

Caemac Investments Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

About the service

Caemac Investments Limited is a domiciliary care agency providing personal care to people living in their own homes or flats. The service was supporting seven people at the time of this 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

People were starting to be assessed by the palliative care team but had not yet had their end of life wishes assessed or recorded in care plans. This was an area the provider had previously been asked to review and implement but had failed to do so.

People had been asked about their likes and dislikes and preferred approaches for staff to support them, but this was not always recorded in their care plans. There was a lack of provider oversight in care records to ensure quality was consistent.

People told us they felt safe because they had regular teams of staff supporting them, had not experienced any missed care visits and were happy with the care provided.

People were supported by a staff team who had received all relevant training and understood how to keep people safe and escalate any concerns.

People and their relatives felt able to raise any concerns with the provider and were satisfied that these were acted on immediately and resolved.

Staff were trained in how to work safely within COVID-19 restrictions. People told us they were reassured that staff always wore the correct safety equipment such as gloves, masks and aprons and washed their hands regularly.

People said that staff were caring, thoughtful and helpful if anything changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were regularly asked for their views about the care and were supported by staff to access other healthcare professionals when they needed this.

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 requires improvement (published 23 December 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made in some areas and the provider was no longer in breach of some regulations. However, not enough improvement had been made in other areas and the provider was still in breach of the associated regulation.

The service remains requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the responsive and well-led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Caemac Investments 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 will continue to monitor the service.

We have identified breaches in relation to the planning and recording of person-centred care and the registered managers oversight of some areas at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Caemac Investments 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

This inspection was carried out by two inspectors 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.

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

This inspection was announced. Inspection activity started on 25 March 2021 and ended on 07 April 2021. We visited the office location on 01 April 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch England and professionals who work with the service. Healthwatch England is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior staff, care workers and care co-ordinators.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. There was a potential risk that late visits could cause people harm and people were at risk of not receiving their medicines at the correct time. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- The registered manager had made improvements to the scheduling system and risk assessments to ensure people received timely, safe care. Risks had been considered and measures were in place to reduce them.
- People told us they felt safe and were happy with the care they received. This included care visit times and the management and administration of their medicines. One person told us, "I used to get a lot of different [staff] until about three or four months ago. Staff seem more trained and have specific roles, so they know what they are talking about. Now I get regular people during the week with a different [team of staff] at the weekend."
- People who required time critical care or who took medicine that was time sensitive, had been allocated a risk level rating with a contingency plan in place. This ensured any delays such as bad weather or staff shortages did not negatively impact on people's safety. All staff, including those who worked in the office, had the same training and spot checks as care staff in order for them to step in and help in emergencies.
- Staff had a good understanding of the system in place. One staff member explained, "I don't support anyone with time specific medicines except for one person, if running late we need to go to that client first and swap things around as the person with critical medicine needs must be attended to."
- Staff also had a good understanding of what to do in the event of any medicine errors. One staff member said, "If I made an error I would talk to the GP and phone 111 and put it in the logbook and if the person has capacity, explain to them what had happened."
- The registered manager had introduced an electronic system for recording care needs care visits and medicines management. This system meant any concerns could be identified within hours on the same day. This reduced the risk of any harm to people.

Staffing and recruitment

At our last inspection the provider had failed to assure themselves that staff members had the skills and

knowledge to support people effectively. There were also a number of care visits that were either early or late or where staff failed to stay for the duration of the allocated visit time. This was a breach of regulation 18 (Staffing) 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 18.

- The registered manager had implemented a rota system which ensured sufficient numbers of staff and continuity of care for people. New staff shadowed more experienced staff on care visits during their induction. Additional training had been planned to further improve staff knowledge and skills.
- Staff told us they had regular checks of their competency during supervision sessions and observations of their practice in the community. One staff member said, "We have supervision every three months. I have never missed it so far. It is useful, you can raise your concerns and express what you feel is not good or what you need support with. We do get a lot of training, we have [senior] staff talk to us about our understanding."
- People were happy that they had regular staff teams providing their care. One person said, "There are a group of carers who come to help me, so they are never strangers. Sometimes they are being shadowed by a trainee [staff member], but they are an add on [additional to the staff I need]."

At our last inspection the provider had failed to ensure that staff members had the required checks in place to support people safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 19.

- The registered manager had implemented recruitment policies to ensure safe recruitment processes.
- Staff checks had taken place prior to their employment to ensure they were suitable for the role. This included references and criminal record checks. One staff file we looked at had some gaps in the application form and references were not from the most recent employer. We discussed this with the registered manager who was able to show other references that had been obtained and a risk assessment in place for the gaps.

Systems and processes to safeguard people from the risk of abuse

- People were safe as they were being supported by a staff team who understood their needs and had got to know them well. Staff had received training in safeguarding and abuse awareness and had their knowledge in this area checked.
- Staff were able to demonstrate a good understanding of what concerns might look like and how to report these both within and outside of the organisation. They also knew how to escalate concerns.
- One staff member told us, "[Safeguarding] is there to protect the client against any harm...there are a number of laws that protect that person. We need to follow the care plan and if we see anything we can act. I should report it to the office straight away, if they are not answering I could call the police if it were sexual or physical abuse. Also contact the family and I could call the Care Quality Commission."

Preventing and controlling infection

- The provider's infection prevention and control policy was up to date and additional policies and protocols were in place to safely manage all risks related to COVID-19.
- People told us they felt safe from the risks of COVID-19. One person told us, "[COVID-19] systems have

always been in place and [staff] wear aprons, gloves, and masks the whole time and then take them off and dispose of them outside my house. Sometimes they even change their gloves several times and they use the hand wash I provide."

- Staff felt they had received good training and support from the provider during the COVID-19 pandemic. One staff member said, "There is very good support, [managers] are always speaking to me about wearing my PPE and visor etc. We have plenty of access to PPE and good support throughout the pandemic."

Learning lessons when things go wrong

- There were systems in place to learn lessons when things went wrong, and staff confirmed these were shared with them. Staff said they were able to discuss lessons learnt during team meetings and supervision.
- The registered manager had systems in place to monitor incidents and record actions taken and outcomes. This also helped to identify trends and patterns of incidents so that action could be taken to minimise the risk of reoccurrence.

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. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff members had the appropriate skills and experience to support people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made in this area and the provider was no longer in breach of regulation 17 for this reason. However, as detailed in the well-led section of this report, the provider remains in breach of regulation 17.

- The registered manager had implemented a new training programme and ensured staff had access to a variety of face to face and distance learning tools. Staff told us they had a good induction which included the opportunity to shadow more experienced members of staff, read policies and care plans and have checks on their practice and understanding.
- People told us they felt there had been an improvement in the skills of staff members. One person said, "Staff are kind, helpful, well trained and some work very intuitively. I have had carers shadowing when they are training, so then there are three staff on the [care visit]."
- Staff were happy with the training and support offered. Staff told us the registered manager provided regular time for supervision sessions and put an action plan in place for any development needs. One staff member told us, "[Managers] provide good training. We have just had some the other day on note writing and I am due to go on a refresher for moving and handling."

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

- People told us staff asked them about their support needs prior to starting to deliver care. This information was then used to create people's care plans and assess any risks. One professional said, "[Caemac] have usually been very prompt with their input for care and we have not received any bad feedback [from people] or their families about care issues. [Caemac] are usually good to respond to care input and discuss in depth [with us] regarding care and fees with [people]."
- The registered manager had implemented a variety of policies and procedures to ensure that people's rights were upheld when making care decisions.

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

- People told us that staff supported them to eat and drink a varied diet. One person said, "[Staff] do

prepare meals for me most days, but they are frozen. We do discuss what I feel like eating that day before they cook it."

- People's care plans stated when staff were required to leave them with access to drinks and snacks. However, favourite foods and drinks were not always recorded in the care plan.
- Staff knew to refer people to their GP or other health professionals if there were concerns with people's nutritional intake or swallowing abilities. Records of people's nutritional intake was included within daily notes.

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

- People told us they were happy with the way staff supported them to access other health professionals when required. One person told us, "One of [the staff members] organised a referral to the GP. The [Staff member] asked me about allergies and that kind of thing. They were really helpful. I have now been referred to a dermatologist."
- Another person told us about how the staff referred them to the district nursing team when they had identified a deterioration of their skin.
- A relative gave an example of when an ambulance was called for their family member. They told us, "I was so grateful that the staff were here this morning when [my family member] had [an emergency] as I kind of went to pieces. The [staff member] stayed calm and phoned for an ambulance and when the paramedic started asking a lot of questions, they referred to [the app] on their phones for the answers."
- Healthcare professionals gave positive feedback about staff communicating any concerns with them. One professional told us, "The care staff have a good relationship and know the needs of the [person]. They liaise with their manager regularly and escalate any concerns. This is a very complex case and the [staff] provide feedback to me or the other specialists involved on a regular basis. They have raised several safeguarding concerns in relation to this case and keep me up to date by communicating regularly."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People who required a deprivation of their liberty for their own safety and well-being had been supported to have their mental capacity assessed and restrictions had been assessed to be in their best interest. The registered manager had liaised with people's families and relevant professionals.
- Staff had received training and awareness about mental capacity and had a basic understanding of the process. One staff member told us, "When a person has lost capacity to make decisions for themselves then family and doctors and professionals all get together to decide what is the best treatment for that person."

- Staff understood about how to seek consent for day to day decisions. They recorded this in daily notes and understood to check people's care plans for guidance as well as how to escalate concerns about decision making.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our last inspection people gave mixed views about how staff treated them, and people were not always involved in reviews of their care.
- At this inspection, people and relatives gave positive feedback about the care staff were providing them. One person told us, "[Staff] speak with you and they are obviously very caring and enjoy their job".
- Staff spoke about people with respect and understood how to take a flexible approach to care to meet people's changing needs on the day. Staff told us they had been able to get to know people's likes and dislikes by having the opportunity to build a relationship with people.

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

- People told us they could tell staff what care they wanted on the day and staff accommodated them. One person said, "When I am getting dressed with support [staff] let me choose my clothes or sometimes make suggestions."
- People and relatives' views about involvement in care planning were mixed and some could not remember having had a review following an initial assessment. However, people had not always been supported by the service long enough to have had a further review of their care.
- Staff accessed electronic care records via their hand-held device, which were up to date. Some people told us their paper care plans had been removed to be updated and not returned. We asked the registered manager about this who confirmed that all care plans had been returned to people's homes.
- People who had been involved in a review were happy with the outcome. One person told us, "My care plan is reviewed regularly, and I have filled out a questionnaire."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their independence and provided care in a way that enables people to be involved and have control.
- People were happy with the staff and being able to get to know them so that they could build trust and understanding. One person said, "[Staff] often ask if there is anything else that they can do for me. They are getting to know me better now and realise I do like to be independent."

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 requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection, there was not enough information about people's personalised care needs in care plans and people were not receiving care from a consistent staff team. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Despite areas for improvement in care planning, staff had ensured that person-centred care was being delivered by finding out from people what they wanted and sharing this information amongst themselves.
- People's care records did not consistently record their preferences, likes and dislikes and the provider still had work to do in regard to ensuring consistency of records. However, people told us staff were delivering person centred care and they were very happy with the care being delivered.
- Staff took time to get to know people and build a relationship of trust and respect which enabled staff to provide care in line with people's wishes and learn approaches people preferred them to use. Staff shared this information amongst themselves to ensure continuity of care amongst the staff team.
- Although inconsistent, there were some aspects of people's care plans which did have enough information regarding people's life histories and preferences, religious and cultural and communication needs.
- Daily notes written by staff were detailed and person centred. One staff member had recently led a training session on person centred note writing for other team members. Staff told us this had been very useful.

End of life care and support

At our last inspection we recommended the service discuss end of life plans with people and record these if this was people's wish to do so. The provider had not made improvements.

- The service was supporting people receiving end of life care, but their wishes had not been recorded.
- People did not have end of life care plans in place or records of when the staff team had approached the subject of end of life wishes with people.
- The lack of end of life care planning had resulted in the needs of a person receiving end of life care not being recognised. One relative told us, "[My family members'] needs are changing regularly and there are

some things I have to do for them as the timings of the carer calls don't always coincide with what [my family member's] needs are." The relative explained they had asked for a change of care visit time, but this was reported as not being possible.

This was a continued recommendation to ensure the provider discusses end of life wishes with people and these are recorded in people's care plans. We further recommend that people who are in receipt of end of life care have specific end of life care plans detailing the level of support required.

- Despite a lack of care planning for end of life wishes, staff understood the sensitivities required to support people and their relatives at this period in their life.

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 we recommended that the service consult people who use different communication needs and accommodate these in line with current best practice. The provider had made improvements.

- People had a section of their care plan dedicated to their communication needs. People being supported at the time of this inspection were able to communicate verbally. However, for some people there was guidance for staff to speak softly or calmly.
- Staff understood the need to adjust communication styles, aids or language to meet any changes to people's communication needs in the future.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the service record and monitor complaints more effectively to capture trends and drive service improvement. The provider had made improvements.

- People and relatives told us they were happy with how any complaints were managed and how these were resolved quickly and to their satisfaction. One person said, "There was one carer who used to treat me like an object and didn't try to make conversation. They just sat and used their personal phone and didn't attempt to do anything else or ask if I was ok. I did complain and [the management] took immediate action to remove them."
- The registered manager demonstrated how they recorded all complaints and compliments and used these to help identify trends and patterns, with a view to make improvements.
- Records of all complaints showed the steps taken to address the complaint, the outcome and other actions taken.

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.

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

At our last inspection the provider did not have effective systems in place to monitor the quality of the service and put actions in place to drive improvements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

- Although the registered manager had implemented systems for monitoring quality, they had failed to identify the concerns found during this inspection.
- At the last inspection, we recommended the registered manager reviewed, and recorded people's end of life wishes. We found at this inspection; this had not been done. This showed a requirement for improvements to be made about how the registered manager used feedback to continually learn and improve quality of care.
- While the registered manager had developed an improvement plan with aims and objectives detailing how they intended to improve in the coming 12 months, person centred care planning and end of life planning and recording of people's wishes had not been included.

We found no evidence that people had been harmed. However, the provider did not have effective systems in place to monitor the quality of the service and did not always use feedback to drive improvements. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had made improvements in other areas of the service such as safe care, complaints, staff training, support and monitoring, care visit scheduling and recording of daily notes.
- Staff knowledge of the responsibilities of their roles had improved since our last inspection, this included the registered manager. All staff had an increased understanding of the shared visions for improving care and how to escalate concerns.

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, the provider had not been informing the CQC of notifiable events which they are required to do by law. This was a breach of regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

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

- The provider had ensured all reportable events had been notified to the relevant authorities since our last inspection. The CQC rating was displayed on their website and they understood their duty of candour responsibilities.

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

- The registered manager did not always ensure people's wishes were fully considered when planning person centred care. One person told us, "I have never been asked if I am ok with male carers, but they all seem professional." A relative said, "My [family member] would really prefer two female carers instead of the one male and one female carer they have currently."

- There was also limited guidance for staff on how to support people in specific ways should they become anxious and present with behaviour that may be challenging. While the need was identified, the guidance simply asked for staff to offer reassurance with no guidance on the approaches or form this reassurance should take.

- People, relatives and staff were asked their views about the care regularly and this information was analysed for themes. The registered manager put action plans in place to address any negative feedback.

- People told us they were happy to speak to staff and the registered manager and were satisfied when they had given feedback, it had been acted upon. One person said, "[Staff] come three times a day and they have never missed a call. It's not always the same staff, but a regular group. Management is good, the manager has offered to come if there is a problem with staff."

- Staff felt supported and were happy working at the service. One staff member told us, "I feel supported by the managers, I just feel like I can call them, and they will always answer, and I feel really supported by them."

- Feedback about how the registered manager and staff had worked with professionals was positive. Professionals told us the communication was good and the registered manager took a responsive approach to supporting people with complex care needs. One professional said, "During [the COVID-19 pandemic], [the service] have been responsive in providing weekly data and we have not had any [concerns] raised for some time."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to improve quality were not effective in identifying areas for improvement in person-centred-care planning and had not been included in the business development plan.</p> <p>Regulation 17 (1) (2)(a)</p>