was assessed as being at risk of developing pressure sores. Their care records detailed the actions staff should take to check and maintain their skin integrity and how to use their pressure relieving equipment correctly. At the time of our visit no one using the service was being treated for pressure sores and we saw a low level of safety related incidents which demonstrated staff's approach was effective.

Administration of medicines was safely managed. Medicines were given to people by trained support workers whose competency had been assessed to ensure they had the correct skills and knowledge to administer medicines safely. People's medicines were mostly supplied in dossett boxes. These are boxes that contain medications organised into compartments by date and time, to simplify the administration of medications. We saw a system was in place to ensure these medicines were checked by staff before administering. We looked at medication administration records (MAR) and saw these were well completed and showed people received their medicines as prescribed. For example, staff we spoke to were aware of medication that needed to be taken before or after breakfast. This showed that people received their medicines at the times they needed them. Where people refused medicines this was appropriately documented.

We looked at the care notes of one person and saw there was a medication risk assessment in place which stated the medication was to be stored in a locked cupboard to ensure the person's safety. However, when we observed the person's medicines being administered, the cupboard was not locked before or after administration of the person's medicines.

We saw some 'as required' (PRN) medicines were prescribed. However, there was no clear documented PRN protocols detailing when people should receive these types of medicines. For instance, a person was prescribed PRN Paracetamol, one or two tablets, up to four times daily for pain relief. The MAR chart stated staff should document whether one or two tablets were given. The records we reviewed showed this had been done. However, there was no individualised PRN protocol which provided guidance to staff about how they decided the amount that should be administered. Staff explained they asked the person if they needed one or two tablets, however this was not documented on the person's MAR. Clearer recording on MAR charts and individualised protocols would have assisted care staff to ensure these medicines were offered in a consistent and appropriate way. Following our inspection the provider contacted us to confirm they had taken action to produce more robust guidance regarding PRN medicines.

We concluded there were sufficient staff available to support people effectively and safely. People and their relatives told us there were enough staff to provide them with the support they needed. We also saw there were sufficient staff to provide people with consistent and timely support. We did not see evidence of missed or regularly late visits. The service regularly reviewed people's contracted support hours and liaised with the local authority where they believed people may benefit from additional support. The provider was in the process of recruiting two additional bank staff to provide extra cover for sickness and holidays.

Two weeks prior to our inspection the registered manager had left their post. The provider had arranged for a manager from another service to provide management support. However they were only able to spend one to two days at this location each week. The administrator had been offered some additional hours to complete paperwork. However, the two senior staff had not been given additional hours off the care rota to accommodate for the absence of a manager and regularly picked up extra care shifts to cover sickness and holidays. Whilst we saw people's care needs were being met, the absence of regular management support had placed additional pressure on the two senior care staff which had impacted upon their ability to complete some of their senior care tasks. For example, during our visit we noted on several occasions both seniors started to complete their tasks in between their care shift, such as completing rotas and care records. However, the office was extremely busy with people regularly knocking on the door wishing to speak to a senior member of staff. This meant the senior care staff were interrupted from completing their tasks. We raised this with the covering manager and they said they would raise this with the provider to ensure more robust and supportive arrangements were put in place.

Safe recruitment procedures were in place. This included checks on people's backgrounds such as a Disclosure and Barring Service (DBS) check and references. The recruitment policy stated people were not allowed to work in the service before the relevant checks had been made. Staff files confirmed this policy had been adhered to. This showed the provider had systems in place to ensure staff employed were of suitable character and safe to work with vulnerable people.

Good

# Is the service effective?

## Our findings

People told us staff had the skills and knowledge to provide them with effective care. One person said, "Staff are first class; you couldn't find any more marvellous and knowledgeable people to care for us." Another person told us, "I wouldn't want to go anywhere else".

We looked at the provider's training matrix. This showed staff received regular training updates in mandatory and other subjects such as moving and handling, health and safety, safeguarding, medication, nutrition, fire safety, infection control, dementia support, equality and diversity and basic life support. The service offered a mixture of classroom based sessions and e-Learning. The provider was in the process of introducing a new on-line system throughout their services. New staff received a comprehensive three day induction and were given a learner kit toolbox, which contained information and work plans. New staff had worked through the book with the previous manager. However, since the manager left, staff were not clear about who would be responsible for doing this with new staff until a new manager was appointed.

Staff told us they received regular supervisions and appraisals as part of a system to review their performance, objectives and developmental needs. Staff supervisions were carried out by senior staff. Staff told us over a year period, they would receive either a supervision, spot check or direct observation. Appraisals were also held annually. We saw details of these in individual staff files. There was no system in place for the senior care staff to receive supervisions or appraisals and we saw that these had not been carried out since 2014.

Records showed people had access to a range of external health professionals to help ensure their healthcare needs were met, such as GPs, district nurses and dentists. Staff told us they had developed good relationships with local health care teams such as the community tissue viability and district nursing teams and the community matron and would contact them if they had any concerns about people. This was confirmed by the health professionals we spoke with. One health professional told us, "I have no concerns whatsoever. It's one of the places you really don't mind coming to because you know people are being well looked after."

Staff had a good knowledge of people's dietary preferences and the level of nutritional support people required. We saw information within care records which detailed people's dietary needs and potential nutritional risks. In some cases we found the information in relation to people's dietary preferences was basic. Staff told us they would use information within care records as a guide but always encouraged people to make their own choices about what they wanted to eat and drink at each mealtime visit. However, it would have been helpful for new staff who did not know people as well to be provided with more detailed prompts regarding dietary preferences. People had access to a restaurant within the housing complex which was open for lunch. We saw many people using this facility, one person told us, "Sometimes staff help me to make my own meals, but I prefer to use the restaurant as it's a social outing for me."

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. In the case of Domiciliary Care applications must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection. We found the service was working within the principles of the MCA and that staff had an understanding of how these principles applied to their role and the care they provided.

Staff had a good knowledge of the people they supported and of their capacity to make decisions. They provided clear examples of how they sought consent from people prior to carrying out any care task. The people we spoke with confirmed staff sought their consent prior to providing support. We found the information relating to people's capacity within care records was limited, staff explained this was because everyone using the service had the capacity to make their own decisions and therefore formal capacity assessments were not required. They said this would be reviewed as and when people's needs changed. However, we saw one example where a formalised capacity assessment would have provided staff with more robust guidance.

Good

# Is the service caring?

## Our findings

People praised the caring nature of the staff and told us they provided a good standard of care. One person told us, "I absolutely love it here. Staff keep me smiling and give me help where I need it but otherwise they just let me get on with my life." Another person told us, "It's first class here, they have totally rehabilitated me. I feel like a different person since moving here, due to staff's patience I have been able to start walking again which is a great achievement for me." Health professionals also confirmed the standard of care was very good. One told us, "People get really good care here, I have put my own name down and I often recommend it to others."

Care plans contained a range of information about how people liked their care to be delivered. This showed they had been developed in conjunction with people and their relatives. Our discussions with people and our review of daily records indicated that people received care and support as outlined in their care plan. Staff told us they used care plans but were guided by what each person wanted during each visit. They said they would always ask people's views about how they would like their support to be delivered because they recognised this could change from day to day and some people may not have been confident in expressing their needs.

All of the people we spoke with told us they felt involved in making decisions about their day to day care. People were provided with formal and informal opportunities to feed back about how they wished their care to be delivered and identify any changes. For example, each person had a formal care review at least once a year. Relatives told us they were involved with planning the care of their family members and were kept informed of people's changing needs. One relative told us, "I know they'll be in touch with me if they need me". However, staff were clear that whilst the involvement of relatives was important to many people, it was the views of the person who used the service that were the most important. During the course of our inspection we saw several people knocked on the office door and spoke with staff about various issues relating to the care they received. People told us there was always someone available to help them with any concerns or issues they had. They told us whenever they had raised issues staff had respected their wishes.

Staff knew people well and were able to tell us about people's individual likes, dislikes and specific care needs. The people we spoke told us they received personalised care and were usually supported by a regular group of staff which meant staff knew how they preferred to be supported. One person's relative told us, "They are a good team. All the staff know [my relative] well."

We saw evidence staff encouraged people to maintain and enhance their independent living skills. For example, care records contained information to detail what specific support each person needed to ensure they could continue to do day to day tasks such as preparing their own meals, shopping and personal care. This was confirmed by the people we spoke with. One person told us, "Staff are so kind and friendly, they help me stay independent. If they didn't give me this support I wouldn't be able to live as well and as independently as I do." Another person told us, "We can live our own lives, but get support when we require it."

We accompanied staff as they carried out some visits. We saw staff were mindful to protect people's privacy and were respectful of the person's home. We saw staff knocked on people's doors and waited for permission before entering. Staff treated people with kindness and respect, for instance kneeling down beside people to talk to them and giving them time to answer any questions. People and relatives confirmed staff were respectful and always knocked before entering their flat. Staff told us they were mindful that although people lived within the housing complex, their flat was their own private home and they therefore ensured they respected people's property and way of living. People's care records contained an individual assessment which detailed how the person preferred staff to enter their property. We saw staff respected people's preferences.

Good

# Is the service responsive?

## Our findings

People and their relatives praised staff and said they were attentive and responsive to people's individual needs. One person told us, "I was really depressed before I moved here, now even my friends have noticed a change in me. I am so happy I never want to live anywhere else. If you do want to change anything all you have to do is ask and staff will sort it for you." Some people described how they sometimes used the buzzer system installed in their flat. They said staff always came quickly to check on them and provided them with appropriate support.

People praised the flexibility of the service. People told us staff would amend their rotas to meet their changing needs wherever this was possible. For example, people described how if they wanted a lie in staff would accommodate this by making their morning visit later than originally planned. One person described how they had been unwell and required staff's support to cook their meals. They said this was only needed for a few weeks and once they felt better they were able to cancel this additional support and cook their own meals again. They described how important it was for them to know that staff were always there "If they needed them" and that this was a key factor in enabling them to remain in their own home.

A senior care worker had developed a visit support log which staff used alongside their daily rota. This provided staff with details of the tasks and support each person required on each visit. We looked at the visit support log and rotas for the day of our inspection and found they were well organised. This system ensured staff had a current description of the care and support people needed for each visit so helped to ensure the delivery of person centred care. It also ensured responsibilities for each shift were clearly allocated and resources were organised in the most effective way. Staff had to sign off that each visit had been made at the end of their shift. This was then checked by senior care staff. This meant if any visits had been missed these were identified and acted upon in a timely manner. From our discussions with people and review of records we concluded that missed and late visits were not a feature of this service.

Prior to using the service a pre-admission assessment was completed. This covered areas such as pre-existing medical conditions, preferred routines and areas of potential risk. This helped to ensure staff could meet people's needs and deliver appropriate care. Care plans were developed from this information to cover the required support in areas such as personal care, moving and handling, medication, eating and drinking and social activities. Whilst we found that overall care records were person centred and contained appropriate information to ensure staff could deliver individualised care. We identified some examples where care records did not fully reflect staff's knowledge about people, particularly in relation to people's dietary preferences. We raised this with the senior care worker who explained staff were trained to ensure people were asked what they would prefer at each meal time. However, they recognised more information would be helpful, particularly to prompt any new staff who may not know people as well.

The provider had a complaints policy which was included in the home care guide which people received when they started to use the service. Information about how to raise a complaint was also kept in the daily notes file in the person's home. We saw a low level of formal complaints made to the service. Most formal complaints were raised around tenancy or building maintenance issues which fall outside of the

Commission's remit. However, we saw that where complaints were made these were promptly investigated and responded to. Our findings were also supported by what people told us. All of the people we spoke with told us they were happy with the service provided so had never had to raise a complaint. One person said, "I don't want to change anything here, everything is first rate, I am more than happy." However, people told us if they did have any issues in the future they felt staff were approachable. One person said, "If you do have a concern you just have to knock on the office door and staff are always on hand to help you out."

People's views were regularly sought through a variety of means such as residents meetings, care reviews and six monthly quality surveys. We looked at the results of the last quality survey completed in October 2015. We saw the comments people made were mostly positive. One person had commented, "If this is heaven, I'll go right now." Another person commented, "All staff are exceptional." Where people had identified areas for improvement we saw evidence that action had been taken to act upon people's views. For example, some people said they would prefer staff to complete the daily notes at the end of the visit. We saw minutes of the next team meeting showed this was discussed and all staff were reminded that they should complete paperwork at the end of a visit and this was being monitored by senior staff as part of their checks.

Our review of records, discussions with staff and people who used the service demonstrated that staff encouraged people to make their own choices. For instance, staff told us about one person who was very definite in their choices of clothes and described in detail how they respected their decision making in this area. We also saw staff worked with a range of other services and stakeholders to ensure people were able to access activities and social pursuits. The service also arranged their own activities and trips out; meals out and a barge trip had recently been organised.

Requires Improvement

# Is the service well-led?

## Our findings

We found the senior care team to be committed, professional and passionate about providing quality care. They explained their priority was the people who used the service and ensuring all visits were covered. The provider was recruiting additional bank care staff and a registered manager. A supporting manager had been assigned but could only spend approximately one to two days at the location each week and had no knowledge of the people using the service. This meant at the time of our inspection the senior care staff spent most of their hours covering care shifts and providing management support, which impacted upon their ability to fulfil their duties. For example, we saw people's daily notes were not audited in a timely way. In some cases the notes for the care delivered in November 2015 were not checked until the end of February 2016. None of the daily notes for January or February 2016 had been audited. This risked that issues and changes to people's needs may not have been picked up and addressed in a timely way.

We found the registered manager's duties had not been appropriately covered. Staff were unable to explain who was responsible for completing management audits, such as the monthly checks of people's care records. Staff were also unable to locate the previous checks which meant we were unable to review any checks of care records as part of this inspection. The registered manager had worked a four week notice period and had been left their post for over two weeks. This meant the provider had been given sufficient time to ensure these duties were appropriately covered. An area manager and the covering manager attended for some of our inspection. However they were both unable to stay for feedback. This meant a senior care worker had to represent the provider at feedback. Whilst the senior care worker was professional and committed to addressing the issues raised, they did not always have the authority to provide assurance that areas for improvement would be addressed and would have benefitted from managerial support.

Our findings indicated more robust checks of care records were required. In some cases we found records were not complete and accurate. For example, one person's care records stated, 'I have limited understanding of money and it's value.' There was no information within this person's care record about how staff should support them to ensure any financial decisions were made in the person's best interests. Whilst our discussions with staff indicated they were aware of the process to follow and had sought support from advocacy services in making financial decisions in the past, this needed to be supported by a more comprehensive care plan. Similarly, in another case the information for one person's tea time visit stated, 'Staff to make me a meal of my choice.' There was no supporting detail about what this person liked to eat to ensure staff had prompts to encourage this person to eat foods they liked. Without robust checks of care records identifying and addressing areas for improvement the provider risked people were not always provided with appropriate support.

The provider completed an annual audit of the service which was aligned to the Commission's inspection methodology. We saw the last full audit had been completed in February 2016 and the service had received a rating of 'good.' There were six areas where improvements were identified as being required. This included improving the accuracy of records kept in relation to staff recruitment and medicines management. An action plan was in place to ensure improvements were made. However, it was not clear who was responsible for completing these actions in the absence of the registered manager. The senior care staff and

supporting manager were not aware of the rating the service had received or the corresponding action plan.

We found other areas which highlighted that the communication between the provider and front line staff needed improvement. For example, the covering manager and senior care staff were not aware the registered manager's role had been advertised. This meant they did not have the opportunity to apply for the role and were not given up to date information to ensure they could effectively plan management cover.

We saw other areas where the system of audits needed improvement. For example, we saw MAR charts were checked. However, there was no comprehensive audit to check the safety of the entire medicines management system. This meant there was not a complete audit trail of the medicines people were taking to identify if any medicines went missing. If a more robust medicines audit was in place this would have identified that individualised PRN procedures were not always in place and that staff were not always recording the date medicines were opened. The senior care staff told us that a new medicine system was being implemented by the provider at the end of April 2016 and training was due to take place for all staff prior to its implementation. However, we were unable to test the effectiveness of this system as part of this inspection.

These issues demonstrate that the records in place were not always fit for purpose and the systems to monitor, assess and improve the quality of service provided were not sufficiently robust. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We concluded that care staff were committed to the delivery of high quality care and consistently put the people who used the service first. However, they were not always supported by effective systems and processes. People who used the service told us the staff who worked in the office were supportive and listened to them whenever they raised issues. One person told us, "You can approach them about anything at all." Care staff told us staff worked well as a team. One staff member said, "We all work together to make sure resident's needs are met". Staff also told us senior care staff were approachable and supportive. One staff member said, "The seniors are fantastic. I could go to them with anything." We saw there was an open and honest culture where staff sought opportunities to learn and improve their practices. For example, we saw there had been a recent medicines error which had been investigated and actions put in place to prevent a re-occurrence. Additional support and training was provided to the staff involved and they were taken off medicines administrations duties until they were observed to be competent.

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 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes must be established and operated effectively to ensure;<br><br>the quality of the service provided is assessed, monitored and improved. Regulation 17(1)(2)(a)<br><br>accurate, complete and contemporaneous records were are maintained in relation to each service user. Regulation 17(1)(2)(c). |