London Borough of Hackney

Hackney Shared Lives Scheme

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 17 and 20 April 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The service was last inspected on 16 March 2017, where we found the provider to be in breach of two regulations in relation to staff training and supervision, and notification of other incidents. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Effective and Well-led to at least good. However, the provider did not submit an action plan. At the inspection on 17 and 20 April 2018, we found that the provider had made some improvements but they were not sufficient.

Hackney Shared Lives Scheme is a local authority operated service that supports adults with a learning disability or mental health needs. People using this service receive care and support by individuals, couples and families who have been approved and trained for that role, and are called shared lives carer. People using the service live with the shared lives carers in their homes. At the time of our inspection Hackney Shared Lives Scheme supported 19 people with a learning disability or mental health needs who were settled in long-term placements. A total of 15 shared lives carers had been appointed and some carers had been approved to care for more than one person.

The service did not have a registered manager. The manager had applied to become the registered manager of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Shared lives carers were suitably vetted before they were matched with people. There were appropriate criminal checks in place for the main shared lives carers but the provider was not able to provide copies of support carers' criminal checks as per their policy. Not all shared lives carers had carried out yearly safeguarding training. However, most shared lives carers knew the provider's safeguarding reporting procedures. We have made a recommendation about staff training for safeguarding. The provider had not ensured that all shared lives carers completed six core trainings per year as per their policy. Shared lives carers did not receive regular supervision and felt they were not well supported.

People's care plans were not always comprehensive and were not always reviewed and updated yearly. Shared lives carers and people were not always provided with the updated care plans. The provider did not have processes in place to enable staff to discuss and record people's end of life care wishes. We have made a recommendation in relation to end of life care planning.

There was lack of oversight of the service due to a shortage of office staff. The provider did not maintain contemporaneous records of people's care, staff personnel, training, and management of the service. The provider did not always review people and shared lives carers' views and feedback to continually improve

the service.

People using the service had been living with their shared lives carers for a number of years and felt safe with them. The provider had identified, assessed and mitigated risks associated to people's health, care and mobility needs. People received appropriate support with their medicines management needs. Shared lives carers maintained medicines administration charts when they administered or prompted medicines. There were appropriate health and safety checks in place to ensure people lived in a safe environment.

People's individual needs were assessed at the time of referral and told us their care, nutrition and hydration needs were met. Shared lives carers were aware of people's dietary needs and encouraged people to maintain a balanced diet. People were supported by their shared lives carers where requested to access ongoing healthcare services. People told us they were given choices and supported in making decisions. Their care plans made reference to their capacity. Shared lives carers understood their responsibilities in acting in people's best interests in line with legislation.

People told us they liked their living arrangements and found shared lives carers helpful and caring. Shared lives carers knew people's cultural and religious needs and supported them where requested. People were supported to remain independent and told us their shared lives carers respected their privacy. People told us their shared lives carers knew their likes and dislikes. Shared lives carers and people knew how to raise concerns.

The management had introduced a forum to improve the communication and conducted regular staff meetings to keep staff informed on changes. The provider had recruitment plans in place for permanent staff and to increase the capacity in the office.

We found two breaches of the regulations in relation to staffing and notifications.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Not all shared lives carers knew how to report concerns of abuse and did not complete yearly safeguarding refresher training. The provider followed appropriate recruitment process but did not always keep records of support carers' criminal record checks.

People trusted shared lives carers and felt safe living with them. The provider maintained risk assessments that gave information to shared lives carers on how to support people safely. People's medicines were managed safely.

Shared lives carers maintained appropriate health and safety checks.

Is the service effective?

Requires Improvement

The service was not always effective.

Shared lives carers did not receive regular supervisions and training to deliver effective care.

People's needs were assessed and their nutrition and hydration needs were met. Shared lives carer supported people to access healthcare appointments.

People's care plans made reference to their capacity and shared lives carers supported people to make decisions.

Is the service caring?

Good

The service was caring.

People told us shared lives carers were caring and respected their privacy.

Shared lives carers were aware of people's religious and cultural needs and met those needs when requested.

People were supported to remain independent and liked living with shared lives carers.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not always give full information on people's needs and health conditions. The updated care plans were not always provided to the people using the service and their shared lives carers. Not all people received annual care placement reviews.

Staff were not trained in end of life care and processes were not in place to discuss with people their end of life care wishes.

People told us their shared lives carers were responsive to their needs. Shared lives carers and people knew how to raise concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager. The provider had not submitted the requested action plan following the last inspection. The office team faced a shortage of staff which had an impact on the overall management of the service.

The provider did not maintain contemporaneous records of the care delivery. People and shared lives carers' views and feedback were not always reviewed to improve the service.

The manager had introduced carer's forum to improve communication and conducted regular staff meetings. The provider had recruitment plans in place for permanent staff.

Hackney Shared Lives Scheme

Detailed findings

Background to this inspection

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

This inspection took place on 17 and 20 April 2018 and was announced. The provider was given 48 hours' notice as they provide a home based service and we needed to be sure they would be available to meet with us. This inspection was carried out by two inspectors.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We contacted the local authorities about their views of the quality of care delivered by the service.

During our visit to the office we spoke with the shared lives scheme manager, shared lives officer and the service manager. We looked at four care and support plans, and four shared lives carers recruitment and training records. We also reviewed the service's policies and procedures, accidents and incidents, safeguarding and complaints records, care delivery records and medicines administration records for people using the service.

On the second day of inspection, we spoke to four shared lives carers and two people using the service in their homes.

Requires Improvement

Is the service safe?

Our findings

People told us they felt comfortable and safe with their shared lives carers. One person said, "Yes, [shared live carer] is my main carer, she is fine. I feel safe here." Another person commented, "I do feel safe here."

The provider's staff and the shared lives carers were trained in safeguarding of vulnerable adults. However, not all shared lives carers attended yearly safeguarding refresher training. Most shared lives carers were confident in reporting concerns or abuse as per the provider's policy which was to contact the shared lives office. One shared lives carer commented, "I would call the office and speak to [shared lives manager] of my concerns of abuse." Since the last inspection, the provider notified us of safeguarding cases and kept accurate records of the allegations, investigation and outcomes. The manager met with the shared lives officer to discuss incidents, complaints and safeguarding cases to learn lessons from them to prevent similar events. This meant people were at potential risk because not all staff had completed safeguarding training.

We recommend that the service finds out more about safeguarding training for staff, based on current best practice.

The provider had not recruited any new shared lives carers since the last inspection. The manager explained shared lives carer recruitment process during the inspection. The provider sought expression of interest from people who were interested in becoming shared lives carers. On receipt of expression of interest the provider visited them in their homes to get a better understanding of their wishes and aspirations, and to inform them of what was involved in being a shared lives carer. Following receiving their completed application forms, the provider carried out a carer's assessment that included gathering information on their support network, availability and assessment of the environment. After the assessment process, shortlisted people were invited for an interview conducted by shared lives panel. The manager told us they had made arrangements to involve existing shared lives carer and a person using the service to be part of the interview panel for future recruitment purposes.

Shared lives carers had to undergo the character and criminal checks to ensure they were of good character and were safe to support people at risk. Records showed permanent shared lives carers' reference and Disclosure Barring Service (DBS) checks were in date. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. As a good practice the manager told us they also carried out DBS checks on family members of the shared lives carers who were chosen as support carers. However, during and following our inspection, we were not provided with copies of the support carers DBS checks. Although, people were supported by carers and staff that were suitably vetted, the provider did not always maintain appropriate recruitment records as per their policy.

Shared lives carers we spoke with were aware of risks associated with people's needs. Shared lives officers carried out risk assessments before people moved to shared lives carers' homes. These risk assessments identified risks to people and measures on how to mitigate those risks. They were individualised and were for areas such as environment, medication, self-neglect, falls, pressure sores and isolation. The provider

reviewed the risk assessments when people's needs changed and informed shared lives carers of the changes. This showed the provider identified, assessed and mitigated risks to ensure people's safety and that they received safe care. Most people self-administered medicines and the shared lives carers assisted them when required. Shared lives carers maintained accurate medicines administration records when they administered medicines.

The provider carried out environment checks at the shared lives accommodation and records confirmed this. Shared lives carers were required to maintain appropriate homecare insurance and landlord gas safety certificates, records showed these were in date. People's bedrooms were clean and did not have any malodour. Where people required assistance with personal care, the shared lives carers followed appropriate infection control procedures including wearing gloves to avoid spread of infection.

The provider had processes in place where the office team discussed incidents and safeguarding concerns to learn lessons from them so as to prevent similar incidents. There had not been any accidents or incidents since the last inspection.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection in March 2017, we found not all shared lives carers had carried out required training courses per year and did not receive regular supervision as per the provider's policy. During this inspection we checked to determine whether the required improvements had been made. We found the provider had made some improvements.

The provider's latest training matrix showed that not all staff had completed six training sessions per year which was a requirement of their contract and as per the provider's policy. For example, two shared lives carers had not done any training in the last two years. Not all shared lives carers had completed safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training. One shared lives carer told us, "I have not done any training in the last two years. All the training is online and you see I have not got a computer and have to go to my daughter's house to use her computer." Another shared lives carer commented they had not done safeguarding training for a while. Training courses that shared lives carers had attended were not always reflected in the training records and training discussed in supervisions did not always correspond with the training that the manager arranged for people.

Shared lives carers' supervision records showed they had to score themselves for a number of areas such as their relationships with other carers, relationships with staff, relationships with people who used the service, duties/task performance, meeting commitments on hours and deadlines, attitude/initiative and flexibility. Shared lives carers then discussed training courses they had attended and required to attend and gave any other feedback on the service. However, supervision records showed shared lives carers did not always receive quarterly supervision sessions as per the provider's policy. For example, four shared lives carers supervision records showed they had received one supervision in the last year. The manager told us, "Shared lives supervisions should be carried out every quarter. We have not been able to do that due to the volume of work and shortage of operational / office staff." This meant the shared lives carers were not provided with sufficient training and supervision to enable them to deliver effective care.

The manager told us they had encouraged shared lives carers to complete required training but had not always been successful. The manager further stated that they were in discussions with the senior management regarding reintroducing classroom style training for those people who could not do online training and preferred face to face sessions.

The above identified issues were a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not matched any new people to the shared lives carers since the last inspection. The manager told us they had received a few referrals but they did not accept them as they could not meet those people's needs with the existing shared lives carers. The provider had processes in place to assess people's health, medical, mobility and care needs before they were matched with shared lives carers.

Most people had been living with shared lives carers for over five years which enabled shared lives carers to

have a good understanding of their needs. A shared lives carer commented they gave the person choices and supported them to maintain a balanced diet, "She [person using the service] has a good diet. I ask her what she wants to eat." People told us their shared lives carers knew their dietary needs and liked the food they cooked. One person said, "[The shared lives carer] cooks really well." Another person said, "She [shared lives carer] cooks food for me and I like it. She makes curries and rice and peas." Shared lives carers knew people's food preferences. One shared live carer said, "He eats well and I ask him if he wants small or medium sized dinner. He prefers to eat spicy food."

Shared lives carers supported people to access ongoing healthcare services to lead healthier lives. Their comments included, "I prompt her to attend health appointments and monitor if she has attended them" and "When she is ill, I take her to doctors." Shared lives carers kept records of doctors and healthcare appointments and visits.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People's assessment forms and support plans made reference to their capacity and where they lacked capacity, who made decisions on their behalf. For example, one person did not have capacity to consent to their care and treatment; their care plan stated, "Due to the nature of [person using the service] disabilities, he is unable to make decisions regarding his care and treatment. All decisions are made on his behalf by his shared live carer."

We spoke to this person's shared lives carer who had been trained in MCA and DoLS. They told us as [person using the service] did not have capacity to make decisions for himself; they ensured that the best interest processes were followed involving social workers, GPs and any other healthcare professionals. They gave an example of the last best interest meeting they had attended which was when it was determined that the person using the service required to be fed by percutaneous endoscopic gastrostomy (PEG) feeding tube. The PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach as a means of feeding when the person is unable to consume food and drinks orally.

Good

Is the service caring?

Our findings

People using the service told us their shared lives carers were caring. The provider used a tool to match people to carers that looked at shared lives carers' values, hobbies, interests, ethnicity, culture, location and level of need. This enabled positive relationships between people and shared lives carers. People had been living with their shared lives carers for several years and told us they felt it was their home and their family. One person said, "I do feel like part of this family. People in the house speak to me nicely. The most I like about living here is that I am not on my own, that I have company of people." Another person said, "She [shared lives carer] is fine and easy to talk to. I call her mum."

People's privacy was respected and had their own bedroom in the house. People told us they liked their room and that shared lives carers respected their privacy and space. One person commented, "This is my home and I like my room." Another person said, "I love my room, it is full of natural light. I do go in the back garden when I like." Shared lives carers were able to demonstrate how they respected people's privacy and dignity. A shared lives carer commented, "Her [person using the service] bedroom door is locked, she has keys for it. I would not go into her room without her permission. I would not open her mail. I consult her regarding meals. We have an open communication and it seems to work."

Shared lives carers told us they treated people like their family and invited them to their family functions, and people confirmed this. One person said their shared lives carer invited them to attend the shared lives carer's family wedding which they thoroughly enjoyed. People's care plans recorded their cultural and religious needs and preferences and shared lives carers were informed of the same. For example, one person's care plan stated they attended the place of worship once a week. Shared lives carers told us they respected people's cultural needs and asked them if they would like to be supported to meet their needs. A shared lives carer commented, "I respect her culture. She prays every day." People told us their cultural needs were met and respected. One person told us they preferred conducting prayers in their bedroom rather than going to the place of worship and celebrated religious festivals with their shared lives carer.

People told us their shared lives carers asked them for their preferences and involved them in making decisions about their care and support. Shared lives carers told us they asked people for their views on what they wanted to achieve, and encouraged and supported them to achieve their aspirations. For example, one person told us they were supported by their shared lives carer in finding out information on community services that involved going on trips and outings.

Shared lives carers supported people to remain as independent as they could be providing encouragement and support. One shared lives carer commented, "She is very independent and knows how to use her money." Another shared lives carer said, "[Person using the service] helps with tidying around the house and keeps his room clean and tidy. He has his own set of house keys." People told us they were able to come and go as they pleased and felt independent. One person said, "I prepare my own breakfast. I sometimes make scrambled eggs. I am independent with my personal care needs, I self-medicate. I tidy my room and go shopping on my own."

Shared lives carers were aware of equality and diversity, and the importance of treating people equally and respecting their individuality. The provider encouraged people from various backgrounds and communities to use their service including people who identified as lesbian, gay, bisexual and transgender.

Requires Improvement

Is the service responsive?

Our findings

People told us their shared lives carers were aware of their likes and dislikes, and were generally responsive to their needs.

The provider carried out people's assessment of needs and used the information to develop care and support plans. People's care plans recorded information around areas such as their mental capacity, personal care, communication, nutrition and hydration needs. However, we found they did not always provide detailed information on people's needs, abilities and health conditions and care plans were not updated yearly. For example, one person's care plan stated they were prone to displaying angry outbursts and needed reassuring that they were being listened to. The care plan also stated due to age and medication the person had stiff limbs and tremors. However, their care plan did not state any underlying medical and mental health needs and conditions and triggers that led to behavioural and physical needs. In the person's care folder we found an assessment following an external referral that stated the person had Parkinsonism that could cause movement problems such as tremors, slow movement and stiffness. We asked the manager and the shared lives officer about this discrepancy. The manager told us they were not aware that the person had a history of Parkinsonism and the shared lives officer said, "I am aware that [person using the service] has Parkinson's and [mental health condition]" and that they were surprised this was not mentioned in the person's care plan.

The provider updated people's care plans following a change in their needs however the updated care plans were not provided to the people and their shared lives carers. This was confirmed when we carried out home visits, one person's care file at their home had a blank care plan and a second person's care file at their home did not have a care plan. We asked the shared lives carers if they were provided with people's care plans. They told us they were provided care plans when people were placed and for some people this was over 15 years ago and people's needs had changed since they were placed. The manager and shared lives officer told us the care plans were mostly reviewed and updated by people's social workers but these were not always provided to them. Some shared lives carers told us the office staff carried out annual care reviews but did not always give them copies of those reviews which meant they were not always aware of the outcomes of the reviews. Records showed people's care was not always reviewed annually. During and following inspection, we were not provided with all requested people's care reviews. The manager told us they were supposed to carry out annual reviews however due to shortage of office staff and volume of work it was not always possible. This meant shared lives carers were not always provided with the most updated information on people's needs, wishes and aspirations to enable them to provide personalised care.

The above identified issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Shared lives carers had not been trained in end of life care and the provider did not have processes that enabled discussions around wishes and preferences around end of life care between people and their carers. People's care plans did not record information related to their end of life care wishes.

We recommend that the provider seek guidance and advice from a reputable source, in relation to addressing and recoding people's end of life care wishes and preferences, and training staff in end of life care.

People told us if they were not happy about something they would speak to their shared lives carers. Shared lives carers told us they knew who to contact in the office to make complaints or raise concerns. However, during our home-visits, we found the contact details in people's care folder was not updated and was of a previous staff team that was no longer working. The manager told us they would get this reviewed and updated as soon as possible.

The provider had not received any complaints from the people using the service and shared lives carers since the last inspection. The provider sent us their complaints log that showed there had been two complaints from shared lives carers against the provider but not in relation to the service. Following the inspection, we were sent details on the complaints, how they were addressed and the outcomes. Records showed the complaints were dealt as per the provider's policy.

Requires Improvement

Is the service well-led?

Our findings

At the time of this inspection, the service did not have a registered manager. The current manager had been in post since the last inspection dated March 2017 and had applied to become the registered manager and that the application was in process. They said that they had begun the registration process last year and after achieving the first stage had not seen the process through as did not realise that there was a long process that followed. However, they had restarted the registration process and records confirmed this.

During our previous inspection in March 2017, we found the registered person did not notify the CQC without delay of some incidents related to abuse or allegation of abuse in relation to a service user; whilst services were being provided in the carrying on of a regulated activity. We found improvements had been made. We found the provider notified us of incidents related to safeguarding and abuse or allegation of abuse in relation to a service user; whilst services were being provided in the carrying on of a regulated activity.

Following the inspection, the provider was asked to submit an action plan however till the date of this inspection no action plan was submitted. We asked the manager and they told us they were not aware that an action plan had been requested following the previous inspection.

We had a discussion with the manager regarding their responsibilities under the Health and Social Care Act and found they were not fully aware of their responsibilities in relation to conducting people's assessment of needs and incidents that they were required to notify the CQC.

Since the last inspection, the shared lives coordinator and a shared lives officer had left the service. At the time of this inspection, the office staff team consisted of the manager, the service manager (reporting to the manager) and a shared lives officer whose last day of work was imminent. The manager told us since being in the role they felt overwhelmed and unsupported. They further said they were concerned about being left on their own to manage the service before a new manager and a shared lives officer was recruited. Shared lives carers told us although the manager was helpful they found difficult to form relationship with the staff team due to constant changes in the team. A shared lives carer said, "It is a shame as all staff are interim." Another shared lives carer commented that there have been different staff each time reviews were carried out" and found one staff member particularly "rude."

During this inspection, we were not provided with any internal audits of records that ensured people and shared lives carers' safety and quality of care delivery. The manager told us that they possibly should have carried out internal audits but did not have resources and capacity to do so. Their focus was to ensure that there were care plans and risk assessments in place for each person. However, we found not all care plans gave complete information on people's needs and abilities. People and shared lives carers were not provided with updated care plans. People's care placement was not always reviewed annually as per the provider's policy and the care placement review notes were not always provided to the shared lives carers. This demonstrated the provider did not continually assess, monitor and evaluate the quality and safety of the services provided and did not maintain appropriate records related to service delivery.

The provider did not keep records of people's feedback on the service. The manager told us people using the service were asked to complete yearly annual survey forms by a separate department but the findings were not sent to the manager. They told us they asked people's feedback during home-visits and these were recorded in people's home-visit notes. During and following the inspection, we were not provided with these notes.

Shared lives carers had raised concerns at the last meeting in March 2018 regarding the office team and said that there was no 'cohesion' in the office team and felt there was no help from the office team. They also raised concerns about lack of respite, that at times they felt unsupported, lack of efficient communication and a need in increased training. We found the shared lives carers had raised similar concerns in the previous meeting in November 2017. The meeting minutes stated, "The carers requested more support, respite breaks and funding for the maintenance of service user equipment. Carers also expressed concerns about being unwell and not being supported by the local authority to enable their caring role to continue." Not all shared lives carers told us they were offered respite break. One shared lives carer said the provider had not offered them a respite break which meant they had not had a break in a while. We asked the manager and they told us that the shared lives carers were aware of their respite entitlement but the provider did not ask them if they required respite. They said shared lives carers were expected to approach the manager with a request when they required a respite break. This showed the provider did not always seek and act on feedback from people using the service and shared lives carers to continually evaluate and improve the service.

The above identified issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager had introduced a shared lives carer's forum which took place every three months and begun in July 2017. The most recent forum was held on 14 March 2018 and was attended by 6 carers. They received a presentation from the health and social work team who worked together as the integrated LD team. Shared lives carers told us they found the forums helpful. A shared lives carer said, "They have recently introduced carers forums and they are actually very useful as they bring various guest speakers." Shared lives carers told us they found the manager helpful and approachable. A shared lives carer commented, "She is always available if need help."

Team meetings were held between the manager and the shared lives officer on a two weekly basis. Cases were discussed and work was planned such as reviews to be carried out and updates such as training and DBS checks which needed to be followed up.

The provider was in the process of recruiting a new manager and a shared lives officer, and had set interview dates. The service manager told us that the current manager would continue to manage the service till the new manager was recruited and felt settled in the post.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure service users' care plans reflected person–centred care and the needs and abilities of service users. Regulation 9(1)(a)(b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; complete and contemporaneous records in respect of each service user; maintain other records as are necessary to be kept in relation to persons employed and the management of the regulated activity; seek and act on feedback from service users' and other person on the service provided in the carrying on the regulated activity, for the purposes of continually evaluating and improving the service. Regulation 17(1)(2)(a)(c)(d)(e)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not receive appropriate training and supervision as is necessary to enable them to carry out the

duties they are employed to perform.

Regulation 18(2)(a)