

Axe Valley Home Care Limited

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Inspection report

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14 January 2020

15 January 2020

21 January 2020

22 January 2020

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Axe Valley Home Care Limited ("Axe Valley") was providing personal care to 110 people in their own homes aged 65 and over at the time of the 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 had not always been protected when raising concerns about poor practice. The provider/registered manager had not then ensured national and local policy and procedures were followed. The local authority and CQC had not been informed of allegations that had been made which meant external scrutiny and support had not been possible.

Other than the issue above, people and relatives were largely happy and satisfied with the service provided by Axe Valley. There were some comments about improved communication with the office being desirable, but systems were already being reviewed and new efforts planned to improve this.

People told us the staff who came to their home were respectful, considerate and compassionate. Staff acted to support people to be in control of their care and stay in their homes if that was their desired goal. In life and at end of life people were enabled to live their life within their community. Extra effort was made to ensure people were safe and protected from risks as much as possible. Needs in respect of people's medicines, food and fluid were all safely and effectively met.

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.

The service was active in supporting people to be less isolated in their community and to enable people living with dementia to live as full a life as possible.

Staff listened to people's concerns and fed their views to the office staff to ensure these could be addressed. There was regular contact with staff, people and relatives to encourage open and honest communication.

Rating at last inspection

The last rating for this service was Good (published 24 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Axe Valley Home Care Limited on our website at www.cqc.org.uk.

We have identified a breach in relation to how the service safeguarded people at this inspection. This means the rating for this service has changed to Requires improvement.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Axe Valley Home Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector, one assistant inspector and two Expert-by-experience team members. 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 homes. The inspection activity started on the 14 January 2020 and ended on 22 January 2020. We visited the office location on 14 and 15 January 2020.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR) prior to the 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 gave time for the provider to complete the PIR which had been requested the week before the inspection. 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 over the telephone with 15 people who used the service and four relatives about their experience of the care provided. When visiting the office, we spoke with staff with key roles for planning the service delivery and training and supervision of staff. We also including the provider, registered manager, and head of care.

We reviewed a range of records. This included eight people's care records and their medicine records where applicable. We looked at three 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 received written feedback from one staff, two relatives of people who use the service and two health and social care professionals.

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 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.

Systems and processes to safeguard people from the risk of abuse

- They systems and process to safeguard people from abuse were not working effectively.
- The provider had a policy to safeguard vulnerable adults. However, this was not being followed once an allegation had been received.
- People who had made complaints about the actions of some staff had been put at further risk of potential harm by being requested to keep that member of staff working with them despite a risk being alleged.
- The service had not referred allegations to the local authority and us as required. This had meant allegations had not been investigated. This situation has now been rectified.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- People had risk assessments in place to support staff to keep them safe at home. This included falls, when being supported to move by staff, looking after people's skin and any risk of malnutrition.
- Risk assessments were in place for the environment to help staff keep people and themselves safe.
- Risks were updated annually or earlier if required.
- People said they were supported to remain independent in the decision making around the risks they faced.
- People said they were supported by a known staff team on the whole. This could be changed due to staff sickness however, people were always contacted and informed.
- Visits were rarely missed and there were systems in place to review this.
- A person said, "They have never not turned up. They always knock and call out to me when they come in. Sometimes they are a little late, but they ring and tell me. If someone is new they will introduce them to me and show them what to do."
- A relative said, "I felt we were extremely lucky, we had the same carer Monday to Friday to deal with my relative's personal care. She came at the same time every morning and was always happy and smiling. At weekends we would have different carers, but usually only about four and we got to know them. If there was a change of carer, the office would always contact me to let me know."
- A social care professional said, "They have managed some very difficult and risky situations effectively and with positive outcomes for the service users involved."

Staffing and recruitment

- Staff were recruited safely with all checks in place before they started, to ensure their background and history had been reviewed.
- Sufficient staff were employed to support the current care services required. A relative said, "I would think there are enough staff, we have never had a problem with them and they always turn up; they are marvellous with him."
- Staff were allocated to people based on specific skills and interests. A senior member of staff introduced people to their key workers as part of the work shadowing process. This was to address any concerns that people had when meeting their key worker for the first time.
- Staff worked a probationary period once employed so that their ongoing training and suitability could be monitored.

Using medicines safely

- People had their medicines administered by staff, that did so safely. People and relatives knew about the electronic (eMar) system used by the service and had no concerns about how staff recorded their medicines. A person told us, "They do help me with meds and its written up on the phones they use."
- Staff received regular training but were not currently having their ongoing competency monitored. The provider carried out spot checks of practice that stated staff were checked if they were compliant with the company's medicine policy. When we reviewed the policy, this was not robust enough to ensure it met current guidance. A new policy was drafted, and a more thorough medicine competency check planned to be brought in.
- People and relatives were all happy with how medicines were managed. A Relative said, "I would usually look after this, but on the odd times I was away I was happy that the carer would know where the medication was kept and would be able to give him the correct medication."

Preventing and controlling infection

- People and relatives expressed satisfaction with how staff ensured they were protected from infection.
- A person said, "If they help me with meals they always wash their hands first and wear gloves and aprons" and others confirmed staff always wore gloves and aprons during personal care.
- Staff received regular training and adherence was checked against the provider's policy. We reviewed the policy and again, this was not robust enough to ensure it was compliant with current guidance. This has been reviewed and shared with staff to ensure ongoing compliance and good practice.

Learning lessons when things go wrong

- Systems were in place to review accidents and adverse events. This included people's regular falling rate. All falls were reviewed, regardless of whether staff were present or not. Extra services were then put in place to support that person to have a review from their GP and/or the falls clinic.

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 improved to Good.

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 were carefully assessed before starting to receive a service. The registered manager had systems in place to ensure they had the staff available at the right time, in the right numbers and with the skills before agreeing to take on a package of care.
- People's needs were assessed annually or sooner to ensure their needs were being met.
- The provider was keen to support people to stay in the community if this was their choice, and they supported people to access other services and support to enable this. A provider of call bells to people in their homes stated, "The staff are always responsive to concerns we may have and go above and beyond to find staff to visit out of contracted visit times if needed."
- A social care provider said, "They work together to achieve a good outcome for the individual whilst ensuring their wishes and feelings are respected and listened to."
- The senior staff and key people in the office met every day to address any issues that had been brought up from the out of hours on call and any needs reported by staff to ensure these were addressed. Action on these points were reviewed in the afternoon to make sure any concerns were responded to quickly.

Staff support: induction, training, skills and experience

- At the last inspection all staff had not received updated training and supervision. We found this had improved on this inspection. Staff had regular supervision input to ensure they were supported in their role.
- People and relatives told us they were happy with the skill the staff portrayed. One person said, "They all seem well trained as far as I can tell" and another, "They seem to know what they have to do and are well trained". A relative commented, "They all seem well trained and competent with him."
- Staff were trained to a good level with extra training provided to meet specific needs. For example, they had training in respect of stoma care in 2019. Systems were in place to track the training of staff. The senior management team had recognised this could be improved and they were introducing a new tracker that should make this easier.
- New staff attended a thorough induction training course with those new to care also completing the Care Certificate.

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

- Where staff provided people with food and drinks, people's needs were met.
- Staff identified if there were concerns and shared these with the office so support could be put in place.
- People said they had choice and planned what they wanted to eat and drink with staff.

- A person told us that staff would notice if they were not eating enough and make sure they spoke about this. They added, "and then they will ring up and check whether I want to see a doctor. If I'm not hungry, they follow this up – like Mum on your case, but all for the right reasons."
- As part of reflecting on practice, the service introduced "Recipe of the Week" to provide opportunities for a varied and healthy diet to be offered to people as opposed to dependency on ready meals and sandwiches. This provided a portfolio of recipes for staff to use.
- Staff were trained on the IDDSI classification system. That is, The International Dysphagia Diet Standardisation Initiative which is a global standard with terminology and definitions to describe texture modified foods and thickened liquids used for people with dysphagia of all ages, in all care settings, and for all cultures.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records detailed that the service had regular contact with the district nursing team, GPs, hospice staff, the falls clinic, speech and language team, dieticians and other professionals as need.
- The professionals we received feedback from told us, "I have worked with senior staff to ensure the safety and well-being of several vulnerable service users within their own home, sometimes with other professionals disagreeing that they should still be living within their own home environment" and, "Axe Valley Care have always been open and clear and helpful. They know their client base very well and this makes our job a lot easier."
- The service also linked with services to ensure people's pets were taken care of if needed.

Adapting service, design, decoration to meet people's needs

- Axe Valley have supported people to have visits from the fire service and other agencies to increase their safety in their home. This has included fire alarms but also checks as the person smoked and they wanted to be ensured they were as safe as possible.
- The service also worked with other agencies to ensure people had the right equipment available to them which would enable their mobility and comfort.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives all confirmed that staff would identify if they were unwell. One person said, "They are exceptional. They understand if I'm losing breath; they get me to sit down, take it easy, wait for breath to get back to normal. They will then want to know if I need an ambulance. The staff member will then phone the office who then phone me back and check that I'm O.K." Another person said, "If I felt unwell I feel confident that they would know what to do for me, they are all helpful."
- A relative said, "If the carer found a problem, sore skin etc. I would be notified, and they noted it on his care plan and the office would usually ring me to ask if I had contacted his GP."
- People's health needs were known to staff with guidance available to read on their phones. All staff were encouraged to phone the office for guidance and support.

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.

- No one receiving personal care was having their liberty deprived and the registered manager and head of care were aware of their responsibility to ensure they did not limit people's freedoms without authorisation.
- People had their capacity to consent assessed and the staff actively upheld people's rights to make choices that others may not feel were wise.
- People were supported to control and consent to their care. When this was no longer possible, relatives with power of attorney worked in partnership with staff to ensure people's care was as they would have preferred.
- A relative said, "They always ask for his consent" and, people confirmed they were always asked and supported to make choices. One person said, "They ask my consent before they do anything, they don't just assume. One day I felt just too tired to wash so they respected my wish and just gave my face and hands a wash and let me be."

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

- People and relatives were positive about the staff and how caring they were.
- One person said, "The staff all treat my home with respect and will take off shoes if it's pouring out and one even brings her slippers with her! If I ring the office, they are all very kind and speak to me very politely" and another, "They are lovely to me in my home and respectful of my carpets and will take off shoes if needs be. They will always spend a little time just chatting to me if they have a spare five minutes and that means a lot to me".
- A relative said, "All of them are caring and kind and we cannot fault them to be honest."
- The registered manager and provider had policy and training in place to support people to be respected. The Equality Act was adhered to.
- A social care professional said, "The carers I have met whilst undertaking reviews have all been very helpful and appear to have a good relationship with the service users." Another professional said, "I can only report positive interactions with carers in relation to the care of our Service Users."

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

- People and relatives all knew about the electronic care planning system and felt consulted about their care. A person said, "They make me feel special by showing an interest in me."
- Peoples care records and staff recording showed that staff respected people's right to be in control of their care. Where people lacked capacity, staff spoke with relatives to ensure they were meeting people's care needs as close to what people would choose for themselves.
- A relative said, "The staff were always kind and friendly, would talk to him and ask him questions about what he had been doing. The main carer got to know my relative quite well and would chat about family and other aspects of their past life."

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with said that staff always promoted their privacy and dignity. Everyone felt staff were respectful they were in someone else's home.
- One person commented that staff supported her to make choices adding, "Oh yes, very much. I couldn't manage without girls now." Another said, "They help me to be independent and will let me choose what I wear, for example."

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People knew about their care plans and had regular reviews to ensure they were happy with the care they were being given. Everyone was aware that their care plan was held electronically.
- Some commented they did not have a copy available to them at home which we have fed back to the service, so this could be followed up. In this way, they could establish if people wanted a copy of their care plan. One person said, "I know about my care plan but don't think I have it here, they seem to put it all on their mobile phones. I would be confident that the office would sort out any problems if I had any. I have Alzheimer's the staff encourage me to do my exercises that I was given at the memory café."
- Relatives and some people had access to their care plan electronically. With people's consent, a family member could access people's care diary remotely. This could be done from the person's home or even from overseas. This enabled family who lived away to be in constant contact about their relative's care and communicate with the office. A relative said, "I helped with his care plan when it all started, and they enter it all on their phones."
- People's needs were listed in their care records and staff had access to these on their phone. Staff roles were listed as 'tasks' that would be alerted to the office if they were not accounted for. Specific tasks to meet individual needs could be added.
- New people to the service had their care delivered by a supervisor as part of their core team to ensure that the care provided met their needs and the care plan was accurate. The care plan was developed and reviewed within four to six weeks to make sure it was accurate.
- Some of the language in the care plans could better reflect that the care was in line with people's choice. We discussed this during the inspection and, the registered manager was keen to look at ways to improve this.

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.

- The service ensured people had their communication needs assessed and met.
- People were supported to access equipment in line with their need and their staff team were then trained to ensure they could have the maximum benefit. For example, seeking the right support for a person with limited sight from the Royal National Institute for the Blind (RNIB).

- Another person was supported to use an alphabet board to communicate. Staff were trained to ensure they could communicate effectively and sensitively with this person.
- The management team worked with a local Disability Awareness group to improve the level of care for partially sighted service users. This included training opportunities, talks and support sessions where they discussed best practice when supporting a partially sighted client. As a result of this, they now communicated with partially sighted clients in large print; using yellow paper as this was easier to read off.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Members of the management team were Dementia Champions. They worked with staff to ensure staff have the right support and skill to meet the need of people living with dementia. The Dementia Champions also worked with the local community to improve awareness and support people who received support from Axe Valley to be understood in their local area.
- During the care planning process, the service identified people who could be at risk of social isolation. They promoted enabling opportunities to encourage people to remain an active participant in their local community. Where appropriate they alerted commissioners, sign posted to other services such as the Filo Project (a project for older people who are socially isolated, many experiencing symptoms associated with moderate dementia, including memory loss) and the local Dementia Café. Furthermore, the office team provided regular one-to-one telephone contact with people who had been identified as being at risk of social isolation.
- The service hosted a community event to raise awareness of the issue of social isolation experienced by the vulnerable and elderly. This was published in the local media and on social media. They also worked with the local community to give Christmas gifts to a number of socially isolated people in the community.

Improving care quality in response to complaints or concerns

- The service had systems in place to answer people's complaints.
- Staff were proactive in passing on people's concerns and complaints.
- People said they felt comfortable raising any issues. One person told us, "If I had anything to moan about I would ring the office and just let off steam to them but at the moment it's all ok" and another, "I have never had to complain" adding, they would phone the office if they did.
- A relative said, they had not formally complained, rather they had made requests for changes to be made which had been listened to. Another relative said, they had been listened to when a concern had been raised and they were happy with the outcome.

End of life care and support

- Staff had received training, so they could meet people's needs at their end of life.
- People were encouraged to think of their end of life choices in advance, so these could be respected.
- We saw compliments from family who were grateful the service had met their relative's needs at their end of life. This had meant people had been supported at home if this was their choice. For example, "The family would like to thank you for all your care and support for (name) which meant she could stay at home before she passed. She said you were all very good to her and kind."

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.

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

- The provider had failed to ensure they followed their safeguarding policy and procedures.
- The provider had not ensured senior staff were suitably trained and/or informed of local safeguarding procedures nor had they ensured the local authority and CQC were notified of safeguarding concerns. Action has been taken now to keep people safer. This impacted on their ability to ensure they were fully compliant with the duty of candour.
- We have received assurances from the provider that the system is now safer, and they understand their role in responsibility to keeping people safe and reporting as required.
- The provider/registered manager had reviewed their service. They were now located in one place covering a smaller geographical area. Also, a Care Manager had been employed recently to oversee the care and some systems and processes.
- The provider had systems in place to review the quality of the service, but the new care manager was in the process of identifying how this could be improved. Systems and processes were under review as the new care manager brought their experience and expertise to the service.

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

- People and relatives largely told us the office was well-organised. Some however did comment that being called back could be improved.
- A person said, "I know who the manager is, and they will ring for a chat to see how I am. I did a survey a few months ago. If I need a GP they will ring for me and also, they called an optician for me and made me an appointment, so I can rely on them for most things" and another said, "I don't know who the manager is but sometimes the office will ring me and ask if there are any problems." Another person commented on "poor communication from the office."
- The service had a newsletter that was sent to people and staff, and senior staff were actively looking at ensuring communication was improved across the service.

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

- People were given a questionnaire every year but were also phoned often to see if they had any concerns that needed addressing.
- The registered manager advised, that they organised staff drop-in surgeries aimed at improving practice, provided a forum for staff to raise concerns and obtained support on all aspects of their work. This facilitated improved communication, personalisation of care plans, identify and reduce risk. The topics of these meetings were based on reflective practice.

Continuous learning and improving care

- The registered manager advised, "We will continue to drive improvements in the quality of our service. In March 2020, we will commence focus groups with service users and family members. This will improve and develop the quality of the service."
- In February 2020, the supervisor team were to commence regular locality hub meetings in community spaces for staff to discuss concerns specific to the area they operate in. Furthermore, people are to be invited to attend these meetings to develop better communication and links with the service.
- Issues raised on this inspection had been put into place. That is, they had introduced competency checks regarding infection control and medicine. The registered manager advised, "In addition, when medication errors occur, we have introduced a reflective practice document as part of the investigation process. This should identify training need and minimise the risk of similar incidents reoccurring."

Working in partnership with others

- The service had sought to work with outside agencies to improve their practice and the level of service received by people using their service. This included working with the NHS to improve stoma awareness and diabetes management and, working with the SWAST (local ambulance service) on falls awareness. The registered manager advised this had led to a greater level of understanding, risk reduction and improvements in the safety of their service delivery.
- Axe Valley were a member of "Proud to Care Devon". This was a campaign aimed at recruiting, upskilling and supporting staff who worked in the care industry. They were also members of the United Kingdom Homecare Association (UKHCA), Devon and Dorset Providers Network (PEN) and received CQC's update service.
- Senior staff attended the meetings convened by the local authority to keep up to date locally and identify opportunities to invest and improve.
- The provider told us they were part of a discount scheme for staff adding, "We promote this scheme in recognition of the amazing work our staff do".
- The provider told us they work with "Seaton Voice". An organisation that supported and promoted the needs of people receiving care and support in the local area. The Registered Manager told us they had presented talks to this group. Furthermore, working with this organisation to direct and improve services.
- The service had made links with The Purple Angel Dementia Awareness programme and will be arranging individual MP3 players for people. The registered manager advised, "This is part of a larger project around life history and will improve our understanding of client's life and behaviours."

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13(1)(2) Systems and processes were not always operated effectively to ensure people were protected from abuse and improper treatment.