

Lifeways Community Care Limited

# Lifeways Community Care (Doncaster)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 inspection

Lifeways Community Care (Doncaster) provides care and support for people living in their own homes. The provider is registered to provide homecare and supported living services to people in the community with a learning disability. This included supported-living schemes, with between one and six people living together in small domestic style houses and bungalows. Supported living schemes were in Doncaster, Sheffield, Barnsley and Grimsby.

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. At the time of our inspection the service was supporting 63 people with their personal care and support needs.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

Governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement. Support plans and risk assessments relating to people's health needs and the environment were completed but needed more person-centred information to help protect the health and welfare of people who used the service.

Systems were in place to make sure people received their medicines, which included staff receiving medicine training and regular audits of the system. People told us they always received their medicines at the appropriate times. However, some staff had not had their competency checked for over a year. When this was pointed out to the registered manager she took immediate action.

The registered provider had a policy and procedure in place for the safe recruitment of staff. However, we found a small number of gaps in the information required to be obtained during the recruitment process. This was dealt with during the inspection. There were appropriate numbers of staff employed to meet people's needs and provide a personalised service.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Most people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Some people had the opportunity to choose, plan and take part in a range of activities that met their

preferences and needs, others less so. Some relatives thought more social stimulation should be provided for their family members.

People and relatives were confident any concerns and complaints would be recognised and investigated. People were given feedback from complaints, but not always told the outcome of safeguarding investigations. Also information provided to people did not always meet the requirements of the accessible information standard.

The registered manager had a system of quality assurance checks to ensure the home was meeting required standards and people who used the service were well cared for. However, governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to ensure the correct information was inputted and any actions needed were clear to see. The service had up to date policies and procedures which reflected current legislation and good practice guidance.

People who used the service, their relatives, staff and healthcare professionals spoke positively about this service. People told us they felt safe and were protected from abuse by staff that were knowledgeable and had the right skills to meet their needs.

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 atmosphere in the homes was supportive and caring. People had formed positive relationships with staff and clearly enjoyed their company. People were supported to maintain their independence and staff maintained people's rights to privacy and dignity.

People were supported to maintain good health. Staff supported people to eat and drink sufficient amounts to maintain their health. Where necessary, staff liaised with health and social care professionals to ensure effective care and support was provided to people.

People's needs were assessed and developed into a support plan. Further work was underway to ensure support plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 3 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We found evidence that the provider needs to make improvement. Please see the relevant key question sections of the full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will request an action plan from 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 continue to monitor information we receive about the service until we 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### 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** ●

# Lifeways Community Care (Doncaster)

## **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 team consisted of two inspectors, one assistant inspector and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts by experience had experience of supporting and caring for young and older people and people with learning disabilities.

#### Service and service type

This service provides care and support to people living in 29 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 short notice of the inspection because we wanted to visit people in their homes and we needed support from the registered manager to arrange this. Inspection activity started on 11 November 2019 and ended on 12 November 2019. We visited the office location on 12 November 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 obtained the views of professionals who may have visited the service, such as service commissioners and Healthwatch (Doncaster). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We visited people living in six different houses, accommodating between one and three people. We spoke with six people and eight relatives about their experience of the care provided. We spoke with two visiting healthcare professionals and 17 members of staff including the registered manager, quality manager, senior service manager, service managers, team leaders and support workers. We also spent time observing staff interactions with people within their homes.

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

### After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

# 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.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed on a risk screening tool. How staff needed to manage identified risks were then recorded in people's support plans. However, we found some information relating to risks was not in support plans. For example, one person was identified as being at risk from financial abuse, but this was not referred to in their support plan.
- People had personal emergency evacuation plans (PEEPS) in place. We found one person's PEEP was last reviewed in February 2019. The person was no longer able to weight bear and this updated information had not been added to the PEEP. This was updated on the day of the inspection.
- The registered manager told us staff had received training in how to complete the new documentation that was in place, but this still required further work to ensure all risk assessments and PEEPS were included and up to date.

We recommend the registered provider refer to current clinical guidelines and best practice to ensure systems and processes and accurate records are in place. This will help to identify and assess risks to the health, safety and/or welfare of people who use the service.

### Using medicines safely

- We looked at how people's medicines were managed and found overall medicines were managed safely and people received their medicines as prescribed.
- All support staff were trained in the safe administration of medicines. Following training, checks of staff competency should have been reviewed at least yearly. We found two staff had not had their competency checked for 15 and 18 months respectively. We discussed this with the management team who stopped the staff members administering medicines. The management team also carried out a full audit of all staff's competency checks and took appropriate action.

### Staffing and recruitment

- In the main appropriate staff recruitment and pre-employment checks were in place however, we found some small gaps. For example, one person had no photograph and it was not clear if another person had provided their full employment history. We discussed this with the registered manager who rectified this on the day.
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs.

### Preventing and controlling infection



- Whilst on home visits we observed two support staff pour some of their own drink into a person's cup, which the person then drank. This did not protect people against the risk of cross contamination. We discussed this with the registered manager who took appropriate action.
- Staff had received training in infection control practices and personal protective equipment (PPE) such as gloves and aprons were provided for them.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff. Their comments included, "I feel safe here and I like my bedroom."
- Relatives said they felt their family members were safe with the staff. Relatives told us, "All the staff are friendly, and I wouldn't change anything. I don't have any problems; the staff team are good it's a nice house and it's safe. I would know if my [family member] was unhappy," and "I don't worry about [name] like I used to do with the other company, this is their home now and it feels like their home."
- Staff had been trained in safeguarding and were aware of the processes to be followed to keep people safe.

#### Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. There were appropriate forms and processes in place for recording and investigating accidents and incidents and evidence of learning through making referrals to other health and social care professionals when needed.

# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff we met, varied in their skills and knowledge of the people they supported. Some staff were confident and knowledgeable. Some staff were more vague and had less knowledge of the individual they were supporting. We asked a staff member, "who are the two people in the picture on the wall"? They replied, "I don't know, I could find out." This staff member appeared very kind and attentive but had little knowledge about the person they were supporting.
- Systems were in place to monitor staff's training needs and staff were in the main up to date with their training. We found some training information was not in staff files for example, learning and induction forms., although these had been completed. This was feedback to the registered manager.
- Staff received regular supervisions and felt well supported by the management team. Staff should also have been provided with a yearly appraisal. A substantial number of staff were overdue their appraisal by between three and 12 months. The registered manager put a plan in place to ensure these were completed within the following month.

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

- The registered manager was aware of the Care Quality Commission's 'Smiling Matters' report on the state of oral care in England. They purchased oral health care packs which were given to people who needed support in this area of personal care. However, we observed people's toothbrushes in one house appeared to be unused. The registered manager said she would investigate this and take appropriate action.
- People were supported to access other health and social care services when required. One person told us, "If I am not well I tell the carers. I go to the opticians and dentist, these are new glasses and I chose them. We have meetings sometimes and they ask me if there is anything I want."
- The registered manager demonstrated with clear examples how they supported people to access other services when this was needed.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- We found support workers followed the principles of the MCA and people's consent was sought in advance of care being provided.
- We were told one person's family had lasting power of attorney (LPA). This legally gave them the authority to make decisions on the person's behalf about their health, care and welfare. However, a copy of the LPA was not on their file. The registered manager said they would address this.
- Staff understood their role in asking for and gaining consent from people when assisting them with personal care. Support workers told us they would always obtain a person's consent before carrying out any care and they understood some decisions may need to be taken in a person's best interests.

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

- People we spoke with were complimentary about the food. Their comments included, "I choose my breakfast and the food is good. I can make a drink when I want and get a snack from the kitchen," and "We get lots of choice, I can have drink when I want. If I said I didn't like something they are willing to give me a choice."
- Relatives told us, "[Name] never complains about the food and it's always nutritious," and "Nutrition and diet is well supported."
- Staff supported people to stay healthy and referred people to other healthcare professionals as required. Support plans had information about people's dietary needs, their preferences or cultural dietary requirements. For example, we saw speech and language therapy (SALT) assessments in place for people who were at risk of choking.

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

- The management team had completed an assessment before each person started to use the service to ensure they were able to meet their needs care and support needs.
- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

# 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, good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoke positively about the care they received. People's comments included, "I am happy with the staff they are really friendly and helpful. They see to all my needs and make me laugh," "The carers are very good at the moment," and "The staff make me happy. I've no complaints. I like it here, they [staff] talk to me."
- Relatives told us, "I can't tell you how good they are at supporting me and [name of service user], they are unbelievably supportive. If it wasn't for [staff member] I know he'd be in a care home now, well in fact, I don't think he'd be alive because he wouldn't have lived very long. [Staff name] was just great at fighting his corner and supported me to do that," and "If they [staff] don't feel happy with something that's happening to someone, they fight for their rights and staff are particularly good at supporting them."

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

- In the main staff understood people's individual needs and they respected their choices. One person told us, "The staff talk to me and ask me if there is anything I want, I wouldn't change anything. We go on the bus to pay my bills and do my shopping at Asda with staff."
- A support worker explained how a non-verbal person communicated their meal choices. They said "[Name] picks what they want as we put things out on the worktop and from the freezer and they choose. [Name] can sign Makaton and we have flash cards for new staff."
- A newsletter had been introduced by one service manager to provide people with up to date information about the service. The registered manager said this had proven to be popular and they would therefore be rolling this out to other houses. The registered manager said they would use this to feedback regarding the satisfaction survey.

Respecting and promoting people's privacy, dignity and independence

- Staff were trained in equality and diversity and there was an up to date policy. We found no evidence to suggest anyone using the service was discriminated against and no one we spoke with or their relatives, told us anything different. One relative said, "Yes they keep [name] very clean, they are always well turned out and well looked after."
- Staff provided good quality care for people. We observed they respected people's privacy and dignity for example, knocking on bedroom and bathroom doors before entering and ensuring where necessary curtains were closed when assisting people with personal care.
- Systems were in place to maintain confidentiality and staff understood the importance of this, people's records were securely stored.

## 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 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

- Each person had a support plan. We found some information in support plans was out of date and incorrect. For example, one person's records said they were to be encouraged to use their walking frame. However, staff told us this was not practical due to a decrease in the person's mobility and strength. The registered manager told us staff had received training in how to complete the new documentation being used, but this still required further work to ensure all documentation was up to date.
- We received mixed comments from relatives about their involvement in compiling the support plans. Some relatives said they would like to have more reviews and could not remember when they had last been involved.
- A healthcare professional told us, "We just come in and support them, if they need us or they're unsure they can just ring us. We have a good relationship with the staff, we work as a team. People are always clean and well-dressed, the place is always clean, it's very homely and comfortable and not clinical."

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 assessed prior to admission. Examples were seen where the AIS was being met. For example, staff using Makaton and picture cards. However, the easy read information given to people about the results of the quality surveys, did not meet the requirements of the AIS.
- In one house we visited there were no visual prompts, and limited opportunities for people to make real choices. There were no clear plans to illustrate any attempt was being used to communicate with people, other than, experienced staff saying they knew what they liked, and they could read their body language.
- A support worker who was supporting a person who was non-verbal told us, "I can sense when [name] is unhappy or if something is not right. For example, recently [name] fell asleep and woke upset and agitated, I rang the on call and we gave pain relief. I know that [name] doesn't like going in busy shops so we take them to places that are quiet. If [name] doesn't like something they tell you by holding your arm and turning you away. At lunchtime they pass their plate when they've had enough and sign if they want a drink. [Name] likes one to one staff and quiet spaces. If we take them to the GP, we make sure they are first in as this works best."

We recommend that the registered provider refer to current guidelines and best practice to ensure they are following the AIS.

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

- We received mixed comments from relatives about people being able to follow their interests. Some relatives said their family members had a busy social life, others said more could be done by staff to facilitate activities. One relative told us, "My [family member] doesn't go out much and they [staff] know they like swimming and bowling and they haven't been to my knowledge."
- Our observations were that some people were occupied throughout the day and took part in regular activities, like going to day centre, going swimming, shopping and art and craft work. Other people were seen to have less social stimulation. The registered manager told us this was the choices and decisions made with the person or their representative, to ensure they had a routine which suited them.
- Support workers knew people well and told us what people liked to do. They told us, "[Name] loves to look at magazines, usually holiday brochures. They have been to Disneyland, Norfolk and Skegness. We are planning to take them to a Christmas market. They also like Zumba, swimming and has a cupboard full of arts and crafts." Talking about another person they said, "[Name] likes to watch television and loves to listen to music from the eighties. They go to sensory planet every week and trampolining on a Monday. They have a car which is used every other day and they like to be in the garden."

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with complaints. Since January 2019 there had been five complaints and 17 compliments received.
- Complaints were managed satisfactorily. The complaints file showed evidence of concerns and complaints being recorded and responded to.
- People and relatives told us they could speak with the managers or staff if they had any concerns. Relatives told us, "I now have a named person, that's my go to person. We have a good relationship. If I mention things, they do get sorted, I have a lot more confidence in them," and "I've never made a complaint, but I would be comfortable to tell them [managers] and I have the number of the office."

End of life care and support

- At the time of the inspection there was one person receiving end of life care. We saw evidence of healthcare professionals involved with the persons care, including community nurses and the GP. A healthcare professional told us, "They [managers] have provided training for support staff to have end of life care training for the individual we've seen today."
- The person had a 'last wishes' document in place, detailing their choices around flowers, place of cremation and music they wanted to be played.

# 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 requires improvement. At this inspection this key question has remained the same, 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

- Reviews and updates of care plans and risk assessments had been completed in part but had resulted in some information being out of date, conflicting, and could put people at risk of inadequate care and support.
- The registered manager and management team were knowledgeable about people who used the service. They could talk in detail about their care and support needs. They told us they audited all areas of the service, which included accidents and incidents, complaints, safeguarding, staffing, health and safety and medicines. However, governance and oversight systems had failed to identify the issues found at this inspection. For example, not all staff had all completed their annual medicine competency check and there were small gaps in required recruitment information.

This was a breach of Regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- When safeguarding investigations were completed, people and relatives were not always given feedback. One relative told us, "There is a lack of communication from the staff between me and other family members. They don't always keep me informed." Following the inspection, the registered manager made sure relatives requiring feedback were contacted and written to.
- Throughout the inspection the registered manager was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

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

- Feedback from people, relatives and staff regarding the registered manager was in the main positive. A relative told us, "The service is first class now. There were a few issues a few months ago but they are sorted now. The changes in my [family member] are amazing they are happy and settled. They [staff] update me on things and I can't thank them enough." Another relative said, "I would like more transparency, better communication and more pay for staff to encourage retention."

- Support workers described their line managers as approachable and helpful. They said, "[Name of service manager] is doing a brilliant job and trying to turn things around. They are pleasant and approachable, and [Name of service manager] is really good and approachable. They are always around to talk to and understand our role."

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

- Relatives told us they did not always feel they were involved and included in the running of the service. They said they were not invited to discuss their family members support plan and could not remember the last time they were sent a survey asking them their opinions of the service.
- One relative said, [Name] is safe living here and happy. The staff are caring and professional, but I don't feel like I get enough feedback. I would like more." Another relative said, "There is a high turnover of staff and we don't know when staff leave or start. We used to have a book we communicated in, but this is not used anymore, and I would like more feedback from the staff."
- The registered manager told us they carried out a quality assurance survey each year. This was due to be completed by the end of 2019. The registered manager said people who used the service, commissioners, relatives and carers would be receiving questionnaires.
- Staff told us they were invited to staff meetings and given plenty of opportunities to give their feedback.

Working in partnership with others; Continuous learning and improving care

- The management team were committed to working with external healthcare professionals to ensure people received the best possible care. Working relationships had been developed with the local GP's, district nurses, speech and language therapists and dietitians. One visiting healthcare professional told us, "They are very well cared for here, as staff are always available. There never seems to be any staff shortages when we've been here, they do seem to spend time with people. They are proactive and will contact us if they need any support."
- The registered manager and management team were responsive to the input of other professionals. We saw they were liaising with other professionals and responded appropriately to concerns identified during our inspection.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure good governance systems were in place.</p>