

Riviera Ambulance Service Limited

# Riviera Ambulance Service Limited

## Quality Report

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This report describes our judgement of the quality of care at this provider. It is based on a combination of what we found when we inspected, other information known to CQC and information given to us from patients, the public and other organisations.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

We initially inspected Riviera Ambulance Service Limited on the 22 and 30 August 2017. During that inspection we had concerns about the safe care and treatment of service users. Following the inspection, we took enforcement action to urgently suspend both the registered manager's and the provider's registration for a period of six weeks from 13 September to 25 October 2017.

During the suspension period the provider and registered manager took measures to significantly improve the service. On 6 October 2017, the provider sent us an action plan outlining actions they had taken, and planned to take, to improve the areas of concern we identified. On the basis of this, we carried out a focused inspection on 17 October 2017. This was only focused on the areas of concern reported in the notice of suspension.

We do not currently have a legal duty to rate independent ambulance services.

Our key findings were as follows:

- A significant number of improvements had been made to the service in response to the breaches identified in our notice of decision to suspend.
- The provider and registered manager had completed a significant amount of work to ensure compliance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to provide a safe service to patients.
- The registered manager demonstrated motivation and determination to improve the service. He spoke honestly about the introduction of new systems and processes being in their infancy stages, needing further development and embedding into practice.
- A two-stage risk assessment approach had been developed to ensure the safety of the patient and staff during the journey.
- A new recruitment procedure ensured patients were safeguarded against unsuitable staff.
- Systems and processes were clear to ensure safeguarding concerns were reported to safeguard patients against avoidable harm and abuse.
- A new system had been introduced to gather feedback from stakeholders who used the service, which aimed to support service improvement.
- Procedures to monitor the safety, quality and performance of the service were being developed.

However:

- The risk register still required further development to ensure all risks associated with the service had been accounted for and mitigated.
- The registered manager was open and honest that his knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 still required further development and this work was ongoing.

We will continue to monitor the provider's performance and will undertake further inspections as necessary to ensure the improvements are sustained.

**Amanda Stanford**

**Deputy Chief Inspector of Hospitals**

# Summary of findings

## Our judgements about each of the main services

### Service

#### Patient transport services (PTS)

### Rating Why have we given this rating?

We do not currently have a legal duty to rate independent ambulance services.

The main service provided by Riviera Ambulance Service Limited was patient transport. The provider specialised in transporting patients with mental health conditions, some of whom were detained under the Mental Health Act 1983.

During the inspection we saw a significant number of improvements which had been made to the service in response to the breaches identified in our suspension notice which we served on 13 September 2017. The registered manager, who was also the provider, demonstrated a significant amount of work had been completed to ensure compliance against the Health and Social Care Act 2008 (Regulated Activities) 2014 to provide a safe service to patients.

Systems and procedures had been introduced to ensure the safety of patients using the service and to enable the registered manager to monitor the safety, quality and performance of their service.

# Riviera Ambulance Service Limited

## Detailed findings

### Services we looked at

Patient transport services (PTS)

# Detailed findings

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## Background to Riviera Ambulance Service Limited

We carried out a comprehensive inspection of Riviera Ambulance Service Limited on 22 and 30 August 2017. Following that inspection we had concerns about risk management, and the safe care and treatment of service users. There were also a lack of systems and processes to enable the safety, quality and performance of the organisation to be monitored and improvements made

where required. We also had concerns about the registered manager's lack of understanding about their responsibilities with regards to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, we urgently suspended the registration of the provider and the registered manager.

## Our inspection team

The inspection team included Stephanie Duncalf, Inspector, Daniel Thorogood, Inspection Manager, and was supported by Mary Cridge, Head of Hospital Inspections.

# Patient transport services (PTS)

Safe	
Effective	
Caring	
Responsive	
Well-led	
Overall	

## Information about the service

Riviera Ambulance Service Limited opened in 1993. The owner for the service was also the registered manager. The service is an independent ambulance service based in Torquay, Devon. The service primarily operates in the local communities of Devon, Cornwall and Somerset, but can also serve the whole of the west country and the United Kingdom as required. Riviera Ambulance Service Limited specialises in NHS and private sector patient transport services for patients with mental health conditions. The services transported patients from their home to a mental health unit or between mental health units as required by the referrer. The service provides transport 24 hours a day, seven days a week. Between April 2016 and May 2017 Riviera Ambulance Service Limited had carried out 690 patient transport journeys.

The provider is registered to provide the following regulated activity:

- Transport services, triage and medical advice provided remotely

The service had three ambulances. Two were used regularly for patient transport journeys and one vehicle was used when there was a fault with the two other vehicles or during times where the service required more capacity to take on work.

## Summary of findings

We always ask the following five questions of each service:

### Are services safe?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- The service had introduced a system to ensure infection risks associated with patients were identified and plans put in place to control the spread of infection.
- A process had been introduced to ensure the safe administration of medicines and a comprehensive system to record this.
- Systems and procedures had been introduced to ensure patients were safeguarded against avoidable harm and abuse.
- A new recruitment procedure had been introduced to ensure only fit and proper persons were employed.
- Documentation identified how risk assessments were to be completed for each patient travelling with the service.

### Are services effective?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- Documentation had been developed to identify how patients' needs would be assessed to ensure staff efficiently cared for the patient during the journey.

# Patient transport services (PTS)

- A new system had been introduced to ensure staff received regular appraisals and supervision.
- The registered manager demonstrated an understanding of the Mental Health Act 1983 and explained how moving forwards staff were being supported to develop their knowledge and understanding of the Act.

## Are services caring?

We do not currently have a legal duty to rate independent ambulance services.

This domain was not inspected as part of our focused inspection.

## Are services responsive?

We do not currently have a legal duty to rate independent ambulance services.

We found the following areas of good practice:

- A comprehensive system had been introduced to manage complaints about the service.

## Are services well-led?

We do not currently have a legal duty to rate independent ambulance services.

We found the following issues:

- The new risk register was still in the early stages of development and did not include all the risks associated with the service.
- The registered manager was still unfamiliar with parts the Health and Social Care Act, and in particular the requirement to notify CQC of certain incidents.

We found the following areas of good practice:

- Systems and procedures were being developed to enable the registered manager to monitor the safety, quality and performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager had developed a system to gather the views of external stakeholders who used the service.

## Are patient transport services safe?

### Cleanliness, infection control and hygiene

- There was clear evidence to demonstrate how the provider was planning to safely manage risks to prevent, detect and control the spread of infections. The provider had a new policy for infection prevention and control, which had been updated to reflect current legislation.
- Booking forms had been developed to include infection risks as a standard question asked at the initial booking stage. If a risk was identified, the registered manager told us he would set out a management plan for staff to follow. The risk would then be reviewed at the handover by the crew and the management plan updated to reflect any changes as required on the journey record form. This demonstrated a significant improvement since our initial inspection in August 2017 when we found no evidence that patient-related infection prevention and control risks were considered and managed appropriately.

### Medicines

- New arrangements for administering and recording medicines ensured patients safety. On some occasions, staff would be required to support patients to self-administer their own medicines during a long journey. A medicines management policy had been implemented setting out a clear procedure for staff to follow when supporting patients with medicines.
- Staff were required to maintain a comprehensive record of any medicine they supported patients to take. The journey record form had a specific section for staff to record information about any medicines given. Staff were required to document which member of staff supported the patient, the time the medicine was taken and whether the patient accepted or refused to take the medicine. The form also required staff to sign to state they had provided a handover and name the member of staff the handover was given to.
- The new system ensured the receiving unit were also provided with a carbon copy of the journey record, which contained information about the medicine given during the journey which could be held in the patient's file. The original copy was then stored at base. This meant if there was ever a concern or a query raised by the receiving mental health unit about a medicine given

# Patient transport services (PTS)

during a journey, there was documented evidence of the event. This demonstrated a significant improvement from our initial inspection where the arrangements for administering and recording medicines did not keep patients safe. There was previously no medicines policy available for staff and no records maintained when staff supported patients with their medicine.

- Oxygen was no longer carried on board the ambulances. Therefore, we had no further cause for concern about storage of oxygen on the ambulances and the cylinders being out of date as identified during our initial inspection.

## Safeguarding

- Systems and procedures reflected relevant safeguarding legislation to safeguard adults from avoidable harm and abuse.
- The provider had introduced a new safeguarding policy, which set out the safeguarding responsibilities of staff and provided guidance on how to report concerns. The policy was based on up to date legislation and guidance from the local authority's safeguarding adults board. Flow charts were available for the registered manager and staff detailing the process to report a safeguarding concern and the telephone number of the local authority. The new policy required all safeguarding concerns to be reported to the local authority.
- This was a much improved position compared with our initial inspection where we found the safeguarding policy was out-of-date and there was no system or process to report safeguarding concerns to the local authority.
- All staff had completed safeguarding adults level two training. This ensured staff knew how to report safeguarding concerns if appropriate. The staff training matrix demonstrated all staff had completed the online training. A refresher course was required every three years. The date for the training update was identified on the training matrix held by the registered manager.
- As the safeguarding lead for the service, the registered manager was due to complete the top parts of the level three safeguarding adults training at the end of January 2018, to ensure compliance with national guidance. This demonstrated a significant improvement since our initial inspection where many of the staff were out of date with safeguarding training.

## Assessing and responding to patient risk

- A new system ensured a comprehensive two stage risk assessment would be carried out prior to transporting a patient. The initial booking form required the registered manager to ask specific questions to identify risks associated with patients, or which may pose a risk to staff. Risks were then to be recorded on the initial booking form with a management plan for staff to follow. Risks were then transferred onto the journey record, to enable staff to add or update any further risks passed over during the handover if required. Staff would then adapt the mitigating actions and management plans appropriately. This ensured all staff were clear about how to safely manage any risks associated with the patient during the journey. This new system demonstrated a significant improvement from our initial inspection where there was no evidence to demonstrate the service identified any risks associated with patients, or put any mitigating actions or management plans in place to manage known risks safely.
- A new policy was available to support staff with the use of physical and mechanical restraint if this was required. The policy outlined the six different levels of restraint available to the staff and provided examples as to when each level may be required. The policy made reference to a level six restraint, which was the use of hook and loop fastening straps. This restraint was only to be used if all other methods of restraint had failed to manage the situation and as a 'last resort.' If the straps were to be used the staff were advised to report the situation to the office to discuss with the registered manager and an incident report would be completed. The registered manager told us the need for level six restraint would be very rare.
- The provider had previously used on one occasion disposable plastic restraint ties as a form of restraint. On the day of our re-inspection in October 2017 these were removed and the registered manager told us he intended to stop using these. There was no reference made to these disposable plastic restraints in the new policy.
- All staff received yearly conflict resolution and breakaway training. All 15 staff at the time of this inspection had completed this training. The updated policy demonstrated steps had been taken to provide clarity to the staff around the use of restraint. This policy ensured safe management in the use of restraint and was a clear improvement compared to what was in place during our inspection in August 2017.



# Patient transport services (PTS)

## Staffing

- A new recruitment and selection policy had been developed to safeguard patients against unsuitable staff. The policy ensured, moving forwards, the information needed to meet the legal requirements would be collected when recruiting new members of staff. This would ensure they were suitable for the role. The policy clearly stated formal employment offers must not be issued prior to the receipt of satisfactory documentation, which included an enhanced disclosure and barring service check and written references. The policy ensured compliance with legislation which was not the case at our initial inspection.
- The provider had introduced a system to ensure compliance with the Revised Code of Practice for Disclosure and Barring Service (DBS) Registered Persons 2015. A form had been developed to store only the required information in the staff member's file. The registered manager would review the DBS certificate and transfer the DBS certificate number, the date of issue and the name of the person issuing the certificate to the form. The DBS certificate would then be given back to the member of staff. This system ensured compliance with national guidance, which the registered manager did not demonstrate during our initial inspection.
- A new process had been developed to check healthcare professionals working for the service, for example paramedics, held current registration with a professional body. The provider employed two registered healthcare professionals, one nurse and one paramedic. We saw copies in the staff members' files to demonstrate recent checks had been carried out. This information was also going to be held electronically moving forwards, to ensure regular checks were completed.

## Are patient transport services effective?

## Assessment and planning of care

- New documentation would ensure a detailed assessment of the patients' needs would be carried out, recorded and available for the staff. A comprehensive assessment to capture the individual needs of the patient prior to the journey was to be taken at the initial booking stage. This meant staff would be fully aware

and prepared to meet the needs of the patient throughout the journey. The initial booking form captured the patient's details, the pick-up and receiving destination locations, whether the patient was detained under the Mental Health Act 1983, any infection control risks, other risks and whether there were concerns about the patient's mental capacity and ability to make informed decisions. This newly developed comprehensive form demonstrated a significant improvement in the process to ensure patients' needs were met during the journey compared to our initial inspection where limited, if any, information was captured about the patients' needs and requirements.

- Staff received a verbal handover at the unit prior to transporting patients. Staff were encouraged to review the information on the booking form and update the assessments and management plans to ensure they reflected the needs of the patients at the time of their journey. This was essential due to the rapidly changing nature and needs of patients with mental health conditions transported by the service. The form contained enough space to add new information and update any risks. The new process ensured there would be documented evidence that patients' needs were being reviewed and management plans were being updated accordingly, which was not the case at our initial inspection.

## Competent staff

- The provider had developed a new system to carry out yearly appraisals and quarterly supervision with staff. Supervision and appraisals are an important aspect of ensuring staff are competent and for identifying any learning needs within their current role, not just for further development. Forms had been developed for both the appraisal and supervision sessions with a set agenda for discussion to ensure consistency between staff, with a section to enable staff to bring up any other issues, concerns or discussions. The registered manager had discussed the previous lack of appraisal and supervision structure with the staff and moving forwards staff had agreed to be part of the new process. Despite the system being newly introduced, the registered manager had already completed appraisals for all members of staff. Moving forwards the plan was to hold the dates of appraisals and supervision electronically to ensure sessions were completed in a timely way. This

# Patient transport services (PTS)

system demonstrated a significant improvement compared to our previous inspection where there was no system for carrying out annual appraisals or regular supervision with staff.

- Since our previous inspection, staff had been supported by the registered manager to develop their knowledge around sections of the Mental Health Act 1983 relevant to the service. The registered manager had actively provided each member of staff with information from the Act for them to read. Discussion around the Act also formed part of the agenda for the quarterly supervision sessions. The training matrix also identified in-service training would be provided to staff around the Mental Health Act to ensure they had an understanding of their role and responsibilities. This demonstrated a new motivation and drive from the registered manager and the staff to be familiar with legislation associated with the service, which was not demonstrated at our first inspection.
- A competency assessment and checklist for new staff had been developed to demonstrate they were competent in their role. This new process was to be used with the next new member of staff joining the service. The registered manager also told us about a further plan to set up a mentoring programme. The registered manager had identified specific members of staff who had an interest in particular areas of the role to act as mentors for others. Most members of staff were keen to take up a mentor role for new started in different aspects of the role. One member of staff had agreed to take a lead on vehicle safety checking and would help to familiarise new members of staff in this area. This new induction programme would provide assurance a new member of staff joining the service was competent to carry out their role. This demonstrated a significant improvement from our initial inspection where there was no competency assessment for new staff and no checklist to show what the induction included, or when the staff member had completed this and had been deemed competent in the role.

## **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- The provider had introduced a new mental capacity policy to support staff. The policy aimed to promote staff awareness, ensuring they were able to support patients as far as possible to give informed consent for

any care. The policy also identified the principals of the Mental Capacity Act 2005, which staff needed to consider if restraint was used on a patient who they felt lacked capacity. The registered manager told us they had not transported a patient who lacked capacity to make decisions and this would be an unlikely occurrence. This was because if patients lacked capacity they would usually be under a section of the Mental Health Act. This was a significant improvement since our inspection in August 2017 when the provider did not have a policy or any procedures available with regards to capacity to consent.

- Staff had completed recent online training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Training records were held on the new training matrix. All the staff had completed this training at the time of our inspection. The registered manager confirmed these members of staff had completed the training, but told us the matrix would not be completed until the certificates were in the staff members' personnel files. This was a significant improvement since our previous inspection in August 2017 where we found no evidence to demonstrate staff had completed this training and the registered manager was unable to tell us whether staff had received training in the Mental Capacity Act.
- The registered manager demonstrated an awareness of The Code of Practice: Mental Health Act 1983 during our discussions with him. Paragraph six under The Code of Practice: Mental Health Act 1983 states "the code is not statutory guidance, but would be beneficial for others in carrying out their duties." The registered manager had a copy of the Code of Practice and had identified all relevant parts of the code applicable to their business. The registered manager talked comprehensively on parts of section 17.2 (transport of patients) of the code which states "the respective responsibilities of different agencies and service providers for transporting patients in different circumstances should be clearly established locally and communicated to the professionals who need to know." For example, the registered manager discussed how the service's responsibilities were clearly set out during the initial booking stage and again during the handover by the staff and would be documented on the initial booking form and journey record.

# Patient transport services (PTS)

## Are patient transport services caring?

This domain was not inspected as part of our focused inspection.

## Are patient transport services responsive to people's needs?

### Learning from complaints and concerns

- The complaints policy had been reviewed and developed to ensure all complaints were reviewed and investigated by the registered manager. The new policy set out a clear procedure to manage complaints, which included a timeframe in which the registered manager had to respond to complainants and provide details of the outcome of the investigation and any actions taken. The new policy demonstrated a significant improvement in the registered manager's understanding of his need to investigate complaints to develop the business. The August 2017 policy did not provide clarity around the complaints investigation process and whether all complaints would be investigated.

## Are patient transport services well-led?

### Leadership / culture of service related to this core service

- The registered manager demonstrated a much improved knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was evidenced by the significant changes to the systems and processes which had been introduced to ensure the safety and wellbeing of patients. For example, the registered manager had put in place systems and procedures to ensure oversight of quality, safety, risk and performance within the service and had an understanding of the regulated activities the service was registered to provide.
- The registered manager was able to discuss their responsibility to ensure the business operated within the Health and Social Care Act and told us clearly how they intended to carry this out. The registered manager was also fully aware of the legal responsibilities for non-compliance with the Act. Discussions held during

our inspection and the introduction of new systems and processes demonstrated a significant improvement from our inspection in August 2017. During our initial inspection, the registered manager was only able to provide us with limited evidence to demonstrate how the requirements of the Health and Social Care Act were being met.

- The registered manager was open and honest about not being familiar with specific incidents where there was a mandatory requirement to notify the CQC. The registered manager told us their knowledge of the Health and Social Care Act was still under development, and an external company was assisting him with this.
- It was clear during this inspection the provider had completed a significant amount of work in a five week period to ensure compliance of the service against the Health and Social Care Act.
- The registered manager demonstrated motivation and determination to improve the service and spoke honestly of specific areas where their knowledge base required further development and how this further learning was to be achieved.

### Governance, risk management and quality measurement

- The registered manager was in the early stages of developing systems and procedures to monitor the safety, quality and performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our inspection, the registered manager was open and honest that the governance system was in the early stages of development. However, we saw evidence of how things would work moving forwards, and the registered manager was able to discuss future plans to monitor all aspects of the service. We were shown how information was to be captured and recorded electronically to provide a comprehensive oversight of how the service was performing. There were plans to hire a member of staff to support with the management in this area of the business. The registered manager told us there was also ongoing, indefinite work with a consultancy firm to develop this part of the business. Despite being in the infancy stages, this development demonstrated a significant improvement from our initial inspection in August 2017. At that time there were no systems or procedures to enable the registered manager to monitor

# Patient transport services (PTS)

the safety, quality and performance of the service. We were not assured the registered manager had any oversight about how the service was performing and the areas where improvements were required.

- A system had been developed to actively seek the views of external stakeholders who used the service to provide feedback and to identify areas for improvement. The registered manager had developed a feedback form which was going to be sent out to the various organisations which used the service on a quarterly basis. The form requested the views of the stakeholders about various aspects of the service and also provided a section for suggestions for service improvement. This information was then going to be scrutinised for trends and themes. This new process demonstrated the registered manager's commitment moving forwards to listen to stakeholders and to act on any concerns or improvements suggested. This was a significant improvement compared to our initial inspection where there was no evidence to demonstrate the views of external stakeholders were sought and acted upon.
- The provider had introduced a risk register to identify risks to the service provision. During our inspection, the risk register was under development. Current risks on the register were aligned to the administration side of the business, and operational risks were due to be added and reviewed. The registered manager was able to discuss how the risk register was to be developed and managed moving forwards. Risks were to be reviewed on a regular basis and the registered manager had employed an external agency member of staff to ensure the risk register was maintained, regularly reviewed and updated. During our initial inspection, operational risks were identified as sustainability of the business and the risk of potential violence and aggression from patients, towards the crew. These risks were not yet on the risk register. Despite this, the introduction of the risk register demonstrated a significant improvement since our initial inspection where there was no form of documentation to identify risks to the service provision. We also saw a significant change in attitude from the registered manager about the risks encountered by the service. This was demonstrated by the number of risks already on the register, and the actions being taken to reduce the risks.
- A programme of internal audit to identify the service's strengths and areas for further improvement had been introduced and was under development. Again, the registered manager was aware this was not yet fully developed and on going work was required to get the system up and running and embedded into practice. Moving forwards, the registered manager clearly discussed how all aspects of the service were to be monitored, including cleanliness, infection control, outcomes and documentation. The registered manager showed us templates which had been developed electronically to capture all this information. We were also shown how the registered manager planned to record themes and trends and create action plans to make required improvements following the outcomes of the audits. What we saw demonstrated significant work had been carried out to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- There was a system to record staff activity and the time period in which they drove during the journey. Journey log sheets had been developed to record the start and finish times of each driver, the pick-up and drop-off times, and the mileage covered. This meant if an incident or accident required investigation there would be a clear record of which member of staff was driving at any specific time. This record of activity demonstrated a significant improvement from our findings at our initial inspection, where we were not assured that an individual could be identified as the driver if a concern was raised at a later date.

## Public and staff engagement

- A system had been developed to ensure each patients using the service was able to provide feedback if they desired about the service and their journey. Results from patient feedback forms were going to be transferred to an electronic system and reviewed quarterly for themes or trends. The patient questionnaires had been improved and now also included details for the patient about how to make a complaint or pass on a compliment to the service. This was an improvement from the previous system where there was no documented evidence to demonstrate patient views were collected and acted upon.

# Outstanding practice and areas for improvement

## Areas for improvement

### **Action the hospital MUST take to improve**

#### **Action the provider MUST take to meet the regulations:**

- Ensure the registered manager has sound understanding of the Care Quality Commission (Registration) Regulations 2009 (part 4) Regulation 18 and which incidents require a statutory notification to be sent to the CQC.
- Ensure systems and processes to monitor the safety, quality and performance of the service against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are fully developed and embedded.
- Ensure the risk register encompasses all risks associated with the service and ensure there is an embedded process to monitor and review the risks.

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Care Quality Commission (Registration) Regulations 2009 (part 4) Regulation 18 Notification of other incidents</p> <p>18(1) Subject to paragraphs (3) and (4), the registered person must notify the Commission without delay of the incidents specified in paragraph (2) which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.</p> <p>The registered manager was not familiar with the requirements to notify CQC of certain incidents.</p>

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>HSCA 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance</p> <p>17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>17(2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to –</p> <p>17(2)(a) assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services)</p>

This section is primarily information for the provider

## Requirement notices

17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity

Although systems had been introduced to meet these requirements, for example audit tools and a risk register, further work was required to ensure all areas of the business were included and that these systems were in use and fully embedded.