

Choice Support

Choice Support Compass House

Inspection report

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Date of inspection visit:

31 January 2023

01 February 2023

02 February 2023

03 February 2023

06 February 2023

07 February 2023

08 February 2023

Date of publication:

22 March 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Choice Support Compass House is a supported living service providing personal care to 93 people at the time of the inspection. The service was supporting 206 people but not everyone was supported with the regulated activity of personal care. Our inspection only focused on the 93 people who received personal care and lived in 44 different supported living locations.

People's experience of using this service and what we found

Right Support:

People had a choice about their living environment and were able to personalise their rooms. Staff carried out daily living tasks, such as cooking and cleaning, whilst actively supporting people to take part. The registered managers worked with the quality team to promote what activities people could do, so people had fulfilling and meaningful everyday lives. Staff supported people with their medicines in a way they wanted but we found some medicines were not managed well. Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests.

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.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. One person told us, "Very good care here." Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:

Managers did not always support the delivery of high-quality, person-centred care. Quality assurance systems and processes to maintain and develop the safety and quality of care were not always operating

effectively; some staff told us they could not access some systems such as electronic system for recording incidents. People and their relatives told us they liked living in their homes, and people were supported to maintain their own tenancies. The provider was aware of and were committed to providing resources to make improvements swiftly. Equality and diversity was respected in the different locations and within the provider's organisation.

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

Rating at last inspection

The last rating for this service, under the previous provider, was outstanding (published 7 February 2019).

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to risks and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Choice Support Compass House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by three inspectors who visited locations and one inspector who made phone calls to relatives.

Service and service type

This service provides care and support to people living in 44 'supported living' locations, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were three registered managers in post covering all 44 supported living locations.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

Inspection activity started on 31 January 2023 and ended on 14 February 2023. We visited the location's office on 31 January 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 27 October 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 14 people, 7 relatives, 3 registered managers, 8 team leaders, and 12 support staff. We visited 8 supported living locations in 6 different boroughs as well as the registered office. We reviewed people's care plans and medicines information, staff recruitment files and quality auditing systems as well as a range of other documentation. We observed people's support where appropriate and spent time speaking with people and their relatives.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed 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; Using medicines safely

- Medicines were not always available or there was not enough information for staff to administer them safely. Some people had 'as required' medicines prescribed for occasional use, such as for pain or constipation. One person had as required medicine for distress, but these had expired two days before our site visit. This left the person at risk of not receiving their medicines when they needed them, as they often required these at night-time.
- There was a lack of guidance for the use of this medicine. There was no protocol directing staff when it should be used, in what order it should be administered with other medicines for distress, or what could be done if the medicine was not successful in treating distress. Care plans did not direct staff how to use these medicines.
- Some people were at risk of choking and received foods that were modified, such as pureed or chopped up small and coated in sauce to reduce the risk of choking. Some of these people did not have choking risk assessments to direct staff on what action to take should a person choke. For example, whether they could have backslaps if they were in a wheelchair, how to safely support them to the floor for emergency intervention, or at what point emergency help should be sought.
- Some people being supported were at risk of constipation. People with a learning disability may be prone to constipation and at risk from the effects of poor bowel care. We found one person with constipation had a risk mitigation for bowel monitoring charts to be in place and for staff to refer to their GP if they were concerned. However, there were no monitoring charts, or other recording of the persons bowels in place and care plans did not say at what point to call the GP.
- A second person had a condition that causes bowels to be blocked. However, they did not have a constipation care plan to direct staff on how to safely care for their bowels, such as through exercise, diet or warning signs to be aware of for the person.
- We found other people who had bowel conditions that required monitoring but were not being effectively monitored. We raised this with team leaders for the locations and they told us they would put effective monitoring systems in place.

Risks had not been consistently assessed, monitored and mitigated for people using the service. This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people had as required medicines in use and had these managed safely. We found other people had received their medicines safely and staff had been trained to administer medicines competently.
- Other risks to people had been mitigated and managed, such as around fire safety and food hygiene.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Where there was suspected abuse the provider had made referrals to the local authority safeguarding team
- The provider had worked with the local authority to track and conclude each safeguarding incident and had worked with safeguarding teams to investigate any suspected abuse.
- Staff understood their role in keeping people safe from the risk of abuse and knew how to report any concerns. One staff told us, "Yes, I had safeguarding training it's about making sure tenants who are vulnerable are protected. If I see something, I recognise, respond and report."

Staffing and recruitment

- There were enough staff deployed to meet people's needs. People in supported living services had individual hours and these were tracked and managed by each location to ensure people's assessed needs were met. For example, one location had a visual timetable with people's individualised hours mapped out and which staff were supporting them.
- People and staff told us there were enough staff to ensure people received the correct support. One person told us, "Yes, there's enough staff. I get looked after alright they come and give me help." One staff said, "I think there are enough staff; they ensure there is a minimum number and I get calls to fill up any spaces." We observed staff working on rotas as planned during our site visits.
- Staff had been recruited safely. We checked four staff files and saw that safe recruitment processes were followed including checking staff identity and applying for enhanced Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Not all team leaders and staff were able to use the electronic system where incidents and accidents were logged. We have reported on this in the well led section of this report.
- Some staff struggled to use the electronic incident recording system. One team leader told us that when a person was verbally abusive not all staff were recording this as an incident. The team leader told us, "I've said to staff that is an incident so it's a learning point." This meant that some incidents may be more likely to occur as learning from them isn't being shared with professionals.
- When incidents had occurred, we saw examples where changes had been made to people's support. For example, people experiencing distress had their incidents reduced by ensuring only named staff provided support to them.

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 our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. 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

- People had a comprehensive assessment of their needs, including physical and mental health prior to admission to the service.
- Care plans reflected people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff ensured people had up-to-date care and support assessments, and reviews and people and their families were invited to be involved. People had key workers who knew their needs well.

Staff support: induction, training, skills and experience

- Staff were trained sufficiently to carry out their roles and had access to a programme of different courses and qualifications such as the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were trained in learning disabilities and autism and the provider was beginning to roll out special Oliver McGowan training. Oliver McGowan training is for staff that require general awareness of the support autistic people or people with a learning disability might need and is recommended by the government.
- People told us they thought their staff were competent and knew what they were doing. One person commented, "Yes, they know what they're doing... they work so hard here the staff and they do a good job."
- Staff told us they were inducted and were given the training they needed. One staff said, "I had an induction and it covered what I needed to know to start work: eLearning and refresher courses brings you up to speed, also reading the policies."

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

- People were supported to eat and drink enough to maintain good health and a balanced diet.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. One person was on a restricted diet due to health reasons and staff balanced the person's right to choose food with their health needs.
- Where required, people had food or fluid charts in place to record what they had consumed. For example, people with specific health needs had their fluid intake levels monitored so they were not at risk from health complications.

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

- People had been regularly referred to health care professionals to support their wellbeing and help them to live healthy lives. One person told us, "They [staff] take me down to the doctor, if I have a doctor's appointment."
- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed. We checked hospital passports, and these had been reviewed and updated.
- People were supported to attend annual health checks, screening and primary care services and staff had documented the outcomes in care plans.
- Staff and managers worked with other agencies to ensure people had effective care. One person required a scan and staff arranged for a home scan to be trialled to help the person to overcome their anxiety.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff empowered people to make their own decisions about their care and support. Where staff were not sure about a person's ability to make decisions, they completed an MCA assessment. We saw examples where people had capacity to decide and were supported to make decisions for themselves.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making. For example, where it was determined that people lacked capacity for certain decisions, staff had followed a best interest process to decide the least restrictive and safe option for the person and involved other people in the decision.
- Where people were subject to community Deprivation of Liberty Safeguards, these were monitored, and any conditions were being followed by staff.

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 our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. One person could repeat disrespectful language they had previously heard from past placements. Care plans explained this and directed staff to what these mean and how they should respond to show kindness to the person.
- People told us that their staff were kind and they liked being supported by them. One person said, "[Name] is kind and she takes me out a lot, and says 'do you want to go out or stay indoors?' We play games, listen to music." A second person told us, "I wanted to put a good word in for staff they do a really good job they look after me very, very well...at the end of the day they do a good job." A third person smiled, said, "Happy.", and gave us a thumbs up sign when we asked about their staff.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. One person had an interest in an item that traditionally was used by another gender. Staff explored this with the person and supported them to purchase the item they wanted and use it for sensory feedback.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. We observed two people with sensory differences being supported to drink. Staff spoke positively with people using modulation of voice and engaged the people in a shared activity they found fun, eventually singing and dancing at the table. Both people then drank, and one of the people then had their medicines in liquid form.

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

- Staff supported people to express their views using their preferred method of communication. People with communication difficulties had care plans that explained how they need to be supported, including around their environment and staff approaches. We observed that people were being supported to communicate in the way set out in their care plans.
- People, and those important to them, took part in making decisions and planning around care and care reviews. For example, we saw reviews of care plans that had involved the person and their family as well as their key workers. For people who could sign reviews or care plans we saw this had happened.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff giving people time to process information where they needed it.

Respecting and promoting people's privacy, dignity and independence

- People were being supported to achieve and maintain as much independence as they wanted. Care plans emphasised where people could be independent and how they should be supported to achieve this. For

example, such as choosing clothes and dressing themselves, but with staff checking whether choices were appropriate for the weather. Brush my teeth, brush my hair, and shave: I can do all of these things myself one thing at a time is best.

- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their tenancy.
- Some people with sensory needs that required regular trips in cars had been supported to have their own Motability vehicles. Staff used these to take people out regularly as part of their routine to support their independence and sensory needs.
- Staff supported people in a way that was respectful of their dignity and protected their privacy. One person had a health condition that meant they could experience incontinence; their bathing plan highlighted the importance of how to uphold the person's dignity when bathing.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. People had goals that were regularly reviewed and often involved families. However, we found one service where goals had not been reviewed for well over a year. The team leader took action to put this right once we showed them.
- The service met the needs people using the service, including those with needs related to protected characteristics. For example, care plans contained personalised information about the routines and sensory input that were important to autistic people.
- Preferences, e.g., the gender of staff, were identified and appropriate staff were available to support people. We saw that people could be supported with personal care by members of the same gender. Where this happened, care plans were clear about what support other genders could provide; for example, community support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were being supported to communicate effectively in a personalised way. Some people had sensory processing differences that meant their experience of pain was not consistent or delayed. Care plans set out, and staff told us, how to recognise pain in individuals.
- Some people communicated using Makaton. Makaton is a communication tool using speech and signs to help people with learning disabilities to communicate. Some people used their own versions of Makaton signs and staff were able to describe these to us.
- Other people used picture exchange boards to communicate with their staff and understand their daily routines, such as where they were going, which staff were supporting them and what their choice of food for lunch was.

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

- People and their relatives told us they were supported to understand their rights and explore meaningful relationships. One person said, "[Name] and [name] are two of my friends, they are tenants. They invite me

to their flat and I invite them up to my flat." One relative told us, "The staff bent over backwards to do activities with them during lockdown. He attends outside activity twice a week...1-1 support now is available they are looking at activities inside and outside."

- People learnt everyday living skills and developed new interests by following individualised learning programmes with staff who knew them well. For example, we saw that people were supported to engage in activities around cooking, cleaning, and shopping, as well reading and writing, or other hobbies.
- People had life histories that explained their interests and hobbies. For example, one person has been interested in motorbikes since childhood. The person's room was decorated to reflect this, and staff spoke about the persons love of motorbikes.
- Staff were committed to encouraging people to undertake voluntary work, employment, vocational courses in line with their wishes and to explore new social, leisure and recreational interests

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. There was an up to date complaints policy.
- Complaints were logged online, and relatives told us they were able to speak directly with staff to address any issues. For example, one relative had complained because new clothes had become discoloured in the laundry. This was resolved by supporting the person to buy a small separate washing basket and be supported to wash their items separately.

End of life care and support

- There was nobody being cared for at the end of their lives during this inspection. However, we spoke with staff who had previously supported people with end of life care. One staff told us how they had supported a person in the final stages of their life and how they worked with the local hospice team to keep the person in their own home.
- People had end of life care plans. One person had refused to discuss this plan and staff felt the person would get upset if asked again. Instead staff wrote what they felt the person would like in the plan including what music they liked, specific themes, and old friends they would want to invite to a funeral.

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 our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Senior staff did not consistently understand and demonstrated compliance with regulatory and legislative requirements. Providers registered with CQC are required to notify CQC of certain incidents, events or changes to their registered services. We found some statutory notifications had not been submitted as required.
- Some team leaders who were responsible for day to day running of individual services were not aware of the need to submit Statutory Notifications to CQC.
- Some team leaders we spoke with were unable to rely on information about staff training. The online system showed gaps for some staff in courses they had attended. Team leaders could not state with confidence which staff had completed vocational qualifications such as NVQ's or the Care Certificate. One team leader described the system as having an IT blip.
- Team leaders were not consistently able to access the online system for incidents and accidents. One team leader told us that staff were unable to log in to the system so incidents were not being recorded. Another two team leaders told us they just upload incidents and then get them back from managers. However, there was no clear follow up action in individual locations following incidents. For example, we saw two incidents where two people were involved in a physical dispute, but these had not been notified to CQC after being uploaded to the online system.
- Some staff told us they felt unsupported by management and a lack of management visits on site. One staff told us, "If you have any concerns there is no one there to support us. It feels like we are left to our own devices." Some staff told us there was a lack of regular checks carried out from the senior team regarding auditing and quality assurance.
- At other locations we found little oversight from senior managers. For example, there was a lack of checking of medicine audits. These were not robust enough to consistently identify issues. Infection control audits and processes did not cover all necessary criteria such as an infection control lead in each service, and team leaders were not aware of national guidance on this.

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 provider had let relatives know when incidents had occurred, or things went wrong. One relative told us, "The staff will contact me if there's any problem. [Name] has had problems and have been in extra contact." However, we could not be certain all incidents were being raised to managers as some staff did not know how to access the online system.

Governance systems to monitor and assess the quality of service had not been consistently effective. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were three registered managers in post to oversee the different locations. There was a management structure to show which location was managed by whom, and some locations shared between managers.

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

- Staff told us they felt able to speak up and express any concerns. One staff told us, "I am confident to raise any concerns." A second staff said, "Yes, definitely I can raise concerns with the managers...I feel at ease asking anything I need to know."

- Managers promoted equality and diversity in all aspects of the running of the service.

Registered managers facilitated working purposefully meetings with team leaders. One registered manager said, "We ask staff to facilitate chats such as around values, what stops staff working together, closed cultures, barriers to performance." These meetings were attended by team leaders as well as the provider's director for learning disabilities

- The majority of services had a positive and open culture. Where one service had a possible culture issue identified, managers were addressing this and working with the local authority to put things right.

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service; however, feedback was not consistently asked for. Surveys had been sent out by the provider, but some locations had not requested surveys for a long time. One team leader had been given permission to send out a local survey.

- Staff told us they could engage with services. For example, one staff said, "We make suggestions all the time in staff meetings and supervisions."

Working in partnership with others

- The service worked in partnership with other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. For example, health teams such as opticians, hearing clinic, pharmacists, dentist and chiropodists were regularly involved in people's care and staff supported people to take ownership of their health where they could.

- Some people were supported to engage in local advocacy services and be involved in steering groups and quality checking of local systems.

- Where information was being shared about people this was done safely and with encryption, protected email addresses, or unique identifiers instead of people's names.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to effectively assess monitor and mitigate risks for people using the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that governance systems to monitor and assess the quality of service were consistently effective.</p>