

Parkins Care Angels Limited

Unit 4, Bentinck Court

Inspection report

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21 August 2019

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Unit 4, Bentinck Court, also known as Parkins Care Angels, is a domiciliary care agency. It provides personal care to mostly older people living in their own homes in the London Borough of Hillingdon. It also supports some adults who are living with dementia, adults with learning disabilities and adults who have physical disabilities. At the time of our inspection the service was providing care and support to 96 people. 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

People told us they felt safe. However, the provider had not always assessed the risks to people's health and well-being or done all that was reasonably practicable to lessen those risks.

People's care and risk management plans set out the care tasks they required help with, but some people's plans did not provide personalised information about people and their preferences for how they liked to be supported. The provider did not always record how staff were to meet people's communication needs.

There were systems in place to monitor the quality of the service and recognise when improvements were required. These were not sufficiently robust to have identified the issues we found in relation to the management of risks to individuals' health and wellbeing and care planning.

We received positive feedback from people and their relatives about using the service. One relative said, "They're very reliable, there's a lot to be said for that. We're never let down or anything, that's so important." People said staff were caring and treated them with dignity and respect. Staff sometimes provided extra support and assistance to people when this was not part of people's contractual care arrangements.

The provider made sure there were enough staff to support people and staff usually at people's homes arrived on time. Staff received induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager.

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 supported this practice.

Adult social care professionals told us managers were responsive to and worked in partnership with other agencies to meet people's needs.

We discussed the areas of concern with the registered manager during the inspection and they started to put systems in place to make the required improvements.

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

Rating at last inspection and update

The last rating for this service was Good (published 8 March 2018) with one breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection where we found evidence the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, person-centred care and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Unit 4, Bentinck Court

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 20 August 2019 and ended on 21 August 2019. We visited the office location on these days.

What we did before the inspection

We reviewed information we had received about the service since their registration. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We visited the office where the service was managed. We spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the owner of the organisation and five members of staff, including a care coordinator and the finance director. We also spoke with three relatives of people who use the service.

We looked at a variety of records related to the running of the service. These included the care needs assessments and care and risk management plans of nine people using the service, the staff files for five care workers and records the manager kept for monitoring the quality of the service.

After the inspection

We spoke with three more people who used the service and two relatives of other people. We spoke with two health and adult social care professionals who have worked with the service. We also spoke with two care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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.

Assessing risk, safety monitoring and management

- The provider did not always assess and manage risks to people's safety and wellbeing so they were supported to stay safe. Staff were not always given full information about risks to people's safety and how to support them to avoid harm.
- Two people's care records stated they lived with differing health conditions, such as diabetes or osteoporosis. There was no assessment in people's risk management plans of how the risks associated with these conditions affected the individuals. There was no guidance or information for staff on how to recognise a person was becoming unwell due to their conditions and what they should do in that event.
- Two people's care records indicated they needed their food prepared to a soft consistency or their drinks thickened so they could consume these without harm. There was no guidance or information for staff on how to prepare food and drink for these people safely. This meant there was a risk staff could not support these people to eat safely and mitigate the risks of choking.

We found no evidence people had been harmed however, these issues indicated people were at risk of harm as known risks to their safety were not effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff signed people's medicines administration records (MARs) to indicate they had supported people to take their medicines as prescribed. The MARs we saw had been completed appropriately. We saw that senior staff checked these records on both a weekly and monthly basis to ensure staff completed them correctly and acted to address issues these audits identified.
- One person's care plan and medicines support records did not consistently set out clear information about the person's prescribed medicines, such as dosage and time to be administered. We discussed this with the registered manager who said they would address this immediately.
- Staff had received training in providing medicines support safely. The provider also assessed staff to help ensure they remained competent to support people with their medicines. We discussed how the recording of these competency assessments could be more detailed with the registered manager and they said they would improve this.
- One relative appreciated how staff had advised them on obtaining a person's prescribed medicines in a liquid form. This meant it was easier for the person to take their medicines when they needed to.

Staffing and recruitment

- Managers told us they arranged care visits so staff had enough time to travel between visits and didn't have to travel very far. Care staff confirmed this. Relatives also told us people's care visits were not rushed.
- People and relatives said care staff were usually on time and the provider informed them if their care worker was running late. Relatives' comments included, "It's a very dependable service" and "They've always been very prompt."
- People were usually supported by the same care staff so they could develop trusting relationships with them. One person said, "I don't like strangers and get the same carers all the time."
- The provider used an electronic monitoring system to check that staff provided care to people at the right time. The provider monitored late and missed calls and also reported on these to the local authority.
- Staff recruitment records showed the provider completed necessary pre-employment checks so they only offered roles to fit and proper applicants.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were supported to be safe. One relative told us, "We trust them. It gives us a lot of peace of mind."
- The provider had systems in place for noting and responding to safeguarding concerns. We saw these were reported, recorded, shared with the local authority and investigated where appropriate.
- Staff completed training on safeguarding adults. Staff knew how to recognise and respond to safeguarding concerns. They felt they would be listened to by managers if they reported safeguarding concerns.

Preventing and controlling infection

- There were appropriate arrangements for preventing and controlling infection.
- Staff received training on this during their induction. Staff used personal protective equipment when providing personal care. They told us they could always access supplies of this.
- Staff had training on food hygiene and safety so they could prepare meals safely for people.

Learning lessons when things go wrong

- The registered manager made sure incidents and accidents were recorded and investigated appropriately. These records showed actions were taken to first address the issue and then minimise the risk of it happening again. We saw the registered manager audited the records on a monthly basis to make sure they were up to date and to identify lessons for improving the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us they visited all prospective customers to introduce the agency and assess people's care and support needs before beginning to provide a service. This included assessments for the person's home environment, moving and handling, medicines support, and any infection control issues. These were informed by statutory assessments of people's needs.
- People and relatives confirmed these initial assessments visits took place and relatives were involved where this was appropriate.

Staff support: induction, training, skills and experience

- Staff we spoke with were competent, knowledgeable and felt supported by the managers to develop. One care worker said if they needed support, "I know I only have to pick up that phone or come into the office."
- New staff received an induction to the service which included training and then shadowing more experienced staff. Staff said they found this helpful. We saw the registered manager recently reviewed the staff induction process as they wanted to make this more detailed to better prepare new staff for their role.
- The registered manager provided regular training to staff on moving and handling and safe medicines support. The registered manager had completed training on how to deliver these sessions effectively.
- Staff received periodic supervisions and annual performance appraisals. Supervisions included discussions about staff well-being, their performance and training or development opportunities.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives told us their family members were supported to eat and drink in line with their needs and preferences.
- Care records showed people had been supported with meals and food shopping when this was part of their care plan. People we spoke with confirmed this.
- One person described how care staff helped them choose and cook fresh meals so they could follow a healthcare professional's guidance for maintaining a balanced diet.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain their health and access healthcare services.
- Care plans and daily records of care showed people were supported with brushing their teeth or cleaning their dentures. This helped promote good oral health for people.

- We saw evidence of an occasion when staff had provided emergency care to a person. Healthcare professionals had written to the provider to congratulate the staff involved on saving the person's life.
- The registered manager described how they kept a back-up supply of continence aids to give to people free of charge who may need these at short notice. For example, if a person needed these after leaving hospital or if their own supply had run out. One relative we spoke with confirmed this had happened for their family member and they had found this support very helpful.
- Care staff had identified when people's care needs had increased and the registered manager had worked with the local commissioning authority to make sure there was suitable provision to meet those needs.
- The registered manager described and care records showed how staff worked with other agencies to help meet people's health needs and provide effective care, such as working with district nurses and occupational therapists.
- Training records showed staff had completed first aid training to help them support people in case of a medical emergency.

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.

- People were being supported in line with the principles of the MCA. Staff had received training regarding the MCA. Staff we spoke with recognised that people had the right to make their own decisions and could describe how they supported people's day to day choices about their care.
- People had consented to their care plan arrangements and signed their care plans to indicate this.
- Relatives had a Lasting Power of Attorney (LPA) for health and welfare matters in place where people did not have the mental capacity to consent to their care arrangements. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw the provider had obtained copies of these from relatives or was seeking information from the Office of the Public Guardian about registered legal representatives for these people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives gave positive feedback about the care staff who visited them and said people were treated well. One relative told us, "I like their friendliness. On the whole the team are very friendly and that is important." Another relative said their family member, "very quickly got used to [care staff] being part of the family."
- We saw a healthcare professional had written to the provider regarding care they had observed, "I was very impressed with [care staff] knowledge of the person and the care which I witnessed, which was the best I had seen and clearly demonstrated their commitment to the clients they care for."
- Assessments of people's needs included information about their cultural background, religion and gender. The registered manager told us the service did not currently support anyone who identified as LGBT+, but they had done in the past. 'LGBT' describes the lesbian, gay, bisexual, and transgender community. The '+' stands for other marginalised and minority sexuality or gender identities. Staff had received training in promoting equality and diversity in their work.

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

- Care staff we spoke with explained how they supported people to have day-to-day choices about their care. Some people also confirmed this to us. This included respecting people's preferences for the gender of the care staff supporting them.
- Relatives also described how people were able to make decisions about their care. One person's relative told us, "[Care staff] all adapt well to [the person's] needs."
- People's families also felt involved in their care. One relative said, "They're good at telling me what's happening." Another relative described how they had worked with the provider to develop a specific induction process for new staff that was personalised to the needs of their family member.
- Records of spot-checks on care workers' performance showed the provider regularly encouraged people to give feedback about their care. We saw that senior staff then acted on people's comments.

Respecting and promoting people's privacy, dignity and independence

- Relatives told us people were treated with dignity and respect. Their comments included, "Yes, they're great with [the person] like that, they have a lot of chat, just what [the person] needs," "They really do seem to care," and "They always treat [the person] with dignity and respect and humour."
- Staff described how they promoted people's dignity and privacy when providing care. This included always speaking with the person, giving them time and making sure the environment was private.
- People and care workers described how staff supported people to do things independently where possible,

such as when they were washing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met in a planned way.

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

- People's care plans contained only brief information about each person and did not always reflect a person-centred approach to supporting them. Plans gave basic information about the tasks care staff needed to complete without including information about people's preferences or the way they wanted to be supported. For example, where care plans stated people needed support with bathing or washing there was no recorded information about how they liked to be supported to wash.
- Some people's care plans did not accurately reflect the planned care visits people were receiving. For example, one person's care records showed they received four care visits each day, but their plan of care only listed three visits.
- Care plans did not always set out how staff should support a person effectively. For example, one person's care assessment indicated they lived with a condition that affected their limb and staff needed to be mindful of this when supporting the person. However, there was no guidance for staff on how to support the person with this.
- People's care plans set out little or no personalising information about them. For example, there was little information about people's personal histories, their interests, likes and dislikes, strengths and abilities. This meant people's plans of care were often only task-focused and did not reflect people's whole life needs.
- The service sometimes supported people at the end of their life. However, the provider did not always have a recorded, planned approach to support people when considering their end of life care preferences should a predicted or sudden death occur.
- The care plans we viewed had sections for noting people's end of life care preferences, such as when they neared the end of their life or if their condition deteriorated quickly, preferred arrangements and advance decisions. However, no information was recorded about people's wishes or discussions staff may have had with them about this.

We found no evidence people had been harmed however, these issues indicated people did not always receive care and support in a planned way and there was a risk that staff would not always know how to support people in a way that reflected their needs and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the provider's managers who acknowledged care plans needed to reflect people's personalised care and the care and support being provided and said they would update these.
- Daily care records showed people received their care regularly and consistently. These recorded the care tasks staff had completed and also regularly described people's well-being during the care visits and any important information other staff needed to be aware of, such as potential health concerns.

- People told us they had control over their care arrangements as when they had asked for changes the provider had accommodated these. For example, re-scheduling people's care visits to times they preferred. Also, we observed during our visit the registered manager responding a relative's request for a care worker to visit earlier that day.
- We saw written feedback from relatives showing they had appreciated the end of life care staff had provided. A relative described how staff had discussed end of life care arrangements with them, which they had found helpful and appreciated.

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.

- The provider did not consistently record and plan how to meet people's communication or sensory needs.
- One person told us their care plan information was out of date as it did not reflect their hearing and visual impairments. We informed the registered manager of this and they promptly arranged to visit the person to review their care plan with them.
- Some people's care needs assessments identified they had some communication needs, such as hearing difficulties. Their care plans set out that staff needed to support them to wear their hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to access their local community as they preferred when this was part of their agreed care arrangements.
- Staff we spoke with recognised the importance of working with people's families to help people to maintain relationships that were important to them and helping people avoid social isolation. One care worker told us, "There's time, even to keep them company for ten minutes, that ten minutes can really be important to just chat to them, it makes all the difference, especially if they don't have anyone else visiting them."
- We saw a number of examples since our last inspection of when staff had made repeated extra efforts, beyond people's contracted care arrangements, to make positive differences to people's well-being. These included supporting people to go out for lunch when this was not one of their planned care visits, supporting people to celebrate their birthdays, and delivering Christmas meals and presents to people who would otherwise not have received these.

Improving care quality in response to complaints or concerns

- There was an effective system in place for handling complaints. The provider had responded appropriately when people had raised issues.
- Some people told us they had been given information about how to raise concerns and complaints. People and relatives said the provider had promptly addressed any concerns they had raised with them. People were confident the provider would listen and respond to issues they might raise.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders 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

- The provider carried out a range of checks and audits to monitor safety and quality and make improvements when needed. However, this system of checks had not been consistently effective as it had not identified the issues we found during the inspection.
- The provider's quality assurance systems had not identified or assessed some of the risks to individuals' health and well-being. Nor had they ensured the provider acted to mitigate these risks.
- The provider's quality assurance systems included a process for periodically reviewing people's care and risk management plans. However, these systems had not identified and addressed that some people's care plans needed to be updated and did not always provide personalised information about people, their care preferences, end of life care discussions, and how to support their communication.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the provider's managers who acknowledged care and risk management plans needed improvement. Following our inspection, the registered manager showed us evidence they were taking action to make improvement. For example, they had developed a new care plan format for better recording people's personalised care and risk management arrangements.
- The provider had informed the Care Quality Commission of important events that happened in the service in a timely manner since our last inspection. However, we noted the provider had responded to an allegation of abuse but had not notified the CQC of this. We discussed this with the managers who completed a formal report of this incident to the CQC after our inspection and assured us they would continue to notify the CQC of such events in future.
- Quality assurance checks included periodic unannounced spot-checks of staff conducted by care supervisors to assess staff performance.
- The ratings for the last inspection were clearly displayed at the provider's office and on their website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care workers told us they felt supported in their roles and demonstrated a commitment to providing a

good service to people. Different staff told us, "Care is a serious thing and I am passionate about it," and "I feel proud the wear the uniform."

- Relatives spoke well about the culture of the service. Their comments included, "I like their friendliness, the team are very friendly and that is important," "They treat [the person] with humour and professionalism," and "We're more than happy, I think we are more than getting value for money."
- People, staff and adult social care professionals described the registered manager positively, saying they were approachable, responsive and "very hands-on."

Continuous learning and improving care; 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 demonstrated a commitment to developing and improving the service. The local commissioning authority had recently conducted a quality audit of the service and we saw the registered manager had responded appropriately to the issues this audit had noted.
- An adult social care professional told us the provider was always responsive to feedback about improving the service and acted on this immediately.
- People told us the provider listened to and acknowledged issues when these were raised and put them right. We also observed the registered manager do this during our inspection visit.
- The registered manager had recently introduced a new audit and monitoring tool so they could better monitor and address service issues, such as making sure care plan reviews and quality checks took place when required.
- One care worker told they had no concerns about the service and added, "If I did, I know it would get sorted straight away."

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

- People and their relatives were involved in the service and their care was regularly reviewed with them to make sure it met their changing needs.
- The provider conducted an annual survey with people and their families to invite feedback about the service and suggestions for improvements. The provider was in the process of collecting survey responses from people at the time of our inspection. Responses received so far indicated people were happy with their care with comments such as, "Carers are very kind and caring," and "[Staff] have a special bond with [the person]". We saw the registered manager had already addressed any specific issues that people had reported.
- The registered managers had recently improved team meeting arrangements to make sure these were held more regularly. We saw issues such as training, teamwork, completing daily care records and medicines support were discussed at these meetings and staff had opportunities to influence the running of the service.

Working in partnership with others

- The service worked in partnership with other agencies, such as social workers, nurses, GPs and hospital staff, to help to provide coordinated care to people.
- The registered manager had recently signed up to a local Police neighbourhood watch scheme to help publicise information to people about bogus carers and keeping safe in the community.
- We noted that staff had also worked to raise money for local charities.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person did not ensure that service users received care and treatment which was appropriate, met their needs or reflected their preferences.</p> <p>Regulation 9(1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because they did not always:</p> <ul style="list-style-type: none"> - Assess the risks to the health and safety of service users receiving care. - Do all that was reasonably practicable to mitigate such risks. <p>Regulation 12(1) and (2)(a),(b)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

- The registered person was not always operating effective systems and processes:
- To assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.
- To assess, monitor and mitigate the risks relating to the health safety and welfare of service users.
- To maintain accurate and complete records in respect of each service user.

Regulation 17(1) and (2)(a), (b),(c)