

Passion Health Care Limited

# Passion Healthcare Limited

## Inspection report

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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

Passion Healthcare Ltd is a domiciliary care agency providing personal care for people in their own homes. The service provides personal care for older people and younger adults. This was a comprehensive inspection.

The inspection took place on 11 and 12 June 2018. The inspection was announced because we wanted to make sure that the registered manager was available to conduct the inspection.

At our last comprehensive inspection in May 2016 we rated the service as 'Good'. On this inspection improvement was needed to ensure that people were comprehensively safe and that quality assurance systems had not been effective in driving improvements in the service. Because of these issues, the overall rating for this inspection has reduced to 'Requires Improvement.'

A registered manager was in post. This is a condition of the registration of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Risk assessments were not comprehensively in place to protect people from risks to their health and welfare.

Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency and to CQC. This had not been carried out for a potential suspicion of abuse.

Management had carried out audits in order to check that the service was meeting people's needs and to ensure people were provided with a quality service, though some issues had not been checked including issues which were identified on this inspection.

Staff recruitment checks were carried out to protect people from receiving personal care from unsuitable staff.

People and relatives told us they thought the service ensured safe personal care was provided by staff. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People told us that staff supported them with their medicines and records had shown this had happened.

Staff had received training on core important topics to ensure they had skills and knowledge to meet people's needs, though training on other relevant issues had not yet been provided.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have effective choices about how they lived their lives. Staff were aware to ask people's consent when they provided personal care. Mental capacity assessments were in place.

Most people and relatives told us that staff were friendly, kind, positive and caring. Not everybody told us they had been involved in making decisions about how and what personal care was needed their needs, though they did not feel this had any impact on the quality of care they received.

Care plans included important information on people's needs, which helped to ensure that their needs were met, though there was not comprehensive information in place on people's lifestyles and preferences.

People and their relatives were confident that any concerns they had would be properly followed up. Most were satisfied with how the service was run.

Staff members said they had been fully supported in their work by the management of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 consistently safe.

Suspected abuse had not always been reported to the safeguarding authority and CQC. Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare. Medicine had been supplied to people to safely protect their health needs. Most people and their relatives said safe care had been provided, staff had usually turned up on time and they felt safe with staff from the service. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

### Is the service effective?

**Good** ●

The service was effective.

People's needs had been assessed as soon as possible after they started receiving care from the service. Staff were trained to meet people's care needs, though some training and assessment of competency was needed to effectively cover all care needs. Staff had received support to carry out their role of providing effective care to meet people's needs. Mental capacity assessments had been carried out, and people's consent to care and treatment was sought by staff. People's nutritional needs had been promoted and their health needs had been met by staff.

### Is the service caring?

**Good** ●

The service was caring.

Most people and relatives told us that staff were kind, friendly and caring and respected their rights. Staff respected people's choices, privacy, independence and dignity. Not everyone thought they had been involved in setting up their care plans, though this was not of concern to them as they said they had received a friendly service.

### Is the service responsive?

**Requires Improvement** ●

The service was not comprehensively responsive.

The complaints process had not always included detailed information about complaints or whether proper action had been taken. The complaints procedure had not included clear information to help people to take their complaints further if they needed to. Care plans contained information on how staff should respond to people's assessed needs, though this did not always include their preferences. Most people and relatives were satisfied that staff provided a service that responded to their needs.

**Is the service well-led?**

The service was not consistently well led.

An issue of concern had not been reported to relevant statutory agencies, as legally required. Services had been not been comprehensively audited in order to measure whether a quality service had been provided. People thought it was an organised and well led service. Staff members said that management provided good support to them. Issues highlighted by people and relatives about the service had been dealt with.

**Requires Improvement** 

# Passion Healthcare Limited

## 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 and to look at the overall quality of the service and provide a rating for the service.

Passion Healthcare Ltd provides personal care for people living in their own homes. This inspection took place on 11 and 12 June 2018. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector and an expert 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.

Before the inspection we reviewed the information we held about the service. This included information the provider sent us in the Provider Information Return (PIR). The PIR is a form which we require providers to complete and gives some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications of serious incidents and events within the service that the provider is legally required to tell us about within required timescales. We contacted local authority commissioners, responsible for funding some of the people using the service, to gain their views about the service and the care provided.

During our inspection we spoke with five people who used the service and five of their relatives. We also spoke with the registered manager and three members of care staff.

We reviewed information including care plans and records for four people, medicine records, three staff recruitment files, staff training records, records relating to the day-to-day management of the service and the provider's internal audits and quality management systems.

Following our inspection visit, we asked the registered manager to send us information including responses to concerns made and policies. They sent this to us in a timely manner.

# Is the service safe?

## Our findings

The provider had a safeguarding policy and procedure in place. This stated that the registered manager would report any suspicion or evidence of abuse to the safeguarding authority and other relevant outside agencies; "By law, Passion Healthcare must notify CQC without delay of any incidents of abuse and allegation of abuse."

However, records showed abuse had been suspected from an incident in March 2018. Although there had been an investigation by the management of the agency, this incident had not been reported to the safeguarding authority or to CQC as legally required. This meant there was a risk that all necessary measures may not have been in place to protect the person's safety. The registered manager recognised that although the person did not want to make a complaint about their treatment, the agency had a legal duty of care to report this. After the inspection visit, the registered manager reported this to the safeguarding authority to see whether any additional action needed to be taken.

Risk assessments lacked the detail and guidance needed to keep people safe.

A care plan stated that a person had diabetes. There was no risk assessment in place to give guidance to staff if the person had health complications as a result of this condition. This was a potential risk to the person's health. The registered manager said this issue would be followed up and a risk assessment put in place.

A risk assessment for a person with behaviour that challenged the service only stated that staff should leave the person's house. There were no other techniques to use to try to manage the situation, such as distracting the person. The registered manager said this information would be put into place.

Another risk assessment stated the person used a piece of equipment to move from one place to another. It stated the person could assist themselves onto the equipment. However, there was no information about staff needing to assist if necessary or to observe to check the person was safe in carrying out this manoeuvre. The registered manager said this would be followed up.

A risk assessment was in place to test hot water to prevent a person from scolding. However, there was no mention of equipment needed to test the water or the maximum temperature of water. This meant a risk of water being too hot. The registered manager said this issue would be followed up.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Safe Care.

All the people we spoke with, except one person said they felt safe with staff members. One person said they didn't feel safe because staff do not listen to them. The registered manager said this issue would be followed up and provided evidence that this had been actioned after the inspection visit.

People said that staff helped them use equipment to keep them safe. One person said staff placed their

walking frame near to them so that they were able to safely use the commode. Other people said that staff used the hoist to safely assist them to move.

Relatives thought that their family members were safe although one relative said that some staff did not know how to use the hoist properly. The registered manager stated that the person had a new sling but this could not be used until the occupational therapist assessed this. This issue has subsequently been resolved.

Staff members had been trained in protecting people from abuse and understood their responsibilities to report concerns to management and to other relevant outside agencies if necessary, if they had not been acted on by the management of the service.

Some care plans contained comprehensive risk assessments to reduce or eliminate the risk of issues affecting people's safety. For example, detailed information was available to staff for a person who needed assistance with their catheter. It showed staff the specific steps to take to ensure safe care was provided. A care plan identified that a person needed assistance to prevent pressure sores from developing and detailed information was available to staff about how to carry this out.

Staff members were aware of how to check to ensure people's safety. For example, they told us they checked rooms for tripping hazards. There was a system to risk assess some facilities in people's homes which included relevant issues such as tripping hazards, issues with heating and lighting systems and equipment. However, there was no information about individual fire evacuation plans for people. The registered manager said this would be put in place. Emergency procedures were in place for staff to act to promote people's safety if they encountered issues such as falls and strokes.

There were sufficient numbers of suitable staff to enable people to stay safe. People told us that staff came on time unless there was an emergency. The person needing two staff said that staff arrived together to provide care.

However, some people and relatives said that when staff were running late, not everyone was informed. One person said that staff were mostly on time and they were contacted if staff were running late. Another person said that staff were generally on time. If they were more than 25 minutes late, they usually got a phone call to explain what was happening. The registered manager stated when staff were running late it was practice to inform the person or their family but sometimes phones were not always answered to supply this message.

One relative said that the service had missed calls. This was followed up by the registered manager who stated that this had been followed up with staff at the time, and an alternative arrangement proposed to the person. The relative had then cancelled the call. On another occasion the relative said that staff had been late. The service acknowledged that they had not checked with staff to see how late they would be, and apologised for this.

Those people using the service that do had support with medication said they were happy with the way it was done and they were supplied with it at the right time. Creams were supplied and continence equipment changed as needed. Relatives also said their family members had received their medicines safely from staff.

There was a medicine sheet in place for staff to record when they prompted or supplied people with their medicines. Staff had been trained to support people to have their medicines and administer medicines safely. There was a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people. There was evidence that the registered manager reminded staff always to



medicine records after supplying this to people.

There was no information for when medicines, taken as the need arose, needed to be supplied to the person. This could mean inconsistent practice and some staff supplying at times when medicine was not needed. The registered manager said this would be put into place. This would then mean staff could consistently supply medicines when these were needed.

Staff recruitment practices were in place for new staff. Records showed that there had been checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. Staff records showed that before new members of staff were allowed to start, checks had been made with previous persons' known to the respective staff member. This meant systems were in place to employ staff who were suitable to provide personal care.

The whistleblowing policy stated that staff could go to agencies outside the service and supplied details of relevant agencies so staff could contact them. This meant staff had ready access to clear information of how to whistle blow to ensure their safety.

People told us that staff protected them from infection as they always wore gloves when providing personal care, though they could not recall staff wearing protective aprons. The registered manager stated that aprons were available and staff did wear them but this issue would be monitored. When we spoke with staff, they were aware of how to ensure people were safe from infection risks by wearing suitable equipment and carrying out hand washing.

The registered manager said that lessons had been learnt from incidents. For example, a person had been discharged from hospital without the continence equipment they needed. Measures had been put in place to ensure that people were quickly assessed after discharge from hospital and suitable equipment made available to them.

# Is the service effective?

## Our findings

Assessments of people's needs were in place to inform staff of how to meet people's needs. However, one relative said that at the beginning of the service, they had to explain everything that needed doing. The registered manager stated that this occurred when the service only received the social worker assessment on the day the care package commenced. This meant that assessments could not be done before the calls commenced. This had been raised with social services many times but was still an issue at times and out of the control of the service.

People thought that staff were well-trained and knew what they were doing. They said their needs were being met because of this. For example, support with washing and dressing, applying creams, moving safely and helping with continence equipment.

Most relatives thought that staff had been trained. A relative said that staff had been trained and knew what they were doing when using a hoist and made sure that their family member wasn't hurt by the sling.

Staff had their competency checked on whether they were able to carry out essential care such as how to move people safely and how to supply medicines safely. The registered manager had reminded staff to complete training. However, competency checks had, in some cases, taken a number of months to do from the start of employment for some staff. For example, medicine competency had only been assessed five months after the staff member commenced working. The registered manager said this would be put in place sooner for new staff to ensure effective care was provided.

We saw evidence that new staff were expected to complete induction training. This covered relevant issues such as infection control, moving and handling and keeping people safe from abuse. Staff had received Care Certificate training, which is nationally recognised induction training for staff.

Staff had not received training in a number of people's long-term health conditions such as Parkinson's disease, epilepsy, stroke and sensory impairments. Although we did not find out any measurable impact on people, there was a risk that staff would not have the skills to deliver effective care to people. The registered manager said this training would be provided to ensure that staff had all the skills and knowledge to meet people's needs.

Staff had received regular supervision. This provided them with support to provide effective care to people and to discuss any issues they were unsure of.

A staff member told us that when new staff began work, they were shadowed by an experienced staff member on a number of shifts. They felt this was a sufficient shadowing period to gain experience to meet people's needs. We saw that a member of staff had only been provided with shadowing for one shift. This did not appear long enough to enable the new staff member to provide effective care to people. In another staff record, it did not state whether shadowing had been provided. After the inspection, the registered manager confirmed that the shadowing period will be extended to five days.

Staff had regular supervision sessions to discuss their work and any issues they had. One staff member said, "We have regular supervisions. I can discuss anything about the job which gives me good support."

Staff felt communication and support amongst the staff team was good. They told us they always felt supported through being able to contact their line managers if they had any queries.

Staff members told us that they thought they had received enough training so that they were able to meet people's needs. They said that they were reminded to complete training by management. Records were in place to prove this. Staff said that if they identified further training, this had usually been arranged. This made them feel supported in being able to meet the person's needs.

People who received support with having meals told us that they were happy with how they were provided with choice and the way it was done. A person said that staff always made sure they had enough to drink. Another person told us they were provided with a drink on their table all the time; "They make sure I've got a glass of water, and a jug of mineral water." They said staff always checked this and provided refills as needed. This indicated that the service took account of people's food and drink needs, to prevent malnutrition and dehydration.

None of the people using the service said they had been unwell or had an accident where a staff member needed to respond. A relative said that although they had not needed staff to contact the GP or other healthcare professional, they were confident that staff would know what to do if this ever occurred. Two relatives told us that if staff spotted anything of concern, they were informed immediately so that they could contact the GP.

There was evidence that if people were ill or in pain then staff referred them to health professionals or called the ambulance service. Staff told us they would not hesitate to contact health services if people were ill. One staff member said that a person had a fall and the ambulance service was called to treat the person.

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. There were assessments in place to evidence this and how staff should work with people. Staff had an awareness of this legislation and stated they always supplied choices to people even though they may lack mental capacity. People said they were in agreement with the care provided by staff and staff always sought their consent. This meant that staff had knowledge on how to provide effective care within the legal framework.

We saw information in care plans to direct staff to communicate with people and gain their consent with regard to the care they providing. This was reinforced in a care plan which stated, "Don't force [person's name] to do things." Staff members told us that they asked people their permission before they supplied care.

# Is the service caring?

## Our findings

Most people and relatives said that staff were friendly, kind and caring. One person and their relative said this was not always the case. The person said they didn't feel respected or listened to by staff. The registered manager said this would be followed up and was aware of the person's concerns.

A person praised staff. They said they on one occasion they did not feel well. Staff had come back later in the day at a time outside their care package, to check if they were feeling better. Another person thought that staff were "Wonderful and caring" and always asked them if there was anything else they could do before they left the call.

A relative told us that staff were pleasant and did their jobs well. They often observed staff having a joke with their family member. Another relative also found staff very friendly. They chatted to their family member all the time and encouraged them to have a walk from the bedroom to the lounge. Another relative said that staff were very friendly and caring and gentle when they provided assistance to dress.

People using the service overall felt involved in their care plan when they began using the service. However, not everyone felt that this involvement had continued and they were unsure if their care plan was updated or reviewed.

Relatives said that they had some involvement in the care plan when setting up the service but most were not sure if care had been reviewed. We saw evidence that people had been involved in reviews of their care. The registered manager said that care plans had been provided and were in people's homes. Some people preferred reviews to be carried out without family members present. She went on to state that it would be explained to everyone in future that the purpose of the visit from management was to carry out the review, so that people were fully aware.

The staff handbook emphasised that people should be treated with respect, their culture and faith should be respected and their dignity and privacy protected. This helped to orientate staff in their approach towards people receiving a service. This was also included in the guide for people receiving the service. The information did not state that people sexual orientation would be respected. The registered manager said this would be included in service information.

Most people said that privacy and dignity was maintained by staff when providing personal care. A person said that male staff always went to another room when the female staff assisted them wash and dress. Another person said that the bathroom door was kept closed when having a shower and staff always had a towel ready to provide cover.

Staff told us they respected the people's choice in, for example, what food and drink they wanted and the clothes that they wanted to wear. This was supported by what people told us.

Staff said enough time had been planned to provide care as there was sufficient time between visits and

schedules.

## Is the service responsive?

### Our findings

Most people and their relatives told us that needs were being met by the service. A relative stated that staff met their family member's needs and preferences such as preference for a shower or bed wash.

However, two relatives said that at times staff spoke together in their first language, which was not English, which cut people out of conversations. One relative said that since this issue had been raised, it had improved. The registered manager said action had been taken in the past and would be again if this was still the case. Staff would be reminded not to do this.

Some people said that they were not consulted about having new staff or being introduced to them. One person said, "I wish they were introduced beforehand or someone lets me know" because they didn't like strangers just showing up at their house. The registered manager stated that when permanent staff were not working other staff replaced them. They were not new staff and existing staff usually informed people they had time off and other staff would replace them. A lot of these calls were with two staff members, so the other staff member would still be a regular staff member.

There was relevant information in care plans. There was also an information sheet in care plans that people all relatives could record any messages for staff and management. We saw evidence of regular reviews, though some relatives told us that they were unsure whether reviews had been held to see whether people's changing needs had been recorded and accommodated. The registered manager said that in the future people and relatives would be informed as to the status of any meetings with the management of the service, including reviews.

Not all information about people's personal history, likes and dislikes, goals and aspirations and preferences were included to help staff ensure that the person's individual needs were responded to. One care plan under "About me" only stated that a person was a carer for their family member. This meant staff did not have the opportunity to be aware of people's full preferences and lifestyle, to work with them to achieve a service that responded to the person's individual needs. The registered manager said this would be carried out.

Staff members told us that they always read people's care plans so they could provide individual care that met the person's needs. Care plans had been updated if people's needs had changed so that they could respond to these changes.

All the people we spoke with knew how to raise an issue or make a complaint. The majority told us that they had not needed to make any complaints or raise any issues. When they had a concern about the staff member, they felt listened to and concerns were acted on. People that had raised issues with the agency felt listened to and concerns had been acted on. One person raised an issue about staff rushing them and said they did not want to have the staff. The agency responded and staff were changed. They had been satisfied with this action. Another person said they raised issues with the service. Action had been taken which they were satisfied with.

There was some evidence in the complaints records that the registered manager had followed up complaints. However, conclusions of the investigation were not always in place. Some issues had not been included, such as details about the care that staff had supplied, the names of the staff involved, whether staff had been spoken with about the issues and the outcome of this process.

The provider's complaints procedure gave information on how people could complain about the service, details about the complaints authority or the local government ombudsman as the agencies who would handle complaints. It stated that CQC could be contacted and implied we would investigate complaints. This is not legally correct as CQC has no powers to investigate individual complaints. The registered manager said this issue would be reviewed and the handbook would include this updated information.

The registered manager was aware of the new accessible information requirement. The accessible information standard is a law which aims to ensure that people with a disability or sensory loss are provided with information they can understand. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. People and relatives said that information from the service had been in a format they could understand. Care plans included people's communication needs and the service user's guide was available in large print to assist people with visual impairment.

No one was currently receiving end of life care. The registered manager was aware that this care needed to be planned with the person and their representatives to ensure a comfortable, dignified and pain-free care was provided.

## Is the service well-led?

### Our findings

The registered manager was aware of their responsibility to notify CQC of incidents. However, we found an instance where a person had complained about inappropriate care provided to them. Although the incident had been investigated by the service, this had not been reported to the safeguarding authority or to CQC, as legally required. The registered manager carried this out after the inspection visit. However, this had not been carried out at the time of the incident, which meant a potential risk to the safety of the person involved.

There was no recording in place by the management of the service to indicate what action had been taken and the conclusion of this action. A supervision record of the staff member involved in the incident also contained a concern about the manner of this staff member. There was no evidence of any action taken with regard to this concern. This was another potential risk to the safety of people using the service, of having potentially unsuitable staff providing personal care to people.

There was an auditing system in place to check that important quality issues such as the supply of medicines and call times, with action taken on issues identified. However, lack of detailed risk assessments in care plans had not been identified and some important issues had not been audited such as staff recruitment and staff training. The registered manager said this issue would be followed up.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014, Good Governance.

People said they were confident about speaking to the management of the service. A person told us they found the registered manager of the service approachable and helpful. Most relatives stated the service was well led and well-managed and a relative said the registered manager was approachable, managed the service well and staff did what was expected of them.

Another relative had some issues when they first started with the service but now thought this had improved. A person said they would recommend the service because staff were "so loving and so considerate and thoughtful."

People and relatives told us they felt confident about speaking to the management of the service should this be needed. Most people and relatives would recommend the service to their family and/or friends. They said senior management visited them in their homes and checked if they were happy with the service. This included trying to match people and staff from similar cultural backgrounds.

The service had a registered manager, which is a condition of registration.

A staff handbook set out information about the governance structure of the company. This showed information which ensured that the responsibilities of managing the service were clear so that everyone was aware of what they had to do.



Staff members told us that senior managers expected them to provide friendly and professional care to people, and always to meet people's individual needs. They said that they were well supported by their line managers and were complimentary about the way the service was run by the registered manager. One staff member told us, "We provide a friendly service to people. This is emphasised by the manager."

Staff said that they felt they could raise issues at staff meetings and management acted on them. Staff members confirmed that essential information about people's needs had been communicated to them, so that they could supply appropriate personal care to people. This helped to ensure that staff were engaged with providing a quality service.

People were supplied with a questionnaire in July 2017 asking what they thought of the quality of the service. The management analysis of the results of the questionnaires showed that overall 90% of people were satisfied with the quality of care. However, in the questionnaires, there were a number of issues of concern highlighted by people. These included some staff being uncaring, incorrect recording, some staff not respecting people's wishes and missed calls. These issues had not been highlighted in the analysis or any action shown to follow them up. After the inspection visit, the registered manager provided evidence that issues had been taken up with staff in a staff meeting.

The provider was aware of the legal requirement to display their rating from comprehensive inspections, once a rating had been issued from CQC. This had been displayed on the company website to inform people about the performance 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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Suspected abuse had not always been reported to statutory agencies. Risk assessments to protect people's health and welfare did not always contain sufficient information to protect people from risks to their health and welfare.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance was not in place as services had not been effectively audited in order to measure whether a quality service had been provided.</p>