

Youth Graces UK Limited

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Inspection report

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Date of inspection visit:
24 September 2020

Date of publication:
19 November 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Youth Graces UK Limited is a domiciliary care service providing personal care and support to people living in their own homes primarily in the London Borough's of Lambeth and Bexley. The service was supporting approximately 90 people at the time of our inspection.

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.

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

Risks to people had not always been assessed and guidance was not always in place for staff on how to manage risks safely. The provider's system for receiving, investigating and responding to complaints was not operated effectively. Whilst improvements had been made to the systems used to monitor the quality and safety of the service, not all of the provider's quality assurance systems were effective in identifying issues of driving improvements.

Staff received infection control training and had access to the personal protective equipment (PPE) they needed to reduce the risk of the spread of infection when supporting people. However, improvement was required to ensure all staff consistently used PPE in accordance with national guidelines. People received safe support to take their medicines, although improvement was required to address shortfalls in the maintenance of records relating to medicines administration. The service employed sufficient staff to meet people's needs but improvement was required to ensure people consistently received support at the times they had agreed with the provider.

People were protected from the risk of abuse because staff received safeguarding training and were aware of the procedures for reporting abuse. The provider followed safe recruitment practices. Staff were supported in their roles through regular training and supervision. People's needs were assessed, and they were involved in the planning of their care. They had care plans in place which reflected their individual needs. Staff were aware of people's care preferences.

The registered manager demonstrated an understanding of the responsibilities of their role. They held regular staff meetings to share key information about the running of the service with staff. The provider sought people's views on the service through quality assurance checks and the use of surveys. Staff spoke positively about the working culture of the service.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 14 May 2020) and there were five breaches of

regulations. At this inspection we found the provider had made improvements although they were still in breach of three regulations.

This service has been in Special Measures since 3 December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions 'Is the service safe?', 'Is the service effective?', 'Is the service responsive?' and 'Is the service well-led?' which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Youth Graces UK Limited on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safe care and treatment, receiving and acting on complaints and good governance 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 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?

Inspected not rated

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

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 ●

Youth Graces UK Limited

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

The inspection was carried out by one inspector and two Experts by Experience. 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 48 hours' notice of the inspection. This was because we needed to ensure our inspection visit could be carried out in a COVID-secure way.

Inspection activity started on 24 September 2020 and ended on 8 October 2020. We visited the office location on 24 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We met with staff from three local authorities who work with the service to gain their feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service, thirteen relatives and one person's support worker about their experiences of the care provided by the service. We spoke with five staff including the registered manager.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. We also reviewed a range of records relating to the management of the service, including policies and procedures, staff training records, and quality assurance information.

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 inadequate. At this inspection this key question has now improved to requires improvement. 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

At our last inspection of the service on 17 and 18 October 2019 we found risks to people had not always been assessed to help ensure people received safe support. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had addressed some of the issues identified at the last inspection. However, not enough improvement had been made and they were still in breach of regulation 12.

- Risk assessments were not always up to date and risk management guidelines were not always in place where risks had been identified. One person's skin integrity risk assessment had not been updated to reflect the fact that they had developed a pressure sore and there were no guidelines in place for staff on how this should be safely managed.
- Records from a recent safeguarding investigation noted potential risks to another person, associated with their behaviour. However, their behavioural risk assessment had not been updated to include this information and their care plan did not contain guidance on how the risks should be minimised.
- A third person's care plan included information on the support they required to manage their catheter. However, there was no risk assessment or guidelines for staff on how to provide safe catheter support.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate risks were effectively managed. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection of the service on 17 and 18 October 2019 we found medicines were not safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and they were no longer in breach of regulation 12. However, further improvement was required to address minor shortfalls in the way people's medicines were managed.

- People's care plans included information about the level of support they required to manage their medicines safely. Staff completed medicine administration records (MARs) when supporting people to take their medicines.

- Staff received training in medicines administration and were only authorised to administer medicines once assessed as competent to do so.
- We noted that one person's MAR from August 2020 had four unexplained gaps where staff had not confirmed administration of medicine; these gaps had also not been identified in a recent medicines audit.
- We also noted that clear guidance was not always in place for staff where people had been prescribed medicines to be taken 'as required'. These issues required improvement.
- People told us they received help when needed to take their medicines. One person said, "My carer helps with my medication; they know they have to be here at the right times to give it to me." Another person told us, "I'm able to take my medicines independently, but they [staff] check I am taking them."

Staffing and recruitment

At our last inspection of the service on 17 and 18 October 2019 we found staff were not deployed effectively to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had acted to address the issues identified at the last inspection and they were not longer in breach of regulation 18. However, improvement was required to ensure visits to people were carried out at the times they had agreed.

- People and their relatives had mixed views regarding the timeliness of their visits. One relative told us, "We had a missed visit earlier in the year which meant [their loved one] went without a meal at that time." A person told us, "Recently I had to call to say a carer hadn't come, but they sorted it out." Another person said, "They come when they say; they're never late and haven't missed a visit."
- The registered manager told us they had experienced challenges in managing staff allocations during the early weeks of the COVID-19 pandemic. These had been caused by a range of issues, including staff needing to self-isolate and a higher than normal volume of scheduling changes requested by the people they supported. They explained staff had worked together to quickly overcome these issues and told us the service had been operating with spare staffing capacity for several months to ensure they would be able to meet people's needs should further challenges arise.
- Staff told us they were able to cover the visits assigned to them without any problems. One staff member said, "My visits are assigned to me on a rota and they're spaced out so have time to travel. I'm able to do my job and support the clients without needing to rush."
- Rotas were arranged to minimise travel time for staff. The sample of rotas we reviewed included adequate time for travel between each call. The provider operated an electronic call monitoring (ECM) system, but this had not been effectively rolled out to everyone using the service. The registered manager told us staff were instructed to contact the office if they were running late where they were unable to record their visit attendance through the ECM system.

At our last inspection of the service on 17 and 18 October 2019 we found improvement was required to ensure the provider consistently followed safe recruitment practices. At this inspection we found the necessary improvements had been made.

- The provider followed safe recruitment practices. Checks had been carried out on staff to ensure their suitability for the roles they had applied for. These included checks on identification, right to work in the UK, details of their employment histories, and references and criminal records checks to ensure they were of good character.

Learning lessons when things go wrong

At our last inspection of the service on 17 and 18 October 2019 we found the provider did not have a system in place to analyse incident and accident information in order to improve safety. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 in respect of the Key Line of Enquiry 'Learning when things go wrong'.

- Staff were aware to report any incidents or accidents which occurred in the course of their working day to the registered manager. They completed accident forms when required which were reviewed by the registered manager to determine whether any further action was needed to help maintain people's safety.
- Office staff also recorded a brief electronic summary of any incidents or accidents which occurred on the provider's IT system. This allowed them to review the incident history for each client, to look for trends and any learning that may help prevent similar future incidents.

Preventing and controlling infection

- There were arrangements in place to protect people from the risk of infection. However, improvement was required to ensure staff consistently wore appropriate personal protective equipment (PPE) when supporting people.
- Nineteen of the twenty-one people and relatives we spoke with confirmed staff always wore PPE when carrying out their roles, in line with current national guidelines. However, one relative told us the staff member supporting their loved one did not always wear a face mask and a second relative commented that they did not think staff consistently wore the correct PPE from what their loved one had told them. We spoke with the registered manager about this issue; following the inspection they confirmed they had spoken with staff about the requirements around PPE use. They also told us they would carry out monitoring checks to ensure staff were following national guidelines and would take action against any staff member found failing to do so.
- Staff had completed infection control training in 2020. Records showed infection control and PPE guidelines were regularly discussed with staff at team meetings which were held remotely, online. One staff member told us, "We've had training updates about COVID-19. We're provided with the PPE we need; I always wear a face mask, gloves and an apron when supporting people."
- The provider had taken steps to make the office COVID-19 secure, in line with government advice.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe when receiving support from the service. One person said, "I am confident with my care worker and feel safe with them as I have the same one every day; I trust them in every little thing." A relative told us, "[Their loved one] feels safe; [they] are very comfortable around them and get on well."
- People were protected from the risk of abuse. Staff received safeguarding training. They knew how to report any concerns if they suspected anyone had been abused. One staff member told us, "If I thought someone had been abused, I would report to the office. I also know I can report directly to the council's safeguarding team if needed."
- Records showed the provider worked with local authority staff to investigate safeguarding concerns involving people using the service.

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 as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this part of the inspection was to check if the provider had met the requirements of warning notices we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection of the service on 17 and 18 October 2019 we found people's needs had not always been comprehensively assessed when they started using the service. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs had been assessed to ensure the service was suitable for them. Assessments took into account both people's physical and mental health. They identified the areas in which they required support as well as the things they could do for themselves. The completed assessments were used to help develop people's care plans.
- The provider followed nationally recognised guidance from the National Institute for Health and Care Excellence (NICE) when assessing people's needs and developing their care plans.

Staff support: induction, training, skills and experience

At our last inspection of the service on 17 and 18 October 2019 we found staff had not always been supported in their roles through training relevant to people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had acted to address the issues identified at the last inspection and they were no longer in breach of regulation 18.

- Staff received an induction when they started working for the service. This included completing training in areas considered mandatory by the provider and shadowing more experienced colleagues. Staff were also required to complete the Care Certificate if they had no previous experience of working in care. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- People and their relatives told us staff were competent and provided them with effective support. One person said, "The carers are very good; they look after me properly." A relative told us, "They [staff] are good at dealing with [their loved one's] dementia."

- Staff told us they felt well supported in their roles. One staff member said, "I completed my induction when I started and have had lots of refresher training since then. It was all helpful and has given me confidence when working."
- Staff also received regular supervision and an annual appraisal of their performance. One staff member said, "I meet with [a senior staff member] regularly for supervision; it's good to be able to discuss the job and if I'm worried about anything, I know I can raise it."

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 as inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection of the service on 17 and 18 October 2019 we found improvement was required because the provider had not followed their complaints process in response to concerns raised by one person. At this inspection we found the provider had failed to make improvements to their complaint management processes.

- People received a copy of the provider's complaints procedure when they started using the service. This explained how people could raise concerns and what they could expect in response. However, people and their relatives told us their concerns had not always been managed in line with the provider's complaints procedure.
- Most people told us they had not needed to make a complaint, or if they had, it had been dealt with to their satisfaction. However, one relative told us, "I wouldn't feel confident that they would address a complaint I made. I've previously raised issues and never had a response." Another relative also confirmed they had previously complained on behalf of their loved one but didn't know if the issue was resolved because they'd not been told.
- We also found details of a complaint made by one person in March 2020 in the provider's complaints log which had no accompanying record of investigation or outcome. We asked office staff whether the complaint had been investigated and they confirmed they had met with the person in response. However, records showed this meeting hadn't taken place for six months, significantly outside the timescales given in the provider's complaints procedure.

The provider's system for receiving, recording, handling and responding to complaints was not managed effectively. This was a breach of regulation 16 (Receiving and Acting on Complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection of the service on 17 and 18 October 2019 we found people did not always have care plans in place which reflected their individual needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People had been involved in the planning of their care. One person told us, "When I started using the

service they came out and discussed everything with me." Another person said, "They visited me in hospital to find out what I'd need help with when I got back home."

- People had care plans in place which contained information about their support needs and preferences as well as information about the things they could do independently. For example, one person's care plan contained guidelines for staff on the support they required to wash and dress, including a reminder for staff to encourage them to choose what they wanted to wear each day.
- Care plans also contained information about people's life histories, their key relationships and summaries of their preferred daily routines. Staff demonstrated a good awareness of the details of people's care plans. People confirmed staff knew their preferences in the way they liked to be supported. One person said, "The carers know what I want to do and when."

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.

At our last inspection of the service on 17 and 18 October 2019 we found improvement was required to ensure people's communication needs were properly assessed and considered. At this inspection we found the provider had made the necessary improvements in this area.

- Senior staff confirmed the service could arrange for information to be shared with people in a range of formats depending on their needs.
- People's communication needs had been assessed and they had communication care plans in place, where appropriate. These contained guidelines for staff on how best to communicate with them. For example, one person's communication plan described methods of non-verbal communication staff should use in order to communicate effectively.

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.

- People were supported to take part in activities which were socially relevant to them where this had been agreed as part of their care package. One relative told us, "Staff take [their loved one] to the local park if [they] want to go. They're also trying to arrange a time to go swimming." Another relative said, "The carer takes [their loved one] to the local sports club each week."

End of life care and support

- The registered manager told us that none of the people using the service were receiving end of life care at the time of our inspection. They confirmed that they would liaise with relevant healthcare professionals if needed to ensure people received support at the end of their lives which was responsive to their needs.

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 as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection of the service on 17 and 18 October 2019 we found the provider's systems for monitoring the quality and safety of the service were not effective in identifying issues or driving service improvements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection, we found the provider's quality assurance systems remained ineffective in key areas and they remained in breach of regulation 17.

- The provider had undertaken a full review of people's care plans to address the issues we had identified at our last inspection. Whilst this review had resulted in improved care planning, there remained shortfalls in the provider's risk assessment processes which amounted to a continuing regulatory breach. These issues had not been identified through the provider's quality assurance processes.
- We also found the registered manager had failed to make improvements to address the issues we had previously identified with their complaints management processes resulting in a further regulatory breach in that area.
- The provider had an electronic call monitoring (ECM) system in place for monitoring the arrival and departure times of staff when visiting people. However, records showed this system was not operated effectively with some staff regularly either unable or failing to log their arrival and departure times. Whilst it was evident that the provider was in the process of seeking to address these issues, it meant the service had no way of effectively monitoring care staff visits to ensure they were consistently made as close to the times agreed with people as possible.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other areas the provider had improved their quality assurance systems. Records showed audits and checks had been carried out in areas including medicine administration records (MARs), the daily records completed by staff and staff files to ensure they were complete, accurate and up to date.
- The service also carried out quality assurance checks on staff performance and the sample of checks we reviewed showed staff had been working in accordance with the provider's policies and procedures, resulting in positive outcomes for the people they supported.

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

At our last inspection of the service on 17 and 18 October 2019 we found the registered manager had not always notified CQC of key events, in line with the requirements of their registration. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The service had a registered manager in post who understood the responsibilities of their role. They knew the types of events they were required to notify CQC about and had submitted notifications where required during the previous year. They were also aware of the requirement to display their current CQC and this was on display in the office.
- Staff maintained regular contact with the registered manager using an electronic group messaging service and when attending regular team meetings that were held remotely, online. Senior staff were also able to share updates about people's needs through secure mobile phone applications. The use of these tools helped ensure that staff were clear about their roles and responsibilities.
- The registered manager understood the duty of candour. They told us they would always seek to inform people of any incidents or areas of concern they identified in the provision of their service.

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

At our last inspection of the service on 17 and 18 October 2019 we found improvement was required to ensure any feedback they received from people had been analysed and acted upon where required. At this inspection we found the provider had made improvements and addressed this issue.

- The provider sought feedback from people through routine telephone quality assurance calls and the use of questionnaires. One person told us, "They call to check I'm happy with the service. They asked if there was anything I wanted to change, but I said no."
- We reviewed a sample of the telephone quality assurance checks carried out in 2020 which showed people were satisfied with the service they received. The results of the provider's 2020 service user satisfaction survey also showed the majority of people using the service were experiencing positive outcomes from the care they received. The registered manager told us they were in the process of developing an action plan based on any negative feedback received. We will follow up on this at our next inspection.
- The registered manager told us they had a positive working relationship with health and social care professionals involved in providing support to the people using the service. They confirmed they had sought to act on any feedback they'd received from local authority commissioners following the last inspection and had kept them updated as they worked through their service improvement action plan.
- Records showed the service shared key information with local authority social services teams where it was appropriate to do so.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the staff were open and inclusive whilst carrying out their duties. One person said, "I think they do a good job when appointing the carers." Another person told us, "I have the

manager's phone number so I can ring them if I need to." A relative told us, "The staff work hard to build a close relationship with [their loved one]".

- Staff spoke positively about their experiences working for the provider. One staff member told us, "We all work well as a team. The office staff are approachable, and I know I can speak to someone at any point if I need to." Another staff member said, "The management team are always willing to listen."

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 had not always assessed risks to the health and safety of service users and had not always doing everything reasonably practicable to mitigate risks.</p> |
| Personal care | <p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had not established an effective systems for identifying, receiving, recording, handling and responding to complaints.</p> |
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems for monitoring the quality and safety of the service.</p> |