Capital Homecare (UK) 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:
Capital Homecare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 356 people were receiving personal care.

People's experience of using this service:
The quality assurance system was not robust, as the provider had not always identified some of the issues we found at this inspection or acted upon them in a timely manner in relation to medicines management and developing comprehensive care plans.

We have made two recommendations about the management of some medicines and care plans.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. The service had systems and processes in place to administer and record medicines use. Some specific medicines with additional administration requirements were not captured in care plans and risk assessments. People's care plans reflected their current needs; however some care plans were not detailed with sufficient guidance for staff. People were supported by effectively deployed staff and their visits were monitored. The provider carried out comprehensive background checks of staff before they started work. people were protected from the risk of infection. The provider had a system to manage accidents and incidents.

Staff received support through training, supervision and appraisal to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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.

An assessment of people's needs had been completed to ensure these could be met by staff. The management team and staff worked with other external professionals to ensure people were supported to maintain good health. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

There was a management structure at the service and staff were aware of the roles of the management team. They told us the management team members were supportive and approachable. The management team members and staff worked as a team and in partnership with a range of professionals and acted on their advice.

Rating at last inspection and update
The last rating for this service was good (published 08 March 2018).

Why we inspected
We received concerns in relation to the leadership and management of the service. As a result, we undertook an inspection to review the key questions of safe, effective, caring, responsive and well-led.

Enforcement
We have identified a breach in relation to effective quality assurance systems and processes 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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
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**

Capital Homecare (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
This inspection was completed by three adult social care inspectors, an inspection manager, a medicines Inspector and two Experts by Experience. The Experts by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. 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 unannounced.

Inspection activity started on 09 August 2021 and ended on 18 August 2021. We visited the office location on 09 and 10 August 2021.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 sought feedback from commissioners and local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with 10 people and nine relatives of people who used the service about their experience of the care provided. We spoke with 16 members of care staff, two office-based staff, a medicines lead, the manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 14 people's care records and 12 medication records. We looked at 11 staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at electronic call monitoring records, incidents and accidents records, complaints and safeguarding records. Quality assurance records, including policies and procedures were reviewed.

Good

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 good. At this inspection this key question has now deteriorated 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.

Using medicines safely

● Medicine Administration Records (MAR) were updated every month with information from a person's GP. Risk assessments and care plans were reviewed regularly. There was a system in place to capture changes to medicines quickly. Any manual changes were second checked by the medicines lead. However, there was no recording of the reason for administration of 'when required' (PRN) medicines on the MAR charts where a carer was directly involved in this.

● Some people receiving medicines with additional administration requirements had not been identified to the service by the supplying pharmacies. Care plans and risk assessments did not reflect the additional administration requirements of these medicines. We raised this on the day of the inspection as an area for improvement and the provider took steps to ensure these medicines were captured and administered in the correct way.

We recommend the provider keeps a record of the reason for administration of a PRN medicine on each occurrence where a member of staff has supported with its use. The provider should ensure that medicines with additional administration instructions are provided in the recommended way.

● People were supported to receive their medicines as prescribed. One person told us, "The carers help with the tablets and provide the water without problems." Another person said, "There has been no problems with the carers giving the tablets." There was a single point of contact medicines lead for the service who supported carers and supervisors with any medicines concerns.

● People's medicines support needs were assessed when entering the service. Their support around medicines was assigned a level from one to four. The different levels directed carers on how to support a person from prompts and reminders to take medicines, through to specialist medicines administration. The needs of the people supported with their medicines were continuously assessed to ensure that staff were meeting any changing needs.

● Staff understood their role in supporting the use of medicines. This was reinforced by regular e-learning as well as spot checks conducted by senior staff at least every four months.

Assessing risk, safety monitoring and management

● People were kept safe from avoidable harm. One person said, "Oh gosh, yes, I feel safe. I am very happy with the service." Another person told us, "I feel completely safe. The pandemic worried me, but the staff were so good with sanitising and hand washing that I felt entirely safe." A relative commented, "My relative has two trained carers at a time, when they use hoist which makes my [relative] feel safe."

● Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely

met.
● Care plans contained detailed assessments of risks to people's health and well-being. Assessments included identified levels of risk for people in areas such as moving and handling, mobility, nutrition and hydration, catheter care, falls, and home environment amongst others. This provided staff with up to date information about how people's identified risks should be managed to help keep them safe. For example, supporting people to manage their physical health conditions and or with the use of equipment such as hoists and walking aids to ensure safe transfers and mobility.
● Staff told us these records provided them with the relevant information they needed to understand people's needs. A member of staff told us, "Everything is written in the care plan for staff to know exactly how to support people and keep them safe."

Systems and processes to safeguard people from the risk of abuse
● People and their relatives told us people were safe and that staff treated people well. One person told us, "I am extremely happy. My main carer has been with me for 15 years and carer knows my medical conditions. As my condition has changed over the years, the carer has been trained and developed further to stay informed about my needs. I feel safe and totally secure with my carer." A relative said, "Yes we feel that the care received is entirely safe as the staff are knowledgeable and seem well trained. They [staff] make my relative happy and is comfortable with them."
● The provider had policy and procedures in place to protect people from the risk of abuse. Staff had completed safeguarding training and understood the different types of abuse and the signs to look out for. They were clear about their responsibilities to report any concerns to their line manager. A member of staff told us, "I will always let the office know. Yes, the care coordinator and the line manager will immediately deal with any concerns.
● The provider kept records of safeguarding alerts, monitored their progress and shared learning with …...
● We saw that where safeguarding concerns had been raised the provider worked effectively with local authorities and health and social care professionals, to address concerns and they notified the CQC of these as they were required to do.

Staffing and recruitment
● People were supported by effectively deployed staff. Staff had enough time to travel between calls and stayed the full time with people. One person told us, "They [staff] come three times a day and always turn up and are on time. It is all going fine, they are excellent. I know my team well and it is only occasional that I have new staff who cover for holidays." A relative said, "The staff arrive on time and usually stay for their amount of time and have not missed any."
● Staff told us they felt there were enough staff to meet people's needs safely and appropriately. A member of staff said, "Yes, there are enough staff to cover annual leave and sickness. I will call the office to arrange a cover, if I want a day off and, in an emergency, they [office] will be able to cover."
● Robust recruitment procedures were in place. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Baring Service (DBS) checks, health declarations and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

Preventing and controlling infection
● People were protected from the risk of infection. During our inspection we observed there were good supplies of Personal Protective Equipment (PPE) within the office for staff use.
● We observed office staff compliance with PPE within the office environment and PPE usage was also monitored by senior staff through spot checks of staff working in the field.
● Staff understood the importance of effective hand washing and we were told they wore the appropriate

PPE, including aprons, masks, and gloves. They disposed of waste appropriately, to protect people and themselves from the risk of infection. One relative said, "Staff wear gloves, mask and aprons which they throw away after. They wash their hands, on arrival." Another relative told us, "They [staff] always wash their hands and wear PPE which they have done since before the pandemic."

● The provider had good infection prevention and control procedures in place and staff had completed training in this area.

Learning lessons when things go wrong

● There were systems and processes in place to manage and follow up on accidents and incidents.

● Staff knew how to report accidents, incidents and concerns and records showed they had taken appropriate actions in response when required.

Good

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, cultural requirements, physical and mental health; mobility and nutrition.
- One relative told us, "They [staff] did a very full assessment. They consider my relative's choices." Another relative said, "There was a full assessment which is regularly reviewed."
- Where appropriate, relatives were involved in this assessment and the information was used as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One relative told us, " My relative has care throughout the day from 8am to 6pm. They [staff] are specially trained and show great skill in how they manage my relative's behaviours. Their care provides me with peace of mind and allows me to lead a normal life and go to work." Another relative said, "I feel my relative is safe with the carers and that they are well trained including in dementia."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work. A member of staff told us, "Yes, I had an induction when I started. It was very good. Three days in the office to read the care plans, policies and procedures and the supervisor explains what to do, and then shadowing someone more experienced."
- Staff completed training required to do their jobs, staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety, moving and handling, administration of medicines, infection control and safeguarding adults. A member of staff told us, "I have received medication, safeguarding, health and safety, food hygiene, dementia, infection control, fire safety, mental capacity act, and diabetes training. Every four months some refresher training is done."
- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision and appraisal. Staff told us they felt supported and could approach their line manager at any time.

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

- Most people catered for themselves or had family to prepare their meals. When people required this support, staff ensured them they ate and drank enough to meet their needs.
- A relative told us, "They [staff] prepare food and drink without any problems such as a ready meal or fried eggs."
- People's care plans included a section on their diet and nutritional needs. Staff told us people made

choices about what food they wanted to eat, and their preferences were met. A member of staff told us, "I check the care plans and the food. All are recorded in the care plan and in the life history. I also ask people and their family also let us know."

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

● The service worked with other external professionals to ensure people were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.

● Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. A member of staff told us, "People are supported to see their GP, physio, occupational therapist, speech and language therapist if needed."

● Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP. A member of staff said, "Everything is written in the care package and if there is anything unusual, I will contact the office or call the GP. There are also instruction in the care plan how to support the person."

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.

● People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.

● One person told us, "Staff always seek consent before they do anything and are very respectful." Another person said, "If anything needs doing, they [staff] will ask first."

● Staff had received MCA training and understood people's rights under this legislation. The manager and staff understood their responsibilities under the MCA. A member of staff told us, "I ask them [people] first and make sure that they are happy to wash and dress or what they want for breakfast or what they want to wear for the day." Another member of staff said, "Yes, I always ask people for their consent before I do anything. It makes people comfortable and in control."

Good

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 good. At this inspection this key question has remained the same. 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

- Staff treated people with kindness and respect. People and their relatives told us they were happy with the service and staff.
- One person told us, "I am very happy with the carers; they are kind and caring." A relative said, I have seen that they [staff] treat my relative with kindness and respect."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their disability, race, religion, sexual orientation or gender. A member of staff told us, "Everybody is treated the same. You have to respect people regardless of colour, religion or spiritual needs. It is all written in the care plan if they have special needs, to make sure they are treated individually to meet their needs."

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care.
- A person told us, "There is a care plan at home that is reviewed annually." A relative said, "There is a care plan at home that is reviewed by social services, Capital homecare and me."
- Staff involved people in making decisions about their care. A member of staff said, "You look at the care plan and ask people, what they prefer to do, so you do not push them beyond their needs or limits." Another member of staff told us, "I ask the person for example for breakfast, what they would like to eat. I let them decide."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. A relative commented, "They [staff] have so much respect for privacy and dignity and always show kindness and compassion." A member of staff said, "I talk to people. I make sure that I cover them with towel when washing and dressing, I close the door and window and draw the curtain to protect their dignity and privacy."
- People were supported to be as independent in their care as possible. One person said, "The carer does the food preparation and I do the cooking which helps with my independence." A relative said, "The carers encourage my relative to do exercise which helps with independence."
- Staff told us they would encourage people to complete tasks for themselves as much as they were able to.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

● Most of the staff had been working for many years and had background knowledge of support people needed and this was useful to them when delivering care. However, some care plans lacked details about care tasks and sufficient staff guidance. For example, one person's care plan noted, "Give [name] a strip wash in bed and assist with drying, assist with oral hygiene and brushing hair." Another person's care plan recorded, "Assist [name] to wash body and hair."

We recommend the provider giving sufficient care tasks details and guidance for staff in the care plan, alongside peoples choices and preferences and take action to update their practice accordingly.

● Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.

● A relative told us, "There is a care plan in place, which was discussed in full with us. Despite my [relative's] agitation and difficult behaviours they [staff] are very calming and will do jigsaws and other activities with my [relative]. It is challenging for them, but they display great skill."

● Care plans included the level of support people needed from staff and what they could manage to do for themselves. One person told us, "They [office staff] do three monthly reviews due to many changes and variations in my conditions, they always keep my care plan up to date. They always seek consent and involve me in every decision. This makes me feel safe and in control hence giving me a feeling of self-worth and independence."

● Staff told us, before they went to people's homes, they looked at their care plans to know how to support them. A member of staff told us, "Before I start with any person, I read the care plan first, my supervisor will explain the care plan and will talk to the family as well." Another member of staff said, "Before I started, I had to be trained to make sure what people's care needs are. I know the routine of people and I always make sure they take their time, when delivering care."

● Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

● People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
● Staff understood the importance of effective communication when supporting people and the service had staff who spoke different languages.
● The service could produce information in a different language when asked for that met people's needs, for example, for people who did not speak or read English.

Improving care quality in response to complaints or concerns
● People told us they knew how to make a complaint and would do so if necessary. A relative told us, "I did raise my concerns regarding lateness. They listened, took action and it now appears to have been resolved." Another relative said, "If I had a complaint, I would speak to the office. I am confident they would sort it out."
● The provider had a policy and procedure for managing complaints and this was accessible to people and their relatives. Complaints were managed in line with the provider's policy.
● The provider maintained a complaints log which showed when concerns had been raised the registered manager had investigated them and responded to any complaints in a timely manner. Where necessary they held meetings with the complainant to resolve their concerns.

End of life care and support
● The provider had a policy and procedure to provide end-of-life support to people.
● The manager and staff were aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
●The service had prepared end life care plans for people who needed end of life support. The palliative care team and the relatives were involved, to ensure people's preferences and wishes as well as their full range of care needs were met.

Requires Improvement

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 good. At this inspection this key question has now deteriorated 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.

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

- The provider had not identified issues we had found at this inspection and acted upon them in a timely manner. For example, in relation to management of the medicines and developing detailed care plans with sufficient guidance for staff to deliver safe care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives commented positively about care staff and the management team. One person told us, " I know the manager and everything about this company is excellent." Another person said, "I'm so lucky. My carer is so valuable, and they really help me feel secure. The manager has been brilliant, and I would happily recommend them. Manager [name] is my ray of sunshine, I would be lost without my carer and Capital, I can't thank them enough." A relative commented, "I think the service is well managed; they are helpful if there are any problems, we get on well and speak."
- Staff described the leadership at the service as approachable and supportive. One member of staff told us, "They are good and supportive. We ask for help and they will always provide help. They are good at giving us clients near our area, they always listen." Another member of staff said, "The culture of the organisation is supportive and caring to staff and service users." A third member of staff commented, "We are encouraged to work as a team so if there are emergencies, we support each other, to make sure that no service user is left unsupported."
- Audits and checks were in place to help support management oversight of the service and to ensure safe service delivery. For example, the service conducted monthly auditing of all medicine administration records. Spot checks were also conducted to identify areas for improvement. Any missed or omitted doses were checked to ensure there was a suitable explanation for this recorded. Any concerns or issues could be raised by the carer whilst on site with the team back in the main office and support could either be given remotely or in person by the supervisor.
- The provider ensured people's information and their records were maintained safely.
- External audits and internal quality assurance checks were carried out in areas such as, care plans and records, staff training and recruitment, complaints and safeguarding, staff deployment and call monitoring,

telephone monitoring and spot checks, accident and incidents amongst others.

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

● There was a clear management structure at the service. Staff were aware of the roles of the management team.

● The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.

● There was an electronic system in place to monitor calls, to ensure people received the care they needed at appropriate times.

● The service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC and the legal requirement to display their CQC rating.

● The registered manager understood the importance of quality monitoring and for continuous learning and improvements within the service.

● There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

● The provider told us, they have taken a management decision, to change the leadership at the service, in this regard, they have initiated a process to make an application to CQC for a new registered manager and nominated individual.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The provider sought people's views using satisfaction surveys. We found the responses were positive.

● Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day to day management of the service, actions to address complaints, coordination with health care professionals and any changes or developments within the service.

Working in partnership with others

● The provider had worked in partnership with a range of professionals as and when required. For example, they worked with commissioners, GPs, occupational therapists, and district nursing.

● The registered manager remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to operate effective systems and processes to assess, monitor and improve the quality and safety of the service.