Care Worldwide (London) Limited

Zinia House

Inspection report

2 Lynton Avenue
London
NW9 6PD

Tel: 02082052969

Date of inspection visit:
09 June 2016

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20 July 2016

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

This inspection took place on 9 June 2016 and was unannounced. This was the first inspection of this service as operated by this provider. Zinia House, also known as Lynton House, is a care home for up to five adults with a learning disability.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their family members told us that staff provided a supportive service that was focussed on their needs, and that they liked living at the service. People chose and joined in with a range of recreational and educational activities.

However, we found that the service was not consistently safe or well-led. There were insufficient actions in response to some incidents where some people's behaviour challenged the service.
Restraint guidelines in one person's case were not clear enough to ensure safe restraint took place, and records of instances of restraint were too brief. Reviews of incidents and restraints were not comprehensive.

We also found that some staff worked long hours at the service. This meant staff did not always have the competence and skills to provide consistently safe care.

People had good relationships with staff members who knew them well, understood their needs, and helped them to develop skills and independence. People were treated with consideration and respect. Staff and the registered manager demonstrated a positive and supportive culture at the service.

People were supported to attend routine health checks and their health needs were monitored within the service. The service was well stocked with fresh foods, and people's nutritional needs were met effectively.

There were systems were in place for managing people's medicines and finances safely. The provider had an appropriate recruitment system to assess the suitability of new staff, and there was a complaints procedure in place which was followed when needed.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe. Sufficient actions were not always taken in response to incidents where some people's behaviour challenged the service, and restraint guidelines in one person's case were not clear enough to ensure safe restraint took place.

Some staff worked long hours at the service. This meant staff did not always have the competence and skills to provide consistently safe care.

People were consistently supported to take prescribed medicines, and appropriate recruitment checks were made of new staff before they started working at the service.

Is the service effective?

Good

The service was effective. People were supported to meet nutritional and healthcare needs. Staff received appropriate supervision and support for their roles.

The service was aware of the Mental Capacity Act 2005 and its responsibilities regarding it.

Is the service caring?

Good

The service was caring. People gave us positive feedback about the approach of staff, and we observed a number of ways in which staff treated people well.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. There was a consistency of staffing, which helped staff to know people's background, needs and preferences. This enabled positive, caring relationships to develop.

Is the service responsive?

Good

The service was responsive. The service recognised people's individual needs and preferences. There was an accessible complaints procedure that was used where needed.

People had opportunities to take part in activities of their choosing both in the premises and the community.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Whilst there were some auditing processes in place, these were not consistently effective at providing governance, particularly in relation to incident and restraint management. There were also occasional record-keeping inaccuracies and omissions, which undermined governance of the service.

However, governance was effective in some areas, and we saw instances where the service responded where risks or shortfalls were clearly identified. We also found that staff and the registered manager demonstrated a positive and supportive culture at the service.

Zinia House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The service was re-registered on 14 April 2014 under a new registered provider. This inspection took place on 9 June 2016 and was unannounced. The inspection was conducted by one inspector. Before the inspection, we reviewed the information we held about the service including notifications received and information provided by a healthcare professional.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and spoke with four people living in the service. We also spoke with four care workers and the registered manager.

We looked at two people's care and medicines records, three staff files and training records, and various records kept for the management of the service including staff duty rotas, accident and incident records, and quality assurance records.

Following the inspection visit we spoke with a relative of a person using the service and two involved healthcare professionals. The registered manager also supplied us with copies of further documents on request.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. Some people added that they got on well with others living there, for example, "I like the company," which we also saw occurring. There was recognition that there could occasionally be arguments or behaviour that challenged the service, but people said that staff provided support and treated everyone fairly. One person explained, "Staff help me to behave." A relative added that there seemed to be little conflict in their experience which they felt was due to the service helping people understand to take time out if agitated. However, following our visit, a healthcare professional told us of some concerns they had with how people's safety was managed at the service.

We found that the service was not consistently provided to people in a safe way. We noted that there were behaviour management guidelines in relevant people's care files. However, in one person's case, the guidelines had been reviewed annually for the last five years with no change recorded, despite other evidence of reduction in the number and severity of incidents. The person themselves had not been recorded as involved in the reviews since the guidelines were set up. The guidelines were not clear on how the person was to be restrained if necessary. An established staff member told us they were not sure about where restraint guidance for this person was kept. The registered manager sent us a copy of restraint guidelines for this person after the inspection visit. These guidelines were not available in the person's care file. Whilst they provided some further clarifications, they were not specific on exactly how staff were to restrain the person as a last resort, how many staff were needed, and the maximum length of time this was to occur for. The guidance also indicated for restraint forms to be filled in, in addition to incident forms, however, these were not being used at the time of our inspection. This did not demonstrate that all reasonably practicable actions were being taken to mitigate against risks to the health and safety of the person in receiving care relating to behaviours of theirs that challenged the service.

One recent incident record provided evidence of a staff member supporting three people in the community. In dealing with the incident that involved only one of these people, the staff member was not able to attend to the other people using the service for a period of time. Failing to provide a second staff member for additional support was not safe care of people using the service.

The registered manager and staff told us that there were usually four staff working in the morning and three in the evening, along with one staff member sleeping overnight. People said that there were enough staff working at the service. However, the staffing roster indicated that staff sometimes worked long hours. For example, during the week of our visit, three staff worked all day, slept at the service, then worked throughout the following day. One staff member worked throughout the day and evening for three consecutive days, and was the sleep-in staff on one of those days. This put staff at risk of being tired, which could undermine their competency towards the end of their shifts. We asked the registered manager if there was a risk assessment relating to staff working long hours, but none was supplied. This did not demonstrate that staff providing care had the competence to do so safely at all times, and undermined the service's ability to ensure that there were sufficient numbers of suitable staff to keep people safe and meet their needs.

The evidence above demonstrates a breach of regulation 12 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

The registered manager told us of recent training for the staff team on restraint from a specialised training provider. He said he planned to liaise with the training provider further, in light of our concerns. We also noted that records and feedback from staff and the registered manager indicated that there was an overall reduction in incidents of restraint for people using the service, although specific figures for this could not be supplied.

There were risk assessments in a number of areas to help people to take acceptable risks as safely as possible. This included activities at home, in the community, for managing money, and health related risk assessments for areas such as choking and infections. The risks assessments were kept under review and updated; however, where actions were recorded as taken to reduce risks, this did not always result in the level of risk being reduced. Nonetheless, staff were aware of risks relating to people using the service, for example, that one person needed their food chopped into small pieces due to choking risks identified following the involvement of a relevant healthcare professional. There were also general risk assessments for the service and equipment used that were reviewed and updated. Equipment was regularly serviced and maintained.

The premises were seen to be sufficiently safe. For example, there were window restrictors in use in upstairs rooms, and hand-rails to assist people to move around the premises where needed. The registered manager told us that thermostatic valves were in use on the hot-water system. We checked a hot water tap in a bathroom and found the water temperature to be controlled.

People's medicines were safely managed. One person told us that staff always remembered to offer them their prescribed medicines. Staff prompted people to take medicines or administered it as appropriate. The staff who did this were trained and this training was updated annually. We saw that people's medicine records were fully completed and up-to-date. We found no discrepancies between medicines records and remaining stock, and that all medicines were within expiry dates. We noted an area for improvement, in terms of consistently signing for medicines at the time of administration, which the registered manager agreed to address.

The registered manager told us that whilst many people using the service were prescribed an as-needed medicine to assist with anxiety or behaviours that challenged the service, the aim was to use these minimally. Current medicines guidelines and administration records confirmed this. We saw that there were clear guidelines for the use of these medicines for each person. Records showed that people's medicines were kept under review.

Records demonstrated an appropriate staff recruitment procedure. Identity documents were checked, written references were taken up, work history scrutinised, and disclosure and barring (DBS) security checks carried before people were confirmed in post. A new staff member said that the registered manager interviewed them and that recruitment checks took place before they began working at the service. We checked that staff had DBS checks in place. We also discussed with the registered manager about the provider's policy for renewing the DBS checks of established staff, which the registered manager agreed to take forward.

We noted that the provider had a safeguarding policy in place. Staff we spoke with demonstrated knowledge of what to do should they witness abuse or have abuse reported to them. They confirmed that there was a manager available on-call at all times, to report concerns to if needed.

We saw that clear records and receipts were kept of where the service assisted people to look after their money. The registered manager undertook regular audits of these records, to check for errors and inappropriate spending. Most people had family or professional appointees, but where the registered manager was appointee for one person, they could show transparent systems of undertaking this role appropriately. For example, a bank account was maintained and we saw that recent withdrawals from it could be appropriately accounted for.

Is the service effective?

Our findings - Is the service effective? = Good

We received feedback about the service being effective. A relative told us this was the best of any services their family member had experienced. One person told us they had stopped both smoking and using nicotine chewing gum whilst using the service, which they were pleased about. The registered manager and records confirmed this achievement.

The registered manager demonstrated good knowledge of people's diagnosis and what this may mean for them. For example, he told us of a health condition one person was more likely to experience, and of ongoing work to address practical symptoms of this. He also told us of the service noticing where people were developing health concerns, for example, that a GP appointment was being sought for one person as they had a minor ailment. The person confirmed to us that this was the case.

People confirmed that staff provided support to visit healthcare professionals when needed. Records and feedback from the staff and the registered manager showed ongoing work to support people with healthcare needs. One person's health records included that they had recently been discharged from a specialist dental service, which indicated that this service had supported them well with dental matters.

Recent psychiatrist review reports within some people's files showed ongoing review of prescribed medicines along with discussions on other relevant healthcare needs. There was sometimes clear positive feedback about people's progress, which reflected well on the effectiveness of the service.

We saw that Hospital Passports were in place for each person. These enable healthcare professionals to easily see what each person's health needs are and how to work with the person to meet those needs. These were kept readily available in case needed by the person at short notice.

Records showed that people's weight was kept under review at the service and that people tended to maintain a steady weight. This indicated reasonable support with health and nutrition. One person's records showed that the service had positively supported them to lose weight over a longer time period.

People told us that they liked the food provided, for example, that it is "nice." People told us of the particular foods they liked, and specific diets they followed. Both they and staff confirmed that these were provided. We saw that fresh meals were cooked for lunch and tea, which staff confirmed as always occurring. People told us being involved with the cooking as much as they wanted, and we saw this occurring during our visit. One person told us there was a picture-based menu. Records showed that the four-week menu had recently been altered following a meeting of people using the service.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. People using the service had a DoLS in place, or awaiting approval. There were conditions attached to two of these safeguards which we saw were currently being met.

People using the service did not report being unduly restricted or concerned that staff did not listen to them. One relative told us that their family member was "not too heavily restricted." Established staff had undertaken training in the MCA and DoLS.

We saw no capacity assessments within the files of the two people we checked except for one undertaken by a social worker in relation to money management. Following the inspection visit, we were sent copies of capacity assessments for these people relating to specific decisions such as managing their medicines and supporting them if they behaved in a way that challenged the service. The registered manager explained that were necessary as a result of establishing a lack of capacity to consent to any decisions, best interest decision meetings were ongoing.

Staff confirmed that they received supervision meetings with the registered manager, whenever they or the registered manager felt such a meeting was needed. There were sometimes small group supervisions, and regular team meetings. Staff stated that they could input into the meetings and raise agenda items. There were also records of annual appraisal of established staff, to consider progress and plan for the forthcoming year.

The registered manager told us of providing induction training to a new staff member and who had started working through the provider's online training package. They had also supervised the new staff member, within two weeks of them starting, so as to help ensure that they were receiving the support they needed and were progressing well. The new staff member confirmed that this had all occurred. The registered manager told us that the staff member would now be progressing through the provider's new national Care Certificate training package.

Staff told us of receiving sufficient training to meet people's varied needs. The provider was mainly using an online resource that tested each staff member's knowledge at the end of each course. Staff explained that one course at a time was highlighted for completion, most recently on infection control. Training records confirmed that most staff had received recent training on most relevant topics.

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Staff also told us that where necessary, classroom-based training was provided. This was most recently for behaviours that challenged the service and restraint. Staff and the registered manager told us that a suitable external training provider was sourced, and that the training included confidential discussion on the specific challenges provided at the service which the training provider requested so as to meet the service's specific needs. We saw records indicating that this training provider specialised on training for this topic.

Good

Is the service caring?

Our findings

People told us staff were caring and respectful. "They look after us very well," one person said. Another commented, "Staff treat me nice." A relative told us that their family member had a "brilliant relationship" with staff who were always respectful.

We saw staff treating people respectfully, for example, through knocking on bedroom doors and waiting for permission to enter. We noted that people could lock their bedroom doors from the inside, which helped to ensure privacy, but that staff could access rooms in an emergency.

The service supported people to attend to their appearance where appropriate. People had well-fitted clothing that appeared to suit them. People confirmed that they were supported to have haircuts and that staff helped them with their hair where needed. One person was supported to change their top in private when it could not be wiped cleaned. Attention was paid to cleanliness in people's rooms and we encountered no lingering odours in the service. There was a separate file that clarified to new staff exactly how each person liked to be supported in the morning. This helped new staff to understand people's needs and preferences in this respect, enabled people's independence where appropriate, and assisted them properly with standards of self-care.

We noted that everyone was comfortable with staff and the registered manager. For example, people spoke freely with them and we saw staff listening and responding. One person interacted more through body language and actions, but they also approached staff in a confident manner and staff responded welcomingly. We also saw that people using the service got on well with each other, which indicated that the service encouraged the development of good relationships.

Staff and the registered manager demonstrated good knowledge of how to communicate well with each person. Staff told us how they communicated effectively with people who did not speak much, and we saw this to occur in practice. A newer staff member was aware of certain physical signs (known as Makaton signs) used by this person, and we saw that person interacting comfortably with them as well as established staff. We also saw staff singing with this person and the person joining in happily. We were told of particular communication difficulties another person had, but that a community healthcare professional was supporting them to express themselves and staff to assist them with that.

People confirmed that the same staff provided them with support. "There's lots of familiar faces," one person said. A relative told us that "many staff have been there quite a few years." The registered manager told us that there was a low turnover of staff, which helped people using the service to develop positive relationships and trust, as they were supported by people they knew and who knew them well.

People told us they were supported to express their views and make decisions, and that staff listened to them. One person told us of choosing the colour they wanted for their recent room redecoration. The registered manager and staff told us of how they had supported everyone with that, and with choosing recent holidays that took place during periods of redecoration. During our visit, one person came late for

lunch. The main lunch meal was offered to them, but they were supported to make another meal choice. Staff understood that they could not force people against their will, and so people's decisions were respected but support was offered where appropriate.

The service supported people to develop their independence. Staff told us of how specific people were supported with aspects of cleaning the service based on their abilities and willingness, which people using the service confirmed. Records and staff feedback showed that one person was now willing to wear more appropriate clothing and would sometimes leave the service with staff of their choice for local activities when they used to be more reticent. One person told us of having been supported to send a card to a relative in good time, in respect of a special occasion. This indicated a thoughtful approach from the service, to help the person uphold a relationship well. Another person confirmed that they could phone their relatives on the house phone whenever they wanted.

Good

Is the service responsive?

Our findings

People told us that staff provided them with the support they needed, for example, with personal care and to attend community appointments. "They all help me," one person said. People also confirmed that staff were approachable and listened to them, which we saw to be the case during our visit.

People confirmed that staff provided support to go out. "We go for a walk," one person said. Another told us, "I enjoy going out with people." Some people told us of enjoying recent holidays that took place whilst their rooms were redecorated earlier in the year. People also told us of attending college courses and day centres. Two people went to their respective Day Centres during our visit. One of them confirmed that there was always a driver available to use the house car for that purpose, and that they got to the Centre on time.

One person told us about why they had enjoyed their trip out earlier in the day, from which we understood that they had been supported to do things that were meaningful to them. Another person told us of there being a communal laptop available to access the internet with. Staff told us of prompting one person daily to go out but recognising that the person did not usually want to and that they could not be forced, but of being ready to support them if they changed their mind.

Where one person benefitted from sensory equipment to interact with, we saw that the service provided them with various different stimuli and that the person enjoyed them. It was also encouraging that staff spent a lot of time interacting with the person throughout the day, and did not just leave them alone with the equipment.

Staff and the registered manager gave examples of how the service was responsive to people's particular needs. Where one person did not communicate much verbally, staff knew what their preferences were and noticed when they behaved differently. Where another person made choices that challenged the service, staff were reassigned to work with the person so as to better meet their needs and preferences.

One person told us they had regular keyworker meetings and one-to-one time with staff, at which they had opportunity to talk about things they wanted to. A staff member told us of how the service had supported the person they key-worked to develop independent living skills, which they told us they were proud of. A relative said, "They've worked really hard on boosting [the family member's] skills," and confirmed development that we were told of during the inspection visit.

People told us they were aware of care plans being in place for them and that review meetings occasionally took place There were care plans for each person explaining specific care needs, what the aim was in respect of each need, and how staff would provide support. These covered, for example, personal care, health matters and communication. It was backed by a person-centred plan that focussed on the preferences, skills, abilities and goals of the person, and by assessments of risk and the reduction of specific hazards relevant to the person's care and support. The care plans were part pictorial to make them easier for people to use.

However, care records did not clearly monitor people's progress. We discussed with the registered manager how it would be helpful to have more information recorded periodically on people's progress with goals, and general development. This could include summary information on how people had progressed over their time within the service which went back over several years in many cases.

People told us they could speak with staff or the registered manager if they had a concern or complaint. The service had a complaints policy, and there was an easy-read version available for people to use if needed. Systems were in place to address complaints about the service, with a view to continually evaluating and improving the service provided. For example, the one recent complaint had resulted in changes to the structure of the premises so as to address the issues.

Requires Improvement

Is the service well-led?

Our findings

People using the service told us that the registered manager was approachable. Some people told us about other managers visiting the service occasionally. However, healthcare professionals reported that the service did not always work in co-operation with them. We found that the service was not consistently well-led due to governance processes not being consistently effective and some inaccuracies with record-keeping.

We noted that incident records referred to occasions of people being restrained. Whilst the records of what lead to the restraint provided reasonable detail, the record of exactly what restraint took place, how, by whom, and how long for, was not sufficiently detailed. This may have compromised people's welfare. One such record from three weeks before the inspection visit explained how the incident escalated but then simply stated that the person was "restrained by staff" without further details. This meant that it was difficult to review whether the restraint took place as per the person's care plan and behaviour management guidelines, whether the restraint was proportionate to the risk and seriousness of harm, and what could be learnt from the restraint so as to reduce the risk of the incident reoccurring. This was not in line with the provider's restraint policy, which noted that time limits were necessary for any restraints, that use of restraint was to be kept under review, and that a register was to be kept of any restraint. These omissions failed to demonstrate effective governance of risks to people's care at the service.

We saw two recent incident records that had not been signed off by the registered manager, despite a prompt on the form for this. The most recent of these was not included in the list of incidents reviewed within an oversight spreadsheet maintained by the registered manager on behalf of the provider. Whilst this management tool did review a number of pertinent factors for each incident, it did not specifically consider the safety and effectiveness of any restraints.

We saw that accidents and incidents were prompted for review within the provider's quality assurance visit reports. However, the most-recent visit stated incorrectly that there had been no incidents recorded that month. The registered manager explained that incidents had not been reviewed on that occasion. This rendered the record relating to incidents on the report as inaccurate. It also meant that despite a number of people having behaviour that challenged the service and our related concerns with providing consistently safe care, the audit process had not reviewed a number of relevant incidents. This was not effective governance of the service.

We saw a Deprivation of Liberty Safeguard (DoLS) authorisation from the previous summer that included a condition of assessing the risk of the person's behaviour towards strangers. We found no such risk assessment in the person's file. Following the inspection visit, the registered manager sent us a copy of a relevant risk assessment. However, it was dated a few weeks after an incident of aggression towards a healthcare professional, and over six months from when the condition was made on the DoLS authorisation. This was not effective mitigation of an identified risk.

We noted some occasions where records were not maintained accurately, which undermined the effective

governance of the service. Some risk assessments sent to us after the inspection visit were dated as having been undertaken in the future. A mental capacity assessment for one person incorrectly stated that it was for kitchen access when its details showed consideration of supporting the person to manage behaviours of theirs that challenged the service. We noted that a daytime care delivery record was not written in one person's records a day after a recent incident record was made, which undermined the monitoring of matters relating to the incident. The incident record itself incorrectly recorded that the registered manager had been informed of the incident when he told us it had not been brought to his attention. Another recent incident record failed to record which other people using the service were present, which was not subsequently provided to us despite our request.

The evidence above demonstrates a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there were a few areas for improvement from the recent quality auditing team's visit to the service, although the overall feedback was positive. One matter was to record informal staff supervisions, to help demonstrate that staff received appropriate support for their roles. We saw evidence of this starting to occur. We were subsequently sent a copy of the report, which matched the registered manager's feedback.

The registered manager showed us records of monthly medicines audits that he undertook. He stated that this occasionally identified as-needed medicines that had been given but not signed for, for which actions were taken to improve on record-keeping. As our checks of medicines identified no discrepancies between records and remaining medicines, the service's medicines audits demonstrated effective governance.

There was effective governance of the service's premises. We saw that the fridge had a minor leak, but staff told us a new one was on order which the registered manager confirmed in writing after our visit. A concern with the effectiveness of the front door lock had been recently identified, however we saw that a relevant professional checked it during our visit. The registered manager told us that a new door was subsequently on order. There were signs of wear and tear on the wooden floorboards in the entrance hall to the service. The registered manager told us that, following the recent redecoration of the building, there was now a budget for replacement of the flooring.

Staff demonstrated a positive culture at the service. They knew people as individuals, and interacted warmly and respectfully with them. Their feedback to us showed that they took pride in how they supported people to live fulfilling lives, and that the inspection mattered to them. They felt that the staff team and managers provided good support to each other, and so they could discuss concerns and support each other to ensure good service standards. They also confirmed that they would recommend the service to friends and family.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care of service users was not always provided in a consistently safe way. This included failure to: • Assess the risks to the health and safety of service users of receiving care; • Do all that is reasonably practicable to mitigate any such risks; • Ensure that persons providing care to service users have the competence and skills to do so safely. Regulation 12(1)(2)(a)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to: • assess, monitor and improve the quality and safety of the services provided; • assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; • maintain securely an accurate, complete and contemporaneous record in respect of each service user and in relation to management of the service. Regulation 17(1)(2)(a)(b)(c)(d)(ii)