Step Ahead Care Homes

Step Ahead Home Care Services

Inspection report

Suite 1, Dunbar Business Centre
Dunbar House Ltd
Leeds
West Yorkshire
LS7 2BB

Tel: 07725817157

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place on the 18 and 24 May and 8 and 13 June 2018.

Step Ahead Home Care Services is a small care at home service. The office is based close to the centre of Leeds and supports people in and around the Leeds area.

Our last inspection of the service was carried out in May 2017. At that inspection we rated the service as requires improvement and found them in breach of Regulation 9 Person-centred care and Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following that inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, responsive and well-led to at least good. At this inspection we found that further improvements were required and this is the third consecutive time the service has been rated as requires improvement.

This service is a Domiciliary Care Agency. It provides personal care to people living in their own houses. It provides a service to older people. At the time of our inspection 33 people were receiving a personal care service.

There was a registered manager in place at the time of our inspection. 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.

There was not an effective quality assurance system in place. We found areas of the service had no checks and others did not have a robust check. This meant the service had not identified the concerns we raised during the inspection.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided. However, we identified areas of risk the service had not assessed against. Accidents and incidents were reported and reviewed to reduce the risk of an incident occurring again.

People's care plans were not always detailed, personalised and did not always provided staff with sufficient information to enable them to meet people's care needs. The care plans included objectives for the planned care that had been agreed between the service and the individual. All the care plans we reviewed were up to date but did not always reflect each person's individual needs and wishes. We found care records were not always accurate and complete.

Medicine procedures were not always safe. The service supported most people with their medicines by prompting them. Daily notes recorded when people had been prompted with medicines. However, we

found some people were fully supported with their medicines and this had not been appropriately documented. We have made a recommendation about the management of medicines.

Staff were not always recruited in a safe way. We found some had not completed their application form, while other staff had not received verifiable references. No interview records were stored to show an interview had taken place. We have made a recommendation about the recruitment process.

Staff were available in sufficient numbers to meet people's needs. Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role. However, some staff had not completed their mandatory training courses while others had not always received their supervision in line with the providers policy. We have made a recommendation about the supervision process.

People were satisfied with the quality of the service they received and the caring approach from staff. People told us; "They are great" and "They really help me."

People told us they had not experienced a missed care visit. The service had effective procedures in place to ensure that all planned care visits were provided. The service's visit schedules were well organised and there were a sufficient number of staff available to provide people's care visits in accordance with their preferences.

People told us that their visits were on time but there were 'occasions' when care staff could be late. However, people, and relatives, did not have a concern regarding this as they understood the reasons it happened. Step Ahead Home Care operated an on-call system outside of office hours. Care staff told us managers would respond promptly to any queries they might have.

People received care and support from a consistent team of staff with whom they were familiar. Staff arrived on time and stayed for the full time allocated. People spoke positively about the staff that supported them and told us they were always treated with care, respect and kindness. Staff were respectful of people's privacy and maintained their dignity. Staff had developed good relationships with people and were familiar with their needs, routines and preferences.

Staff were respectful of the fact they were working in people's homes. The service offered flexible support to people and could adapt to meet people's needs as they changed.

There were processes in place to protect people and the security of their home when they received personal care. People received information about who they should expect to be delivering their care however, some told us they were not informed.

Safeguarding procedures were in place and staff understood their responsibilities to safeguard people from abuse. Potential risks to people's safety and wellbeing had been assessed and managed.

Staff knew how to ensure each person was supported as an individual in a way that did not discriminate against them in any way. People's legal rights were understood and upheld. Everyone told us staff ensured their dignity and privacy was promoted.

People told us staff had sought their consent for their care. 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. Staff had received relevant training and understood the principles of the Act.

Staff supported people to have a suitable diet, assisting them to prepare and eat food and drinks as they needed.

The registered provider and management team provided clear leadership to the staff team and were valued by people, staff and relatives. There was a whole team culture, the focus of which was how they could do things better for people.

People and relatives all described the management of the service as open and approachable. People and their families were given information about how to complain.

We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Regulation 17, entitled Good governance. You can see what action we told the provider to take at the back of the full version of this 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.

Medicines were not always recorded properly and so we could not be sure if they were being administered in line with the prescription.

Risk assessments had not always been completed for areas identified. Completed risk assessments sometimes lacked detail.

Staff had not always been recruited in a safe way. The background of staff had not always been checked and interviews had not always taken place.

Staff we spoke with knew how to safeguard people and what action to take if they suspected abuse.

Is the service effective?

Good

The service was effective.

Most staff had received training but this was not always provided according to the provider's frequency.

The frequency of staff supervision was not consistent.

People had their needs assessed prior to receiving a service from the provider.

People were asked for their consent before care and support was given. Staff understood the Mental Capacity Act 2005 (MCA). People were supported in line with the MCA.

Is the service caring?

Good

The service was caring.

People told us they were treated with dignity and respect.

Staff promoted people's independence so they could do more for themselves.

People were supported in a caring way.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care records did not always contain specific detail for staff to support people in a way that suited them.

The service had a complaints policy and procedure in place. Complaints had been responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider implemented a quality audit system. The system did not cover some areas of the service to be audited and other areas had not had a robust check completed on them.

Records and documentation around care records and medication were not always accurate and complete.

Staff told us they had confidence in the registered manager and said they knew what they were doing.

Through observations we saw a positive culture in the service.

Step Ahead Home Care Services

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.

The inspection took place on the 18 and 24 May and 8 and 13 June 2018 and the inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 May and ended on 24 May 2018. It included reviews of documentation and interviews with office staff. We visited the office location on 18 May and 24 May 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the information, we held about the service. This included speaking with the local authority commissioning and safeguarding teams and reviewing information received from the service, such as notifications. Notifications are submissions of information about incidents and events that occur in the service, that the provider is legally obliged to inform us of so that we can monitor the service delivered. We asked the provider to complete 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 looked at how people were supported throughout the day with their daily routines and activities. We reviewed a range of records about people's care and how the service was managed. We looked at three care records for people that used the service and three staff files. We spoke with three people, two relatives and

two support workers as well as one office staff and the registered manager. We looked at quality monitoring arrangements, rotas and other staff support documents including supervision records, team meeting minutes and individual training records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of the service we rated this domain requires improvement. At this inspection we found although changes had been made, improvements were not established.

We looked at how the service managed people's medicines and found that suitable arrangements were not always in place to ensure medicines practice was safe. Care records for people we looked at indicated they were prompted with medicines and not supported with their administration. We asked the registered manager if they supported anyone with the administration of medicines rather than a prompt and they told us everyone who they supported with medicines received a prompt only. We asked staff how they supported people with medicines and two staff described the support they provided in detail. One staff member told us they took tablets out of the medicines casing and gave it to the person while the other staff member said, they 'popped' the medicines and put onto a spoon and offered a drink with the tablets before waiting to see if they had been taken. We found this made it clear they were administering medicines as well as prompting. We discussed this with the registered manager who agreed to review everyone's medicines support and ensure that this was effectively and appropriately reflected in people's care records.

There was an appropriate and up to date medicines administration policy in use. Medication Administration Records (MARs) were completed for people in line with good practice guidance published by The National Institute for Health and Care Excellence (NICE) when they had been prompted with their medicines. However, we found at least one person was supported by administration of their medicines and this person's MAR did not follow standards set in NICE guidance. For example, we saw care records and MAR's stated people were prompted with their medicines. MAR's did not contain a list of medicines and were not always signed by staff after administration. This meant staff did not receive the clear direction and information to check if someone was receiving the correct medicines before administration.

One member of staff out of three responsible for medicines administration did not have up to date training on the safe administration of medicines. This meant people may not always have their medicines safely administered.

We recommend that the provider fully reviews the management of medicines within the service and considers current guidance on the safe administration of medicines.

The service had appropriate systems and procedures in place which sought to protect people who used the service from abuse. The service maintained a safeguarding policy and associated procedures, which were up to date. Staff we spoke with demonstrated a good understanding of local safeguarding procedures and how to raise a concern. All care staff had undertaken safeguarding training as part of the induction process and their continued development.

We asked one member of staff what they would do if they suspected signs of abuse against people who used the service and they stated they would alert the registered manager or the local authority. If it was urgent they said they would call the police and make sure the person was safe. This showed us staff had a good

understanding of what action to take following a potential safeguarding concern.

The service had a whistleblowing policy in place and this told staff what action to take if they had any concerns. Staff we spoke with confirmed they were aware of the policy, one staff member told us, "I know I can speak anonymously if it's about keeping people safe."

Each person's care file contained a variety of risk assessments. There was risk assessment which included the physical environment in the person's own home. This helped to identify any hazards to the person themselves and the staff member providing support. Care files also contained risk assessments including those for falls, bathing, showering, nutrition and medication (where applicable). Assessments identified various risks and the action required to minimise the risk. For example, a manual handling risk assessment covered bed manoeuvres, transferring, standing, bathing, general movements and using the toilet.

However, we found some risk assessment paper work was being used as a dependency tool to work out how many staff were required for tasks. Other risk assessment paperwork had been completed incorrectly. For example, we saw one person's risk assessment asked if the person was deaf. This was answered 'no' and so there was no risk, but it had a risk rating of 'low'. We also saw a person's risk assessment indicated they had paralysis and this increased the risk when moving and handling, but there was no risk rating. This showed us the provider had identified areas of potential risk but had not used the documentation correctly, so staff would struggle to understand the actual level of risk.

The recruitment procedures in place were not sufficiently robust. Checks were undertaken before staff began to work for the service. We checked staffing records for three staff and found personal details had not always been fully verified and references had not always been authenticated. For example, we found one person who had partially filled out the first page of their application form and they were shortlisted for an interview. This meant the provider could not be sure why their last employment ended and they did not have a full list of previous employment. Another person had two references but they were both hand written with no letter headed paper to verify where it came from. This person's references did not match the details given on their application form. We requested to see the interview notes from the staff files we were looking at. The registered manager told us that interview records were not documented but interviews had taken place. The providers recruitment policy clearly indicated an application form was to be completed and interviews were to be recorded.

We recommend that the provider reviews their recruitment procedures and how they are applied when recruiting new staff.

Disclosure and Barring (DBS) checks had been obtained. A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe in their own home. We found people were receiving care from a small group of care staff who were deployed consistently in a way that ensured familiarity with the person receiving support and contributed to the building of good relationships and safe working practices. The registered manager also carried out regular care visits as part of the established rota. This was because the service was small which allowed the registered manager to have constant contact with people who used the service, to ensure care was being delivered safely. People we spoke with told us they valued seeing the registered manager on a regular basis.

In addition, each person's dependency was assessed using a dependency tool included as part of a person's

assessed needs or a review. These documents included areas such as communication, breathing, bathing/washing/dressing, eating and drinking, continence, pressure care, moving and handling, mood and sleep. It was clear from the conversations we had, that the registered manager and office staff had a knowledge of each person without the need to refer to care records.

We looked at how the service managed accidents and incidents. There was an appropriate up to date accident/incident policy and procedure in place. We found no accident and incidents had been recorded in 2018, but there had been previous recordings since the last inspection in 2017 which reflected the notifications we had received. All the accident and incidents had been documented correctly and reviewed by the registered manager.

Staff told us they had an adequate supplies of personal protective equipment (PPE) available in the home of each person being supported, including gloves and aprons. This would assist with minimising the potential spread of infections. People told us that staff always wore PPE when supporting them.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff had the right skills and training to do their job. One person told us, "They are all really good. I cannot praise them enough." A second person said, "They all know what they are doing, I could not ask for more."

Some staff received supervision and appraisal from the registered manager in accordance with the providers frequency. These meetings gave staff an opportunity to discuss their performance and identify any further training they required. We found that staff were actively encouraged by the registered manager to share their views and opinions through supervision. Other staff had not had a formal recorded supervision for over six months. However, staff told us they received sufficient supervisions to do their job. One staff member said, "We are always having a chat." A second staff member said, "We have regular meetings." We recommend the service reviews its policies and procedures on supervision of staff and implement changes in accordance with the documents.

Staff told us they had received sufficient training to undertake their role competently. We reviewed staff training certificates which showed they had completed training in a range of areas including training in Mental Capacity Act 2005, behaviours that challenge services, safeguarding and health and safety. Other than the one member of staff who was not up to date with their medicines training, most staff had completed the provider's mandatory courses. The provider offered specific courses so they could support people with a particular need more effectively. For example, a training course on supporting someone living with Parkinson's disease was available.

There was a staff induction programme in place. Staff were expected to complete this when they first began working for the service and they were given a handbook which helped to track their progress against the required competencies. The induction covered areas such as safety and security, service user rights, organisation rules policies and procedures. The induction also included the shadowing of more experienced staff.

We spoke with three care staff who confirmed the induction process they had undertaken. Comments included, "The training is really very good. I find it really useful to do my job better," and "The training lets me do my job better. It's very good."

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.

We checked whether the service was working within the principles of the MCA. We found that he registered manager recognised people's mental capacity to make appropriate decisions and where needed, supported them to do so. They understood the principles of the MCA and the importance of making decisions for

people who lacked capacity in their best interests, by liaising with people's representatives and other relevant professionals.

We noted staff had received training in the MCA and on what a deprivation of liberty meant. Staff were aware of what to do to ensure people's rights were protected. This involved supporting people to make decisions, for example, of what they would like to wear or to eat. They supported people to make choices if the person had capacity.

We looked at the way the service managed consent for any care and support provided. Before providing support, the provider obtained consent from the person who used the service or their representative. We verified this by speaking to people who used the service, checking their files and speaking to staff. We asked a member of staff how they would ensure a person had provided consent to care and they told us consent was recorded and they would always respect a person's wishes.

Records were kept of each care and support visit every day. We saw that there had been no recent missed or late visits, but some calls had been cancelled by the person who used the service. For example, if they had a hospital appointment or did not require the scheduled call to take place. People told us the staff were very flexible, even at short notice. No one we spoke with had any concerns around call times.

We looked at how the service supported people to maintain good health and access healthcare services. Each person had information in their care and support plan regarding health care needs and the action to take if required. This gave information and appropriate guidance about people's individual health needs and how best to manage their on-going health issues.

People who were assisted with meal preparation told us that staff always did this after asking them what they would like and always wore personal protective equipment (PPE) when preparing meals. One person said, "If I need anything else they make sure they sort it before they leave."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff were kind and treated them with dignity and respect. One person told us, "They are very kind and caring." A second person told us, "They are all so nice, I have no complaints." A relative commented, "As far as I am aware, everything is great. I have heard of no problems at all. In fact, only positive remarks."

Involvement of people who used the service was embedded into everyday practice. The views and opinions of people were actively sought and information was presented in a way that allowed them to fully participate and make informed changes about their support. People and their relatives told us they were involved in developing their care and support plans. They could identify what support they required from the service and how this was to be carried out. A relative told us, "I know the manager has been round a few times." A person second said, "I know the manager and see them every now and again when they bob round."

People who used the service and their relatives told us that staff promoted their independence. One person said, "They get me doing what I can, I know it helps in the long run." Staff told us of a person who struggled to maintain their own health and home environment. Staff had since worked with this person so their house was clean and the person was interacting more with visiting professionals in a positive way. Care records promoted independence for everyone. For example, we read in one person's care records, 'Staff to reach for my ingredients and I will prepare my food'.

It was clear from conversations between the registered manager and office staff that they had a knowledge of each person, without the need to refer to care file information. During the inspection the registered manager received several calls from staff or people using the service and provided immediate advice or information as necessary. When we spoke with care staff they also gave us specific information about individuals, which showed us they had a good understanding of people and their needs.

The provider had a Service User's Handbook which was given to each person when they started the service. This document provided a wide range of information such as the care philosophy; principles and values that the service followed; the standards of care that people should expect; details of the registered manager; a description of the services and facilities provided; how to make a complaint and dignity and respect.

The service did not provide end of life care directly but, where applicable, could continue to provide a domiciliary service in support of other professionals such as district nurses, who may be involved in supporting a person at this end stage of life. At the time of the inspection the service was not supporting anyone who was in receipt of end of life care.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of the service we rated this domain requires improvement and found the provider to be in breach of Regulation 9 Person-centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found although changes had been made, improvements were not established.

A person who used the service told us, "They try help me to do more for myself." A second person said, "I do what I can with support." A relative told us, "Yes I think he does what he can anyway."

We looked at how new referrals to the service were assessed. The needs of people were assessed by the registered manager and experienced members of staff, before being accepted into the service. Thorough preadmission assessments were completed to ensure the service could meet people's individual needs. These included, gathering background information from a variety of sources including other health and social care professionals and from those individuals who were important in people's lives.

Before care and support was provided to any person, the service completed a series of initial assessments which covered areas such as health, medicines, social history, mental health, preferred activities and interests. We saw that prior to a new package of care being provided, a pre-assessment was carried out with the person and their relative(s) which we verified by looking at care records.

People who used the service had a care plan that was personal to them, with copies held at both the person's own home and in the office premises. This provided staff with guidance around how to meet their needs, and what kinds of tasks they needed to perform when providing care.

Although the structure of the care plans was clear and easy to access, information was not always personalised and detailed. For example, one person's care records stated to transfer the person from their bed to the shower, but it did not describe how to do this. The next line of information states to support them with getting dressed, but there was no information on how to support them in the shower or transferring after their shower. Another person's care record directs staff to support with showering but again lacked the detail on how to support them. We mentioned this to the registered manager who updated one person's plan. This new plan was to become the example to achieve for all their care records. The new care record was easy to understand, clear and person centred. The provider told us they would carry the same level of detail to all care records. We recommend that the service review all other care records to ensure they are detailed and person centred.

Regular reviews of care needs were undertaken by the service. The registered manager also visited people in their own homes to deliver care and to identify their views and experiences. This was confirmed by the people we spoke with.

There were systems in place to record what care had been provided during each call or visit. Care plans contained a record of when personal care had been provided, when medicines were prompted/checked or

any food preparation. We checked these documents and found they were completed correctly and with sufficient detail. One person told us, "They always write in my book."

The service had a complaints policy and procedure in place and information on how to make a complaint was provided to each person who used the service. We noted that the service had received five complaints in the past 12 months. These were all well documented and had been responded to in line with the provider's policy. People who used the service and their relatives told us that should there be a need to complain they felt confident in talking to the manager directly and had regular on-going discussions with management as part of the normal process of care delivery.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection of the service we rated this domain requires improvement and found the provider to be in breach of Regulation 17 Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was still in breach of this same regulation and although changes had been made, overall governance and management oversight of the service was not effective.

The service had an infrastructure of auditing in place to monitor the quality of service delivery. These included audits of people's care files, accident/incident audits and observations of/spot checks on care staff to verify their competence in providing safe and good quality care. However, we found the audits to measure the quality of care documentation were not robust. For example, the current audit tool did not identify the concerns we raised around care records. The audit tool checked if documentation was in place, but did not measure the quality of the recordings. We also found there was no audit tool to measure medicines and the quality of recordings. We spoke with the registered manager about this who implemented a new audit tool during inspection. We also found there was no specific audit of the safe administration of medicines. This meant concerns we raised in the 'Safe' domain of this report around the medicines processes had not been identified. Furthermore, we found shortfalls in the recruitment of new staff. These had not been identified in any audit tool.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, namely Good governance.

There was a registered manager in post. 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.

An up to date registered manager's certificate was on display in the office premises, in addition to an appropriate certificate of employers' liability insurance.

Staff told us they could put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued. They said they thought the management were fair and approachable, and told us the staff team worked well together. It was clear from our observations that the management team worked well together in a mutually supportive way. People we spoke with all told us that the registered manager had visited them in their own homes.

One staff member told us, "I feel supported by the manager. They know what they are doing and I think they do it well." A second staff member said, "We give a very good service to people. The manager helps us provide this service."

Staff feedback was also gained via staff meetings. We saw that the staff were asked a variety of questions,

including if they got adequate support, if they felt involved in the running of the service, if they felt they could approach their manager with any concerns, if their training needs were being met and if they felt the company was a good employer.

The service sought the views of people using the service and their relatives through the provision of satisfaction surveys. We looked at the responses received and found feedback was very positive. Comments included, 'Can't fault them,' and 'I am really happy with the service provided; all the team provide [my relative] with a feeling of being cared for' and 'Truly an individual and caring service.'

We looked at the minutes from recent staff meetings and saw discussions included being professional at all times, working hours, mobile phones, PPE and feedback from people who used the service. This showed communication channels had been established and staff had the opportunity to share their views and have their say on service matters.

People who used the service told us that they valued having the same care staff who were very familiar to them. Most care staff had been in employment with the service for several years and this ensured consistency of care. The registered manager told us that it was important for them to visit people in their own homes to establish positive relationships, to check on the performance of the staff team and to demonstrate respect for each person who used the service.

We found the service had policies and procedures in place, which covered all aspects of service delivery including safeguarding, medication, whistleblowing, recruitment and complaints. These policies were all up to date.

The registered manager had a good awareness of their responsibilities for being a registered person. They were clear in their role and the provider had sent us notifications when required. A notification is information the provider must send to us to notify us of certain events.

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 17 HSCA RA Regulations 2014 Good governance We found systems and processes had not always been established or had not effectively identified concerns we raised on inspection.