

Cera Care Ltd

Cera - London

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?	Good 
Is the service well-led?	Inadequate 

Summary of findings

Overall summary

About the service

Cera London is a domiciliary care agency. It provides personal care to a range of adults living in their own homes with a broad range of physical, mental health and learning disability needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 81 people receiving a service that is regulated by CQC.

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

Most people and their relatives told us staff were kind and caring. However, issues of lateness, difficulties with contacting office staff, and the management of complaints were identified as issues for a significant number of people and their relatives.

The service had undergone significant changes in the last 18 months as the provider had acquired and integrated another local domiciliary care organisation. This meant a number of staff and people using the service were integrated into the new branch and management structure.

Over the past 18 months there had been significant changes in management of the service at a regional director and branch level. This had impacted significantly on the quality of care and management of the service. Although a new manager was in post and had recently acted quickly to address immediate concerns, we still found serious concerns with the management of the service. The new manager was expected to manage two domiciliary care branches despite the issues with quality we identified at this inspection.

Risk assessments did not always provide staff with suitable guidance to keep people safe. Audits of medicines had not always taken place in a timely manner and this impacted on actions to remedy errors. We were not confident that all medicines were safely managed.

Whilst the provider had systems in place to check the quality of care, we found remedial action had not always taken place. We were not confident that all complaints were followed up and resolved.

Care plans were person centred and the majority portrayed a holistic picture of people's lives, their needs and their network of support.

Supervision, training and spot checks of staff took place.

Staff recruitment was safe, and appropriate checks were taken prior to staff starting work.

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.

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

Rating at last inspection

This service was last inspected under the name of Waterloo Care Services (provider Cera Care) and rated good. The report was published on 2 December 2019.

Since the last inspection the provider has taken ownership and integrated another existing domiciliary care service. This means some staff and people from that service have been integrated and receive care from the new service, now called Cera London.

The inspection was prompted in part due to concerns received about safeguarding allegations, and lack of consistency in the management of the service. A decision was made for us to inspect and examine those risks.

At this inspection we found breaches of the regulations in relation to the governance of the service and the safe care and treatment of people. We have also made a recommendation in relation to compliance with use of PPE.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Cera - London

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection, and an Expert by Experience made calls to people using the service and their relatives, to gain feedback on the service offered. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not currently have a manager registered with the Care Quality Commission, and they had not yet applied for the role. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

Before the inspection, we checked for any notifications made to us by the provider and the information we

held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

We also liaised with the local authority due to safeguarding concerns. We used all of this information to plan our inspection.

During the inspection

We spoke with seven members of care staff, a care co-ordinator, two care quality lead staff, the quality manager and the manager of the service who is registered with CQC to manage another branch of the service in London.

We also looked at four staff recruitment records, seven care records, and the computerised care records application the staff use to log into people's homes and record the care given.

We reviewed medicine administration records (MAR) on-line, training records and supervision and appraisal documentation.

Following the inspection office visit, we reviewed MAR audits, the complaints log, and the safeguarding log for the last six months.

We spoke with five people who use the service and 11 family carers to get their feedback on the service.

We also received feedback from two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

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; Learning lessons when things go wrong

- We had some concerns that risk assessments did not always give enough information to staff to manage people's risks safely. For example, one person had a serious medical condition which could fluctuate and have a significant impact on their well-being. Staff were not provided with information for signs or symptoms to look out for, or what immediate action to take should they believe this person to be unwell.
- Office staff did not have the knowledge to guide care staff on common health conditions, such as diabetes. They had not received training in this area.
- For one person who had behaviours that can challenge, their risk assessment did not provide sufficient information to staff to manage their needs.
- We also noted several risk assessments referred to people having conditions which they did not have. The manager told us they thought office staff had wrongly copied information into these risk assessments.

We found no evidence that people had been harmed however, this insufficient information, or wrong information on care records placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager responded immediately during and after the inspection. They confirmed risk assessments were reviewed and accurate information added. The manager planned to introduce additional quality checks of care records. The manager also ensured information and training was set up for office staff about common health conditions so they could safely support care staff appropriately.
- Other risk assessments were in place to support staff and covered a wide range of areas including personal care, skin integrity, eating and drinking and their home environment.
- Environmental risk assessments had been drawn up in a timely manner, at the start of care being provided.

Using medicines safely

- Whilst we saw the provider had systems in place to audit MAR charts. We were not confident that all appropriate action was taken in a timely manner. MAR charts were collected from people's homes but not always at the end of the month.
- Information was insufficient to tell whether it would have been appropriate to send a safeguarding to the local authority. We could see that staff undertook for additional medicines training when errors with MARs were found.

One person's medicine patch was required to be placed on alternate arms, but there was no system to check this was happening, and the MAR chart did not record this information. This was of concern as it meant medicines were not being given as prescribed.

- We found one care plan record which indicated the care staff could give the person a controlled drug if necessary. When we discussed this with the care quality lead it was clear the family had access and permission to administer this drug, not the care staff. This potentially put the person at risk of being given high risk medicine without the skill and knowledge to do this.

We found no evidence that people had been harmed. However, the provider could not evidence the proper and safe management of medicines, and this placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the manager set out clearly information for staff to ensure the medicines patch was safely administered using body maps. They also told us they had addressed the late collection of MAR and had established an analysis of trends in medicines errors. Care documentation was updated to make clear care staff were not to administer a controlled medicine to the person.
- Staff received training in medicine management and administration and we saw that quality spot checks of staff, in people's homes, covered competence in the giving of medicines.

Systems and processes to safeguard people from the risk of abuse

- Over the last 18 months the service have worked with the local authority to enable safeguarding allegations to be investigated.
- By the time of the inspection, staff had received appropriate training in safeguarding, understood their responsibilities and demonstrated knowledge of reporting concerns. However, a recent safeguarding had highlighted the reluctance to 'whistleblow' by some care staff. This is the process by which staff highlight poor practice witnessed by their colleagues or managers. But one care staff told us "I did report one carer for rushing and using too much force."
- We were not confident all office staff understood their responsibilities to share poor practice with the appropriate authorities under safeguarding protocols. This is discussed further in the Well-Led section of the report.

Learning lessons when things go wrong

- There were systems to capture incidents or accidents and these were recorded. However, the root cause was often cited as the same as the lessons learnt or actions taken.
- We also found one incident we were aware of was not recorded on the spreadsheet, despite action been taken following a fall.
- We were not confident that trends were being analysed and acted upon, nor that all incidents were appropriately reported to the authorities.
- These concerns are discussed further in the Well-Led section of the report.

Staffing and recruitment

- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Over half the people and relatives we spoke with, told us care staff were often late. Comments included "I've asked them to let me know if a carer is coming at a different time but they don't" and "They come reasonably on time but we don't get a phone call if they're going to be late." Another person added "Sometimes I've been notified if they are going to be late but often I phone up if they're half an hour late." This could impact negatively on people and their family members. One relative gave an example of the care

staff arriving one and a half hours late and they had to "Struggle to put my husband to bed myself."

- However, this did not apply to all care staff. One person told us "98% of the time it's the same carer, who usually comes on time. Sometimes if they're late, they will call me."
- Staff told us the system for setting out the rota had improved "Before they used to change the rota, but now we get it weekly [in advance]." The manager had plans to further improve the allocation of work to minimise travel time, and hoped this would minimise staff lateness. This is discussed further in the Well-Led section of the report.

Preventing and controlling infection

- We were somewhat assured the provider was taking all necessary steps to prevent people and staff from catching and spreading infections.
- The manager shared COVID-19 related guidance regularly with the team through messages and e-mails. Staff had received training in preventing and controlling infections.
- Staff told us they had enough Personal Protective Equipment (PPE) to carry out their work.
- However, quality monitoring calls to people in June 2021 had identified that not all staff were always wearing appropriate PPE. One person told us "They usually wear PPE. I've bought some extra just in case. Sometimes they forget to put them in their pockets before they leave the car."
- Two relatives added "Sometimes they haven't always got what they're supposed to be wearing, for example aprons, so they don't wear them. They've all got masks and gloves and always wear them," and "They wear masks, gloves and shoe covers but not all wear aprons. Only the afternoon one does."

We recommend that additional spot checks are completed to ensure compliance with PPE requirements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection, this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service received a detailed assessment of need from the commissioning organisation, then determined if they had sufficient staff to offer the service. Care quality leads often provided or supported the care package initially and then they set out fully the care plan and risk assessments.
- Records evidenced people's voices and those of their family network.
- Although the new manager was clear about the standards of care they were working to, the inconsistency of the management team over a longer period had impacted on the ability of the staff team to deliver all care in line with good practice guidance. See Well-Led section for further discussion regarding this concern.

Staff support: induction, training, skills and experience

- People told us they thought the standard of care was good. People told us "We have the same carer, she's been absolutely fantastic. She's efficient, well trained, very capable, well mannered and very professional" and "Yes, I'm happy with the care I get."
- Family members said "The quality of care is alright. [My relative] has had the same carer for three years. There's nothing that can be done different" and "They're good. They come and do what they have to do. They ask how [relative] is and if they needs anything before they go."
- Staff told us they mostly felt supported in their role, and office staff were helpful to them. One person said "I feel supported most of the time," another said "Everything is getting better."
- We saw that staff undertook training in key areas at the start of their induction and this was followed up with refresher training on an annual or bi-annual basis. Key areas covered included safeguarding, infection control, moving and handling and medicines.
- To ensure that the staff transferring from another agency had sufficient training the provider had asked all care staff to do a refresher course. Most people had completed their refresher training at the time of the inspection, the manager told us they would ensure the remaining staff completed it by the end of July 2021.
- We were concerned that office staff did not appear to have sufficient knowledge of health conditions to enable them to provide support to staff through documentation and should staff phone in with concerns regarding people's health. However, one care staff told us their experience of the new organisation "Management here is much better, they have a really good understanding of customers' needs."
- Following the inspection, the manager showed us a plan to ensure that office staff at this branch and other branches would receive training in key common medical conditions. An office staff member told us "We are getting things structured and ordered."
- Staff received supervision and appraisal was taking place.

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

- Staff assisted people with eating and drinking as set out in their care plans. When people needed this support, they told us staff were helpful.
- Care records set out people's food preferences and provided personalised details, for example, how they liked their tea, or the drinks they liked before going to bed.

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

- Records showed that the service had contact with health professionals such as district nurses, occupational therapists and GPs.
- The majority of care records set out people's health conditions, but they did not have useful explanations of symptoms for staff to look out for. Following this inspection, these were reviewed to include this information.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The majority of care plans had detailed information regarding people's mental capacity to aid staff in supporting the person.
- The service was working within the principles of the MCA and staff understood the importance of obtaining consent before providing care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Most people told us they found the staff kind and caring., Comments included "The care is very good and they are very kind."
- Care records noted people's sexuality, spiritual and religious needs and staff understood individual families cultural or religious needs. A number of Greek speaking people used the service and staff were employed to meet people's language and cultural needs. This included shopping in specific food stores to get appropriate supplies. One relative told us "She speaks the same language and understands mum's ways. I feel mum's safe in her care."

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

- We received mixed reports from people as to whether they were involved in their care planning. Whilst one person told us "The company don't involve me in care planning" a relative told us "Yes, we are involved in planning mums care. We spoke to them a few weeks ago and told them what we wanted."
- The provider conducted telephone monitoring to obtain the views of the people using the service. A number of people and their relatives told us they had two or three phone calls recently asking them about their views on the care. Some people told us they had received a call setting up a review in the week following the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One person told us "My bathroom door is always shut and they always cover me with towels." A relative added "[care workers] do give them privacy if they need to use the commode."
- Staff told us "We always encourage people to do as much as they can for themselves" and gave examples of people able to do simple tasks, including washing the front of their body, but not their back.
- Staff told us it was really important to speak kindly to people and ask them what they wanted.
- People told us they were not asked if they were happy with the gender of the care staff, "I have no choice of male or female carers, they just come" and "I've had both male and female carers but I don't recall being given a choice."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. . This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The newly appointed manager had sent out a copy of the complaints procedure at the beginning of June, to all people using the service, as lack of awareness had been identified at monitoring calls by the office in January 2021.
- At the time of the inspection, people knew how to make a complaint. However, there were mixed outcomes, depending on who answered the phone or if emails were responded to. This was confirmed by records. Whilst complaints were logged on the provider system, there was no information provided on whether these had been dealt with, or the outcome.
- One relative told us "It's hard to get through sometimes, it [the phone] keeps ringing. If I have any concerns, I tell the carers that come and they phone the office." The service management of complaints is discussed further in the Well-Led section of the report.

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

- Care records were personalised and gave a holistic sense of a person, their background and for most people their family network. Care plan documentation covered a wide range of needs including personal care, skin integrity, nutrition, mental health mobility.
- People's preferences for routines of getting up, going to bed and their choice of foods were documented. This was helpful as some people were not able to communicate effectively about their needs.
- Care records noted matters of interest to people so care staff could engage in a meaningful way with people and support people to maintain activities and interests that were important to them. One relative told us "This carer has been transformative in getting my relative active and socialising. The carer takes them out for a walk, they go to a café, and they have a chat. It's been great for them."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care records set out clearly how best to communicate with people, and if there was any sensory loss, this was noted.

End of life care and support

- We could see that care plans had a section on end of life wishes, and some of these were completed.
- However, many people did not wish to discuss this issue with the service. Also, many had next of kin and the service knew they could liaise with them in the event of someone's death.
- At the time of the inspection the service was not offering end of life care to anyone.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has been rated as inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 has systems in place to monitor quality. However, the provider had not ensured there was adequate leadership at the service to facilitate the amalgamation of staff and people into the new care service. We found there had been inconsistent and inadequate management of the service in the last 18 months.
- The current manager of the service had only been in post for approximately two weeks at the time of the inspection visit. Although they were working to address issues, we were aware they were also the registered manager of another branch of the service in another borough. This would clearly impact on the time they had available to manage this service.
- At this inspection we found significant issues with the quality of the service. Getting through to the office staff had been problematic for many people using the service; actions following complaints were not clearly evidenced; recording of incidents was not always accurate and it was not clear trends and learning were understood by the service, and shared across the staff team. We were also not confident that accidents or incidents that had taken place were being appropriately referred to the local authority safeguarding for investigation.
- Office staff were not sufficiently trained or knowledgeable about 'common' health conditions, to complete risk assessments to a high standard or to support care staff with queries. Although most risk assessments were in place, there were insufficient management quality checks to identify inconsistencies or inaccurate information.
- We have highlighted previously in the report concerns with risk assessments and medicines management.

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

- At the time of the inspection, the newly appointed manager had identified and believed they had now resolved issues with the telephone system. They had also introduced a more effective systematic approach to dealing with daily issues that arose, for example, emails into the office requiring a response, and following up alerts from the system on care staff not arriving within a set time to their visit. This was identified as an issue with people using the service.

- The new manager had identified issues with MAR audits and realised that care documentation set out by office staff was not being quality checked. A new electronic version for care plan and risk assessment documentation was planned for implementation in July 2021 with improved quality checks embedded in it. They had also recently resent out the complaints procedure leaflet so people were aware of how to make a complaint.

- Although the newly appointed manager had identified some areas which required improvements, there were other areas this inspection identified of significant concern.

- We were not confident that best practices and procedures were robustly understood by staff and the management team in line with duty of candour requirements. For example, we found one allegation of theft which the service had investigated and found the outcome to be inconclusive. But best practice would be to refer to the local safeguarding team who would determine the level of investigation and determine the outcome taking into account all the information provided.

- We noted that office staff were carrying out quality checks on staff in people's homes; staff were being supervised regularly and telephone monitoring by office staff was taking place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- This inspection found a range of views from people using the service. Whilst some people praised the care staff, and the support this offered in their lives. Others highlighted the poor communication with office staff as a problem. Comments included "Communication has gone down the drain in the last year. I never get a call back and any emails I send seem to disappear into a black hole. I never know if anyone reads my emails." Two people told us of problems with accurate billing they were still waiting to be resolved.

- We were not always sure that care was set out in as person-centred a way as possible. For example, one relative told us "My partner used to get up at 8am and this is in their care plan. They want to still get up then as it's in their routine to use the toilet then but the office have changed their call to an hour later, stating they have nobody in that area to come earlier." Another said "We want the carers to come a bit earlier because [my relative] wakes up early and gets hungry. I have told them (office staff) before but I will tell them again."

- The new manager had asked an independent staff team (from another branch) to get feedback on this service in the 48 hour period before the inspection office visit. From this the manager was aware of the concerns people had expressed with the service. Many people told us that they had had two or three phone calls recently to get their views. This coincided with increased monitoring of the care by the commissioner, and the new manager starting at the office.

- The staff told us they found the office staff supportive. There had not been any team meetings since the start of lockdown in March 2020. Information was shared across staff via emails, phone calls and more recently the company's use of care phone application.

- The manager told us that all staff now had a 'work phone' and this would enable them to ask staff to participate in staff meetings held remotely.

Continuous learning and improving care; Working in partnership with others

- The service had undergone significant changes in the previous 18 months due to the merging of care agencies.

- During this period of upheaval there had been change in management at many levels within the organisation, at regional director level, and management of the service.

- This lack of consistency has not contributed positively to continuous learning and improving care.

- We could see that the service was working with the local safeguarding team, and was beginning to address issues of concern identified by the local commissioner of care.

- The newly appointed manager was beginning to tackle ongoing quality issues, and had developed an action plan they had started to implement.
- However, they also managed another branch for the organisation. We were not confident the provider was offering sufficient management support to the service to embed improvements in a timely way.

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 did not do all that is reasonably practicable to assess and mitigate risks to people, and this placed them at risk of harm. Reg 12 1, 2 (a)(b)</p> <p>The provider did not ensure the proper and safe management of medicines. Reg 12 1, 2 (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that systems and processes were effectively established and operated to assess, monitor and improve the quality and safety of the services offered to people. Reg 17 1,2 (a)(b)</p>