

Health Vision UK Limited

Healthvision - Hounslow

Inspection report

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Website: www.healthvisionuk.com

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Healthvision - Hounslow provides a range of services to people in their own home including personal care. Most of the people who used the service were older people, some of whom were living with the experience of dementia. Two people who used the service had a learning disability. At the time of our inspection, 84 people were receiving personal care, and all were funded by the local authority.

Not everyone using Healthvision - Hounslow receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We made a recommendation in relation to the deployment of staff.

People's medicines were not always managed safely. Although there were regular audits which identified errors and discrepancies, there had not been any improvements. Therefore, we could not be sure people were receiving their medicines as prescribed.

There were risk assessments in place. However, where an area of risk has been identified, there were not always guidelines about how to mitigate this and support the person to remain safe. Body maps were in place but not always completed.

Accidents and incidents were recorded and appropriate action was taken. However, there was no evidence of lessons learned and guidelines about how to reduce the risk of reoccurrence.

The provider did not always follow the principles of the Mental Capacity Act 2005 (MCA). There was no evidence that people's mental capacity was assessed prior to using the service and records were not always signed by the person even when they were able to do so.

Although there were regular audits, these were not always effective. Where areas of concerns had been identified, actions taken had not resulted in improvements.

Although most people reported they felt safe with the care workers who supported them, they did not always receive their visits on time and were not always informed when staff were running late or had been replaced.

There was a safeguarding policy and procedure and staff were aware of these. They knew how to keep people safe and received training in safeguarding adults.

Staff were recruited safely and underwent all the necessary checks. There were enough staff employed to

meet the needs of people. Staff received sufficient training to meet the needs of people who used the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service did not always support this practice.

People were supported to remain healthy and staff liaised with healthcare professionals to ensure their needs were met. People were supported to eat their meals according to their preferences.

Staff spoke about people they supported with respect and care. People's religious and cultural needs were recorded in their care plans and met.

The provider had an end of life policy, however, people's end of life wishes were not recorded in their care plans. Staff received basic training in this subject during their induction.

Care plans were clear and contained information about each person, their background, likes and dislikes. However, where people had specific health needs, there were no detailed support plans for staff to follow to ensure they met these.

Complaints were logged and there was evidence these were responded to appropriately and in line with the provider's complaints policy.

There were regular meetings where information was shared and concerns were discussed. The registered manager liaised with other professionals to share ideas and increase their knowledge.

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 registered with us on 19/6/2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

Enforcement

We have identified breaches in relation to the management of medicines, mental capacity and consent to care, person-centred care and leadership at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will monitor the progress of the improvements working alongside the provider and local authority. 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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Healthvision - Hounslow

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

Inspection team

The inspection was carried out by one inspector and an Expert by Experience who undertook telephone interviews with people who used the service and their relatives. 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two days' notice of the inspection site visit because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Inspection site visit activity started and ended on 18 June 2019.

What we did before the inspection

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR and notifications we had received. A notification is information about important events which the service is required to send us by law. We spoke with 12 people who used the service and 11 relatives to obtain feedback about their experiences of using the

service.

During the inspection

We met a care supervisor and a care coordinator. We spoke with the nominated individual, the registered manager and three care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection.

We emailed three healthcare professionals to seek their feedback about the service and received a reply from one. We looked at training data and quality assurance records.

We inspected a range of records. These included the care records for six people who used the service, four staff files, training records, medicines records, records of audits, quality assurance and a range of policies and procedures.

Is the service safe?

Our findings

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

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.

Using medicines safely

- The management of prescribed medicines was not always safe and we could not be sure people received their medicines as prescribed. People's medicines were recorded on medicines administration record (MAR) charts. We viewed the MAR charts for 12 people who used the service over the last four months and saw staff were not consistently signing for medicines they administered to people.
- We saw audits had identified these discrepancies on a number of occasions. Letters of concern had been sent to the staff members responsible. However, there had been little improvement and we saw audits repeatedly identified the same errors. We discussed this with the registered manager who showed us evidence of conversations with the individual staff members. However, they acknowledged they needed to take further action.
- Although there were regular audits of the MAR charts, there were no audits of people's medicines, so we could not be sure if the missing signatures were an omission or if this meant people had not received their medicines as prescribed. The registered manager told us they would improve their audits going forward.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incidents and accidents were recorded, and we saw that appropriate action was taken. For example, where a person had a fall in their home, a falls risk assessment had been put in place to help reduce the risk of this happening again. However, there was no evidence of lessons learned and we saw no analysis or discussions following incidents and accidents around what happened and how to prevent reoccurrence.
- Where there were risks to people's safety, these had been assessed. Areas assessed included falls, medicines support, nutrition and hydration, behaviours that challenged and skin integrity. However, where a risk was identified, support plans did not always provide adequate guidelines for staff to follow to meet the person's needs and reduce the risk of harm.
- A person who used the service was being cared for in bed and had a pressure ulcer. Their support plan stated, 'Regular change of pads/skin monitor required'. There were no detail or guidelines for staff to know how to support the person and monitor the pressure ulcer, or if the district nurse was involved. Further on, the support plan stated the pressure sore was, 'on the back' but no further detail of its precise location. A body map was in place but this had not been completed.
- Another person had been diagnosed with diabetes. However, there were no guidelines about the condition, and how to manage or recognise the symptoms. We discussed these issues with the registered

manager who recognised they needed to make improvements and would be taking action without delay.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff received basic training in infection control during their induction. They were supplied with personal protective equipment such as over-sleeve covers, shoe covers and gloves. The registered manager told us they could pick up supplies as and when they needed from the office and staff confirmed this.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedures in place and staff were aware of these. Information about safeguarding and important contact details were provided for people who used the service. The provider knew to raise safeguarding concerns with the local authority where necessary and inform the CQC by sending statutory notifications. However, there had not been any safeguarding concerns recently.

- Staff received training in safeguarding. The staff we spoke with demonstrated a good knowledge about how to protect people from harm and what to do if they had concerns. Staff we spoke with told us they were aware of the whistleblowing policy and would know how to use this if they needed to.

Staffing and recruitment

- Although some people received care from the same staff and had built a good rapport with them, some people reported they did not know who was coming to support them on a daily basis and they were unhappy about this. Their comments included, "I want the same person and they keep changing", "If the carers go on holiday, I want to know who is coming in and they just bring anyone in. I don't like it" and "It's not good. They send carers I don't want, I have told [the office] and they still send them."

- There were enough staff employed to cover visits to people who used the service. The registered manager told us, "We have more carers than the packages. If someone goes off sick, we always have someone to cover." Documents we viewed confirmed this. However, some people were concerned about timekeeping and although they had reported this, they did not always feel that appropriate action was taken to improve this. One person told us, "The timekeeping is not good. My calls are at 9 or 9.30am and they come at 11am. I spoke with the supervisor but [they] started arguing and said the buses run late." Another person echoed this and said, "They keep changing. If they are late or not coming, they don't tell me. They're always late."

We recommend that provider seek and implement national guidance around the deployment of staff to improve punctuality and consistency of care workers.

- Recruitment practices ensured staff were suitable to support people. These included checks to ensure staff had the relevant previous experience and qualifications. Checks were carried out before staff started working at the service. These included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring a criminal record check was completed. Recruitment files we viewed showed that all checks were appropriately carried out.

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.

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

- People had their needs assessed by the local authority before they started using the service. Although the provider told us they carried out their own assessments of people's needs, we could not see any evidence of these. The provider explained they used the care plan template as their initial assessments and updated these as needed.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes, applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the provider did not always follow the principles of the MCA.

- There was a 'Consent to care and treatment' policy in place. However, the provider did not always follow this. For example, a person's record stated they had no mental capacity. We asked the registered manager for evidence of a mental capacity assessment, but they were unable to provide this and were not able to tell us how they came to the conclusion that the person lacked mental capacity.

- Two people's records stated their relative had Lasting Power of Attorney (LPA). A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. However, the registered manager admitted they had no evidence to support this.

- People's records were not consistently signed by themselves or their representatives. One person had signed a consent form, although on the next page of the document, their relative had signed to evidence their family member was unable to sign. We raised this with the registered manager who could not find a

reason for this. Another person's record stated they had capacity to make decisions about their care. However, their relative had signed their care plan stating the person was 'asleep'.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Most people thought the staff who supported them were well trained and met their needs. One person told us, "I think they are well trained. They are good at their job." However, some people disagreed and said, "I don't think all the carers are well trained, no. Some are" and "I have no idea if they are well trained or not. Possibly not."

- Staff were trained in most subjects the provider identified as mandatory such as safeguarding, medicines, manual handling and dementia. New staff received a five day induction before starting to work for the service. This included basic modules in line with the principles of the care certificate, such as duty of care, equality and diversity, communication, privacy and dignity and safeguarding adults. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.

- Where people had particular healthcare needs, such as diabetes or skin integrity concerns, staff had received basic training during their induction to inform them about how to meet people's needs and recognise symptoms. The provider used a recognised training provider who delivered training in house when necessary.

- Staff we spoke with told us they felt well trained and supported. One staff member stated, "I recently completed dementia training, and kept up to date about what is available. I get regular supervision" and another said, "I got manual handling training, medication and MAR charts, how to care for different clients. We get spot checks, they check with the clients if they are happy with me." We saw evidence that staff received regular supervision from their line manager and had a yearly appraisal.

- In addition to formal supervision, care workers were regularly assessed whilst delivering personal care in a person's home. Assessed areas included personal care, medicines administration and meal preparation. Comments were recorded in each area and any concerns were discussed with the care worker as appropriate.

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

- People were supported by staff to eat and drink as stated in their care plan. One person told us, "They make me a meal, but I tell them what I want to eat." Mostly, staff warmed up already prepared meals. People's dietary needs were recorded in their support plans, including their cultural needs. For example, one person's care plan stated they wanted to, 'Have a healthy and balanced diet that respects my personal, cultural and religious needs.'

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

- People were confident staff would know what to do if they felt unwell. One person told us, "Oh, they would definitely call a doctor if I needed one." A relative echoed this and said, "They would definitely call for help if they needed to and [family member] felt unwell."

- People's records showed that the staff team worked effectively with other health and social care services to ensure people's needs were met. The staff communicated with the management team where they had concerns about a person's health, and we saw evidence that action was taken without delay.
- The registered manager had a good knowledge about the health needs of the people who used the service and contacted relevant professionals as needed. For example, they liaised with GPs, district nurses and pharmacists when necessary.

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.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Most people and relatives were positive about the service and said the staff who supported them were kind and caring. One person told us, "I think they're kind. I get on well with all of them. A relative agreed and said, "Yes, we think they're kind and caring and very polite." However, others disagreed and did not feel their needs were always met, particularly when the provider had not always ensured that staff were deployed in a way to ensure people received their care at the time planned for them to receive care. The provider had also not been able to support people to develop caring relations with their care workers because people and their relatives told us they did not always get the same care workers.

- The provider had an equality and diversity policy. This included reference to the protected characteristics outlined in the Equality Act 2010. However, there were no specific mention about the Lesbian, Gay, Bisexual and Transsexual (LGBT+) community and about supporting clients with relationships and sexuality, and the registered manager was unable to tell us how they would support a person with LGBT+ characteristics. They told us they would discuss this with their line manager to ensure this was addressed and updated.

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

- People were consulted and involved in decisions about their care. People told us they were consulted about their preferences regarding the gender of their care worker and this was respected. Where possible, people were matched with care workers who spoke the same language. This enabled better communication and stronger rapport with them.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected them and treated them with dignity. One person said they felt "Listened to" and staff respected their wishes as well as their privacy and dignity. Care notes overall were written in a person-centred way and included all aspects of the person's care and support. However, we saw two occasions that staff recorded they had 'Changed nappy' of a person who used the service. We raised this with the registered manager who told us they were aware that this had happened before, and they had sent an email to all staff about the language they used. However, they told us they would address this again without delay.

- The senior staff carried out regular unannounced spot checks in people's homes and recorded their observations. During these checks, they identified if the staff member provided care in a person-centred way and respected people's privacy and dignity. We viewed a sample of these checks and saw comments which evidenced that staff were providing good quality care and support to people who used the service.

Is the service responsive?

Our findings

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

People's needs were not always met.

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

- People told us they were involved in their care and their choices were respected. Their comments included, "They asked me a lot of questions, so yes, I feel involved" and "They ask questions and we are involved in the planning."
- People's care and support plans were developed from the initial assessments provided by the local authority. Some aspects of the support plans were clearly written and contained details about how to support a person according to their wishes and chosen routine. However, we also identified that people's care records were not always person centred because these had not always identified the risks people faced while receiving care from the agency. For example, for one person with diabetes, there was no information available for staff to understand this condition, how to recognise signs and symptoms and how to support them should they become unwell. This meant there was a risk people's health needs would not be met. We raised this with the registered manager who acknowledged this shortfall and told us they would address this without delay.
- Care plans contained basic details such as 'about me' which stated the person's likes and dislikes, the person's background, details about their family members, where they came from and what they liked to do. It also detailed their medical conditions.
- Care plans included instructions for staff about how to provide support for each person during their visit. For example, one person needed to be escorted to a day centre and needed encouragement to participate in activities. They also wished to be accompanied to the local park when the weather was good.

End of life care and support

- People's end of life care wishes were not assessed or recorded in their care plan. The registered manager told us they found this a difficult subject to discuss with people. They showed us a template which they said they would complete for anyone approaching the end of their life. However, they did not take into consideration that death could happen at any time. We discussed this with the registered manager who acknowledged this area should be improved and told us they would address this without delay. At the time of our inspection, nobody was receiving end of life care.

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some

circumstances to their carers.

Meeting people's communication needs

- Most people who used the service did not have English as their first language. The registered manager told us they tried to allocate care workers who spoke their language, to facilitate good communication. People we spoke with confirmed this. Most people lived with their family members who were able to translate and help with communication.

Improving care quality in response to complaints or concerns

- People told us they knew who to complain to if they had a concern. Their comments included, "I complained once (about a new care worker). I asked that [they] were not sent back here, and [they] were not" and "No I have not had to complain before. I if did have to, I have their phone number, so I would call them."
- The provider had a complaints policy and procedure in place. They kept a log of all complaints received which included date and time, details of the complaint, outcome and lessons learned. We saw evidence that the provider took complaints seriously and took appropriate action. For example, where a relative had complained about the attitude of a staff member, the provider followed their disciplinary procedures and ensure the staff member was removed from the package of care.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Some people were not always happy about the office staff. One person stated, "They're not very caring in the office and just pass things off and give excuses" and a relative said, "It's the office who makes the mistakes.

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements where needed. However, we saw audits had not always been effective and had failed to identify some of the areas for improvement we found. Where areas for improvement were identified, the provider had not always taken timely action to address these.

- The provider used an electronic monitoring system to monitor lateness or any missed call. This required each staff member to log in and out of a person's home using their mobile phone.

- The provider kept a log of all late visits and the reasons for these. We saw there was a number of late visits each day, the length of which varied between half an hour to over two hours. Where people had complained about this, we saw some action had been taken, for example speaking with staff or removing them from a particular package of care. Logs included a 'lessons learned' column where actions to prevent reoccurrence were recorded. However, this had not been effective and there had been no improvement. For example, there were 85 late calls in October 2018, and over 200 in May 2019.

- The registered manager explained that the service had increased in size between October 2018 and May 2019, which could explain this. However, this still meant that the percentage of late visits had increased from 8% to 14% in seven months.

- The quality monitoring system had identified medicines discrepancies and a high number of late calls, and some actions had been taken, but there had been no improvement and the provider had failed to take further action.

- The quality monitoring system had failed to identify that risk assessments did not always contain guidelines for staff about how to reduce risk and support people to remain safe. Body maps were in place but not always completed.

- The quality monitoring system had failed to identify that people's mental capacity was not assessed prior to using the service and records were not always signed by people even when they were able to do so. the provider had not obtained evidence to show a relative had the legal authority to give consent on behalf of a person who used the service.

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) 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relative had the opportunity to feedback about the service through quality surveys. We viewed a range of these and saw that overall, people were happy with the service. Some people and relatives however, stated they had not been consulted about the service. One person told us, "No, I haven't had any surveys. They have not asked me for any feedback" and another said, "You're the first person that's asked me anything about the service." Most people, however, confirmed they had been consulted and were satisfied.

- Staff were also consulted, and we saw most stated they were happy and felt supported by the provider. However, a small minority stated they were dissatisfied in areas such as personal development and training. We asked the registered manager what action they had taken in relation to this. They told us the surveys were anonymous, so they could not discuss areas of concern with individual staff. We saw that the staff survey was mentioned in a recent staff meeting, but there were no mention about how specific areas could be improved. The registered manager told us they would address this going forward.

- The registered manager kept abreast of developments within the social care sector by attending provider forums organised by the local authority. They told us, "We go to provider meetings. It is really helpful, we can see where we're at and where we can make improvements. Also, 'My home life' workshops help us to develop our skills and meet with other providers."

- The registered manager told us they felt supported in their role and could ask for advice anytime. They stated, "I am studying level five (in health and social care) and hope to complete this by the end of August. I feel very supported in my role. [Nominated individual] visits every week. I am settling into the role."

Continuous learning and improving care

- There were regular meetings with the care staff, where a range of issues were discussed such as training, people who used the service and any service developments. The minutes of these were emailed to all the staff to ensure they were kept informed. The registered manager told us they met weekly with the care coordinators but this was informal and they did not keep a record of these meetings. The nominated individual stated they met weekly with the registered manager to discuss all aspects of the service.

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 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered manager did not ensure that care and treatment of service users was provided with the consent of the relevant person.</p> <p>Regulation 11 (1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was provided in a safe way for because:</p> <ul style="list-style-type: none">- <input type="checkbox"/> They had not done all that is reasonably practicable to mitigate identified risks to the health and safety of service users- <input type="checkbox"/> They had not ensured the proper and safe management of medicines <p>Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems and processes to:</p> <ul style="list-style-type: none">- <input type="checkbox"/> Assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.- <input type="checkbox"/> Assess, monitor and mitigate the risks relating to the health safety and welfare of

service users.

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