

Mr Alan Machen and Mrs Ann Crowe

York Lodge Residential Home

Inspection report

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Date of inspection visit:
19 February 2019
20 February 2019

Date of publication:
28 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: York Lodge Residential Home (York Lodge) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. York Lodge accommodates up to 22 people in one adapted building and at the time of our inspection the home was fully occupied. The service also provides day care services.

People's experience of using this service:

At this inspection we found evidence the service did not meet the characteristics of Good in all areas. We have made two recommendations to the service about creating a more dementia-friendly environment and person-centred care. More information is in the full report.

The registered manager had completed audits on the service to help ensure quality of service. However, these did not identify concerns we found during our inspection such as poor record keeping and fire safety concerns.

People's rights had not always been considered in line with the Mental Capacity Act 2005 and documented to show they had been consulted on all aspects of their care. Fire safety arrangements at the home potentially compromised some people's safety, dignity and privacy. We have asked the provider to address these concerns with some urgency.

One person's care plan was not always followed; risks were not consistently monitored to ensure they were kept safe and appropriate action taken in a responsive way.

In the main, medicine administration was managed safely. The recording of thickeners needed to be more consistent and some people's protocols for 'as required' medicines were being updated.

There was sufficient and adequately trained staff to support people safely. Recruitment processes were very robust. This helped to ensure staff were appropriate to work with vulnerable people. The provider had suitable systems in place to protect people from abuse.

Staff had adequate professional support to enable them to support people safely and effectively.

People were supported in a friendly and respectful way. People, relatives and staff got on well and staff were aware of people's personalities and behaviours. People told us staff supported them in a patient and unhurried manner. People and relatives said that staff were caring.

People knew how to make a complaint. There was an effective complaints process in place. Complaints were thoroughly investigated, and action taken to address the complaint raised. Care at the end of people's lives had been considered and recorded in their care plans.

People and relatives told us they were very happy with the care provided. They commented positively about the registered manager, owner and staff

Rating at last inspection:

At the last inspection the service was rated Requires Improvement. The report was published in December 2017.

Why we inspected:

This inspection was planned based on the previous rating. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of Safe and Well Led to at least good. We found the provider had not made sufficient improvements in these areas and we found a further two breaches of the regulation relating to the need for consent and dignity and respect.

Enforcement: Action we told provider to take (refer to end of full report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always caring.

Details are in our Caring findings below.

Requires Improvement ●

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 ●

York Lodge Residential Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an inspection manager and an expert by experience (EXE). An EXE is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion the EXE's area of expertise was in dementia.

Service and service type:

York Lodge Residential Care is a 'care home' that provides care and accommodation to older people, some of whom live with dementia. York Lodge also provides day care services.

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

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and deaths; and we sought feedback from professionals who worked with the service such as the local authority. They did not raise any concerns. We assessed the information we require providers to send us at least once annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We used a number of different methods to help us understand people's experiences of the home. These included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This included observations of staff and how they interacted with people. We spoke with 9 people using the service and 8 relatives to ask about their experiences of the care provided.

We spoke with the registered manager, the owners of the service and care staff members including 4 care assistants, the chef and the administration officer. We reviewed a range of records. These included four people's care and medicine records, 4 staff recruitment files, staff training records, policies and procedures and quality monitoring and audits.

Following the inspection we asked the registered manager to provide us with further information regarding fire safety and what systems were in place to protect vulnerable people.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe. There was an increased risk that people could be harmed. At the last inspection there was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to ensuring the premises and equipment used were safe. Whilst we found that some limited improvements had been made in this area we found further concerns as discussed below and this meant there was a continuing breach of the regulation.

Assessing risk, safety monitoring and management

- There were systems in place to protect people in the event of an emergency. This included regular staff-led fire drills and personal evacuation plans. However, we observed some practices which did not demonstrate good fire safety. During both days of our inspection we saw one of the kitchen doors was wedged open and was not fitted with a door guard. We raised this concern with the registered manager and the owner. Following our inspection, the owner informed us by email that the door had subsequently been fitted with a door guard.
- Several bedrooms on the first and second floors of the home had a connecting door which led into another person's bedroom. This was the bypass escape route which allowed people to safely access an alternative stair in the event of a fire. These connecting doors were currently unlocked and meant a person could access another's room without their permission. This meant there was a potential risk to an individual's personal safety. We found no evidence that this risk had been assessed.
- At the last inspection in December 2017, we identified that a legionella risk assessment had not been done. At this inspection, we saw that an external company had carried out a sample analysis for legionella bacteria in May 2018. However, there was no document that outlined the service's water systems, identified potential risks and what action needed to be taken to mitigate these. We acknowledged the registered manager carried out weekly temperature checks and these were recorded. But this was not sufficient to ensure water systems at the home were safe.
- We raised concerns around the potential risk of the height of the bannister on the top floor and asked the registered manager to consider carrying out a risk assessment in this regard. Following our site visit, the service provided us with their assessment of these risks.
- One person at risk of choking was not supported as detailed in their care plan to reduce this known risk. An incident we observed of the person coughing had not been recorded. We raised a safeguarding alert with the local authority. Following our site visit, the registered manager provided evidence that the person had been referred to the Speech and Language therapy team for a review and they had updated their documentation to monitor any future concerns.
- During a tour of the building, we saw the toilet lid in the downstairs bathroom was broken. This posed a potential risk of injury and possibly a fall even if a person was being assisted by staff.

The concerns referenced above demonstrate a continuing breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Though the home was visibly clean in most areas and there were no unpleasant odours there were areas which had not been cleaned. We brought our concerns to the registered manager's attention and during our visit we observed these were attended to.
- We looked at the systems in place for laundry. The service had a system for keeping dirty and clean items separate.
- People were supported to understand safe hygiene practices. During our inspection we saw staff reminded people of the need to wash their hands.

Systems and processes to safeguard people from the risk of abuse

- There were systems and procedures in place to report and record safeguarding concerns identified. We saw safeguarding referrals had been made to the local authority and notifications to CQC.
- Staff received safeguarding training and regular updates.
- Staff we spoke with knew the types of abuse and what action to take should they suspect abuse was taking place.
- People we spoke with told us they felt safe. They said, "There's no bullying. Anybody will tell you, I'm the wrong one to pick for that", "I feel safe here – it always seems fine – if there's anything I need it gets sorted out" and "I can walk about with my two sticks and I feel very safe."
- Relatives said, "It's brilliant and it's safe. My [relative] is much improved since she's been here", "My [relative] is very happy here. (They) come three days a week. It's safe and (they're) not rushed" and "I feel that she's been really safe here – no falls since she's been here."

Staffing and recruitment

- We found there was a safe system of staff recruitment in place. We looked at four staff recruitment files which showed the provider had completed all the required pre-employment checks before they employed staff. These checks help to ensure people are protected from the risk of unsuitable staff being employed.
- Staff we spoke with told us there were enough staff on duty and that the registered manager was available to help. The provider showed us the dependency tool used to determine the level of staffing required. This was based on the needs of people supported, including people receiving day care, and how much support each person required. We found there were sufficient numbers of staff deployed to support people safely. People we spoke with said there was usually enough staff to support them when needed. They said, "There's always someone around. The response you get if you call depends on your needs" and "I think there are enough staff. At odd times they seem to disappear."

Using medicines safely

- There were safe systems in place for managing people's medicines. Records were fully completed and people received their medicines as prescribed. Medicines were stored safely and securely.
- Records showed that staff had been trained in the safe administration of medicines and had their competency to administer medicines checked by someone assessed as competent to do so.
- Protocols for 'as required' medicines were in place but we saw some cases where they did not always contain sufficient information to guide staff on when these medicines should be given. The registered manager told us all protocols were being reviewed and that these would be brought up to the same standard.
- We found the use of thickeners had not been recorded each time the person needing this had had a drink. Thickeners are medicines and like any other medicine should be recorded when given. They are used when a person has a medical condition such as dysphasia which causes difficulty swallowing. On the second day of our inspection, the service showed us revised documentation to record all instances when thickener was used.

Learning lessons when things go wrong

- Staff understood the need to report incidents of concern.
- Accidents and incidents were recorded and investigated accordingly. The registered manager and provider kept a log, so they could review action taken and identify patterns to prevent future occurrences. However, we found that learning had not been applied in relation to one person's choking risk to prevent further risk of harm.

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

The effectiveness of aspects people's care, treatment and support did not always achieve good outcomes or was inconsistent. Some regulations have not been met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us they were carrying out an audit to ensure people's consent to care had been appropriately documented in line with MCA principles. However, we found examples of where there was no evidence that people or their representatives had given their consent. Some rooms had a connecting door into another person's room. This was a bypass escape route to be used in the event of a fire. The provider and registered manager told us people and their relatives were aware of this arrangement. However, we found the provider had not demonstrated or recorded they had sought people's consent in line with the MCA.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate DoLS applications had been made to the local authority. The registered manager had a good overview of the DoLS authorised.
- People and relatives we spoke with said that staff always asked for consent before providing care. We saw that staff asked people's permission before transferring them from their armchairs to wheelchairs to take them into the dining room for lunch.

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

- People's bedrooms were comfortably decorated according to their own tastes.
- The provider had carried out some redecoration improvements across the home.

- The registered manager told us most people living at the service had a diagnosis of dementia. We did not see many features that could make life for people living dementia more comfortable, reassuring and calm. Signage to help find rooms within the home, decorations or pictures to help stimulate their cognitive abilities. There was limited signage to help people orientate themselves within the home's environment, maintain their dignity and promote independence and confidence.
- The pattern of the carpet in the lounge was not helpful to people who have a diagnosis of dementia and may have problems with spacial awareness.
- The provider could do more to help promote a dementia-friendly environment. We recommend the provider considers current guidance and best practice about creating an environment to better suit the needs of people living with dementia.

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

- In the main dining area tables were set nicely. The dining experience was pleasant with lively conversation amongst people. We observed other people having their meals in the TV lounge and eating from portable individual tables, the placement of some making it difficult for people to eat. We discussed with the registered manager and provider that this was not indicative of a pleasant mealtime experience. The register manager explained people in the TV lounge required more support when eating. They said this was in line with protecting people's dignity. They trialled an alternative seating arrangement.
- There were systems in place to monitor people who were at risk of poor nutrition. This included regular checks on people's weights either weekly or monthly depending on the assessed risk; referrals to a dietician; food supplements and fortified meals.
- The chef was aware of special diets and preferences and had lists to remind them.
- People and relatives told us the food on offer was good and that alternatives were offered. Comments included: "Always enjoyed the food here – I tend to have porridge toast and marmalade and a cup of tea", "The food is wholesome and plentiful" and "The food is OK. There are always choices available. They encourage people to eat sensibly."

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

- People's needs were assessed before they started to use the service and involved relatives and relevant professionals as required. This initial assessment was used to develop care plans and risk assessments that guided staff on how best to support people.
- Assessments of people's needs were comprehensive and identified expected outcomes such as personal care and safety, communication, eating and drinking, and social interaction.
- Relatives and a visiting professional told us people had the opportunity to visit the home prior to moving there permanently.

Staff support: induction, training, skills and experience

- Staff received an induction and training considered mandatory by the provider to carry out their roles confidently and effectively. Staff who were new to health and social care had been enrolled in a nationally recognised programme that sets out knowledge, skills and behaviours expected for specific job roles within the health and social care sector.
- Training was recorded on two systems. We found this led to a reduced overview of staff training.
- There were appropriate systems such as supervisions and competency checks to help ensure staff were supported in their roles and given the opportunity to identify areas for professional development. Staff who had worked more than a year received annual appraisals of their performance.
- People and their relatives felt staff were appropriately trained to carry out their roles. One person said, "It seems to me that staff are properly trained." A relative told us, "There are no shortfalls in the care provided. It's person-centred and the staff know what they're doing" and "Staff seem to know what they are doing. I

came in here with a [medical condition] and the staff sorted it out – I got help really promptly".

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

- People were supported with their health needs and had access to a range of health care professionals. Care records showed these included GPs, dieticians, psychiatrists, speech and language therapists (SALT) and community nurses. We identified one example where the registered manager lacked a thorough oversight in relation to a person who required a SALT review.
- We spoke with one visiting health professional who was complimentary about the home. They said, "It's really homely here. This placement has made a real difference to [person's] behaviour and mental well-being." The registered manager however
- People told us that staff supported them to proactively access the health services they needed. Staff gave us examples of the types of appointments they made on behalf of the people supported.

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

People were not always supported in a way that maintained their dignity and respect. Regulations have not been met.

Respecting and promoting people's privacy, dignity and independence

- People using the service were well-presented, clean and well-groomed and everyone was wearing fresh clothing of their choice. However, we saw one person in the TV lounge whose hair looked unkempt and their nails were very long and dirty. We spoke with the provider about this and they said the person did not like their nails being cared for however one member of staff was able to support this person effectively. We looked at the person's care plan and this reflected that their appearance was very important to them. On the second day of our inspection, we saw our concerns had been addressed.
- Several bedrooms within the home had a connecting door which led into another person's bedroom. This connecting door was a bypass fire escape route but meant a person could access another's room without their permission. The provider had not considered the risk of a person's privacy being compromised.

These concerns were a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us that staff encouraged them to be as independent as possible, mainly by getting them to do whatever they could, even when it takes longer and they are busy. Their comments included, "I can wash and dress myself mostly; I just need help to put trousers on, for example", "'I can walk with sticks, so I can get around the home by myself. I like it here" and "They've tried hard to get my partner to feed herself with adapted cutlery, but it's not been very successful."
- People's care records contained relevant information about the protected characteristics such as ethnicity, religion and cultural beliefs.

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

- People and relatives we spoke with said staff were kind and considerate. During our observations we saw many positive interactions between staff and people who used the service and visiting relatives. We saw many examples where staff walked alongside people who used walking frames encouraging them to mobilise at their own pace.
- Comments included, "The staff are very kind and considerate. They show this by being polite. They all love me. Part of the reason for that is that I always say thank you when they do something – anything – for me" and "Some of the staff are very kind. Beyond the call of duty."
- Staff we spoke with were knowledgeable about people's personalities, likes and dislikes. We observed the way staff interacted with people and demonstrated they knew them well.

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

- People and their relatives told us they were involved in developing their care and in reviewing the support they received.
- People told us they were able to express their views and that staff and management listened to them. One person said, "The staff are helpful and polite, they do listen, and they do know me well."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The registered manager told us people were bathed once a week and that an additional member of staff was brought in to assist. There was a bathing book in which staff recorded when people had a bath or refused one. This was a concern we raised at a previous inspection (June 2016). We commented that this practice was not person centred and asked the service to demonstrate that people had a choice. The registered manager said people had the option to have a bath whenever they chose. While no one we spoke with raised this as a concern, we recommend the provider reviews their structured system of bathing to reflect a more person-centred approach to care.
- Care plans were up to date and contained information about people's life histories, and what or who was most important to and for people, such as their relatives, interests and hobbies. There was also detailed information about people's support needs, ethnic and religious background and preferences. People's communication needs and preferences had been assessed and recorded in line with Accessible Information Standard (AIS). AIS aims to ensure people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services.
- The provider used technologies such as nurse call systems and room sensors to help ensure people received timely support.
- There was a wide range of group and individual activities on offer from Monday to Friday. These included quizzes, reminiscence, listening to music and external outings within the local community and further afield. We saw the weekly plan of activities in people's rooms and each activity was illustrated with an appropriate picture for the benefit of those who cannot easily read the text. During the first day of the inspection, we observed two separate group activities: bingo and a quiz. People with more advanced dementia were in another room and not part of this activity. However, there were other activities suited to people living with dementia on offer.
- There were no systems in place to record, collate and analyse individuals' participation in activities. This would help to ensure activities planned were more meaningful, person-centred and appropriate.

Improving care quality in response to complaints or concerns

- There was an effective complaints process in place. The registered manager investigated complaints thoroughly and took appropriate action to resolve the complaint.
- People and relatives were aware of the complaints process and how to make a complaint. No one we spoke with said they had made a formal complaint. They said, "If I had any concerns I would simply tell the manager; he would sort it out. He's very polite" and "I'd refer any queries to either the manager or the owner. If it were a care matter, I'd speak to the senior carer."

End of life care and support

- People were supported to remain at York Lodge at the end of their lives if this was their choice. Care records we looked at contained pertinent information about how they wanted to be supported and cared for at the end of their life.

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

Current governance processes and practice did not always consider potential risk and support the delivery of high-quality, person-centred care. At the last inspection there was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the provider's failure to submit their plan of action on how they would meet the regulations and improve the service provided and ongoing breaches of other regulations. We had requested this provider information in October 2017 and though the provider requested an extension, no submission was made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Current audit processes were not sufficiently robust as they had not identified the concerns we found during our inspection. This included record keeping around thickeners, fire safety concerns, monitoring potential changes in people's health needs and effective oversight of training.
- The provider had not established sufficient processes to effectively assess, monitor and improve the quality and safety of care provided. The concerns we found at this inspection relating to maintaining people's privacy and dignity, potential safeguarding risks and appropriate checks of the home's water system. This meant the provider and registered manager had not effectively ensured the standard of care was of good quality at all times.

These concerns were a continuing breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- 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.
- People and relatives we spoke with thought the home was well managed and found the registered manager was "polite", "helpful" and "would sort things out" if needed. They were also complimentary about the staff saying that they listened and knew them well.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The home had a calm and relaxed atmosphere. The culture at the home was warm and friendly.
- Staff told us they felt supported by the registered manager and the owner. We observed good working relationships amongst the staff team.
- We saw several staff had taken on the role of Champions for specific topics such as Dementia and Nutrition. One staff member explained that it was their responsibility to share best practice and new knowledge on this topic with the rest of the staff team.

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

characteristics; Continuous learning and improving care

- The service obtained feedback from people and their relatives through regular residents' meetings (held every three months) and feedback questionnaires. In the conservatory we saw a "You said, We did" display which showed how the service had dealt with feedback from people, relatives and staff. For example, people had said they would like a trip to Blackpool and this was being arranged for the summer.
- Regular team meetings were held. Staff told us they could put forward ideas and topics for discussion.

Working in partnership with others

- The home had good working relationships with the local authority who commissioned services and health care professionals. One health professional told us, "The staff are very good at keeping us informed. Staff go above and beyond as [person] doesn't have any 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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People's appearance had not been maintained in line with their care plan.</p> <p>The provider had not considered that some people's privacy and dignity were potentially compromised as a result of the bypass fire escape routes.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Regarding fire escape route access, people or their appointees consent to their room arrangements had not been recorded when discussed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People's safety was risk because fire doors were wedged open.</p> <p>A legionella risk assessment had not been carried out.</p> <p>A person's care plan was not being followed to help manage risks to their health.</p> <p>Areas of the home required more regular cleaning.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Current audit processes were not sufficiently robust.</p> <p>The provider had not established processes to effectively assess, monitor and improve the quality and safety of care provided.</p>

The enforcement action we took:

To serve WN