

Avenues East Mandalay

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 service

Mandalay is a supported living service providing personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection two people were receiving personal care. The service can support up to 6 people.

Mandalay is a purpose-built building with its own individual flats. 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 service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People's risks had been identified and assessed however, these required further improvement to ensure they were individualised to the person. We have made a recommendation around reviewing the management and updating of risk assessments for people. Staff had received training and were in the process of attending further specialist training to further develop their skills and knowledge. Where we identified gaps in agency staff training the manager liaised with the agency to ensure training was completed. 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. We have made a recommendation about the completion of MCA documents. The service had a manager who was overseeing the day to running of the service and they were working with the staffing team, people, and their relatives to improve communication and build positive relationships.

Right Care:

People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and people's relatives told us the care and support provided was consistent and by staff who knew them well. People's right to privacy was respected and staff encouraged people to regularly provide feedback through monthly meetings. Support plans included information on people's healthcare needs, preferences, goals, aspirations, and hobbies, however, they were difficult to navigate due to their size and content, information did not always triangulate across all areas of the support plans, so information was not always current.

Right Culture:

The culture of the service was open, inclusive, and staff were committed to supporting people to live as independently as possible. Improvements were required regarding the oversight of the service. Management needed to develop an effective auditing system to have a more robust oversight of the service and identify issues where learning is then embedded, and continued improvements can be made. People and their relatives felt their ideas and concerns would be listened to by management. Staff were complimentary about the new provider and felt there had been a positive improvement in communication and the management of the service. Staff told us they felt supported, and they were able to raise concerns with managers, and were confident any issues would be resolved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
The last rating for the service under the previous provider was requires improvement, published on 19 August 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to assess that the service is applying the principles of Right support right care right culture.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance. Systems were not always effective to do all that is reasonably practical to assess monitor and mitigate the risks to the health safety and welfare of people using the service.

We have made a recommendation around the providers management of reviewing and updating risk assessments for people. Providing more detail around the decision making process when completing mental capacity assessments and ensuring people's support plans are reflective of their care and support needs and are regularly reviewed.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan 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, which will help inform when we next inspect.

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 ●

Mandalay

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, however they were also the Regional Director and were not overseeing the service on a daily basis, this was managed by a Senior Operations Manager who was providing interim cover for the service. We will refer to them as the manager throughout the report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 November 2023 and ended on 06 December 2023. We visited the location's service on 21 November 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We received feedback from 1 person who used the service and 2 relatives about their experience of the care provided. We received feedback from 3 members of staff and spoke to the manager, a senior operations manager, and the registered manager. We reviewed a range of records. These included 2 people's support plans and medicines records. We looked at 2 staff records and 3 agency profiles, in relation to recruitment, training, supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

Staffing and recruitment

- We reviewed the agency profiles and inductions for all 3 agency staff and found only 2 to have completed induction paperwork signed off. One we found to be blank alongside important information relating to people's individual risk assessments had not been signed as read and understood. Agency staff had been covering night shifts as lone workers without having undertaken specialist training. Without being able to demonstrate all staff have the understanding and knowledge of people's needs, there is a risk they will not recognise important changes/ deterioration in their health condition.
- The registered manager and manager took action on the first day of our inspection and agency staff were refrained from lone working until completion of their specialist training.
- We reviewed staff recruitment files and found the provider was following safe recruitment processes including taking up references, identification checks and obtaining a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us there was enough staff to safely meet people's needs. Comments included, "We have decent adequate staffing levels," and "When there are vacant shifts in the rota, there are regular agency staff who fill the gaps."
- The manager told us there had been difficulties with recruitment, however they were actively recruiting, and we saw interviews being held during our inspection visits.
- Regular agency staff were being used to ensure the rota and any 1:1 support required was being maintained and fulfilled.
- During the inspection the registered manager and interim manager told us medicine competency checks, specialist training and the induction checklist would be completed as a matter of urgency. However this was also identified during their local authority quality assurance visit in August 2023 and measures had not been taken by the provider to ensure this had been completed.

Using medicines safely

- Medicines were not always managed safely.
- Medicine competencies had not been carried out for agency staff to ensure they were competent to safely administer medicines to people. We were told initially they had been completed, however after the assistant service manager had been looking for a while, we were told none had been carried out. The interim manager told us these would be completed as a matter of urgency.
- We looked at medicines administration records (MARs) for 2 people and carried out checks of their medicines. We found the number of tablets reconciled with what was recorded.

- We found 1 person had ear drops in their medicines box which were no longer in use, and a box of Paracetamol tablets which were not written up on the persons MAR chart, so we were unable to track when these were administered and how often. We also found strips of medicines tied with a band and a piece of paper noting the name of the medicine and expiry date. On further investigation the interim manager informed us the person's ice pack had melted and damaged the box, however this was not reflected on the audit undertaken by the assistant service manager on same day as the inspection visit.
- Medicines audits were carried out weekly and monthly to check medicines practices within the service. However, these were not always effective, as they failed to identify issues of concern we found during our inspection.

Although we found no evidence that people had been harmed, systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service. The management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Most risks to people's health and wellbeing were assessed and recorded. However, risk assessments were more generic and not as robust and individualised as they could be for people. For example: we found generic risk assessments in place stating, I could become diabetic and eat unhealthily, I could get burnt by the shower and I could miss a health appointment, with no real personalisation as to how this risk may affect the person individually.
- Staff were able to describe risks relating to individual people, one member of staff said, "When out in the community a person I support can get distracted and be unaware of road safety. I manage this risk by walking closely together and ensuring they do not put themselves in any danger. And we always use the pedestrian crossings."
- The provider kept an overview of accidents, incidents, and safeguarding's. These were reviewed on a monthly basis to identify any themes, trends, and any lessons to be learnt. However, we found this was not effective as a medicines error involving an agency staff member in June 2023 identified lessons to be learned to complete in house monitoring of competency needed for all staff including agency staff. This had not been implemented placing people at possible risk of harm. Whilst the service took immediate action to remove the agency staff member at the time, competency assessments for agency staff had not been implemented at the time of our inspection placing people at possible risk of harm.

We recommend the provider seeks guidance and support relating to the completion of risk assessments and risk management of people using the service.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Relatives told us they felt their loved ones were safe. One relative said, "They [staff] are well aware of [Names] needs and keep him safe." Another relative said, "Yes, they [staff] keep [Name] safe, I have no concerns."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff we spoke with were confident they would be able to identify abuse. They knew how to escalate concerns to outside organisations such as the local authority, the police and CQC if necessary.
- The provider had safeguarding policies and procedures in place and had circulated to people using the service and staff a safeguarding bulletin to raise awareness of 'Safeguarding Adults Week' signposting links with easy read resources and videos.

Preventing and controlling infection

- Staff told us they had access to enough personal protective equipment (PPE). The provider had an up to date infection prevention and control (IPC) policy. Staff had completed IPC training.
- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Some improvements were needed to ensure all staff consistently had the skills, training, and experience to support people with their needs. Staff received specific training on learning disabilities and autistic people. However, we found some gaps in refresher training and recording. This was addressed at the inspection, and we were provided with a schedule of planned training dates which had been booked.
- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. Some were existing staff who had transferred over from the previous provider.
- Staff told us they had just started to receive regular supervisions where they could raise any concerns and felt supported.
- Relatives told us they were confident in the staff's training and knowledge to support their loved ones. One relative told us, "They [staff] are on the ball, [Name] appears more relaxed and less anxious now. The staff are working hard to provide additional support to [Name]."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw MCAs had been completed for people to determine their capacity around specific decisions such as support and risk taking, communication and choices and money and possessions. However, these were very basic and did not include detailed information relating to how a person was supported to be involved in the decision making process.

We recommend the provider seek advice and guidance from a reputable source about the completion of decision specific MCA's when carrying out capacity assessments regarding decisions about a person's care and treatment.

- We saw evidence where a person lacked capacity and a Court of Protection application had been granted to appoint a deputy to act and make decisions on their behalf. The provider had supported this to be in place with other professionals.
- Staff completed training on the MCA and deprivations of liberty. Staff we spoke with could explain how they supported people making day-to-day decisions in line with the principles of the MCA. A member of staff told us, "This legislation means the clients we support are able to make their own decisions and to assume they have their own mental capacity unless stated otherwise."

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

- People's needs had been assessed prior to them moving into the service.
- People had been living at the service for a long time so there had been no new admissions, however the interim manager explained if there were a vacancy, an initial assessment would be completed and an invitation to a shared supper at the service would be offered to ensure people living at the service would have the opportunity to meet and greet.

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

- People were supported to maintain a healthy balanced diet where possible. People's individual dietary requirements were tailored to their needs, and staff were aware of any associated risks. A staff member said, "Any specific nutritional requirements (such as gluten intolerance) are listed in the care and support plans as well as any safeguarding issues such as the requirement of supervision during mealtimes due to choking risks."
- People were involved in choosing their food, shopping, and planning their meals. A staff member said, "People are encouraged to take turns to do a shared dinner on a Thursday evening where they are supported to cook each other a meal."
- People were supported to make decisions about what, where and when they wanted to eat, and this was respected.

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

- People's healthcare needs were assessed. People had access to a healthcare professional such as doctors, dentists, and specialists and either staff or relatives supported them to attend appointments where needed. This was reflected in their records and staff followed the recommendations from health professionals when providing care and support to people.
- People had health action plans which included important information about their health and a hospital passport which included key information about their medicines as well as their health and communication needs. This is used to ensure staff have relevant information about people when they go into hospital. However, from the 2 we reviewed some further improvements are needed to ensure updated information documented in people's support plans is then transferred into the health care plans and hospital passports to ensure information is current and up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff knew people well and were able to tell us about people's care and support needs. Written feedback we received from one person told us they were happy with the support they received, and the staff were kind, caring and they felt listened to.
- Relatives told us they were happy with the service being provided. One relative said, "[Name] loves it at Mandalay, and enjoys their voluntary work, the staff ensure they go out regularly with [Name] to do things they like. [Name] enjoys trips to the cinema which staff facilitate at weekends. Another relative told us, "The new provider seems on top of things, as a family we have encouraged [Name] to lead as full a life as possible, being out in the real world and staff support [Name] to do this."

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

- People were given the opportunity to express their views and make decisions about their day to day care and support. Staff met monthly with people and included people's goals and achievements for example, one person had been supported to use the library computer as a way of trying something new to work towards a new goal.

Respecting and promoting people's privacy, dignity, and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. A relative told us, "[Name] is going further afield now to different places, they [staff] have been working hard to make it happen." Another relative told us, "Although [Name] does like to go out, [Name] is also independent and enjoys their own space and quiet to read books and listen to music and staff respect [Names] wishes.
- People valued their independence and enjoyed being involved in the day to day running of the service. The staff encouraged people to do as much as they could for themselves and offered support where needed. For example, one person had peeled their own apple with a member of staff being on hand to offer support.
- We observed people moving freely without restriction around the service, using the communal area and then back to the privacy of their flat when they wanted. A member of staff told us, "We encourage and promote independence, for example I support [Name] to make a shopping list and we go to the supermarket. I give [Name] the list with around 10 items, [Name] will then get a trolley and go round the shop picking up items (I am not far behind watching) however [Name] does this independently but am always close so if any support is needed, I am there."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider had a complaints overview in place and a complaints policy and procedure in place. We saw a recent complaint had been responded to and the complainant satisfied with the outcome and response, this was confirmed by the relative.
- We found although complaints were logged and responded to there was no oversight regarding concerns raised within the service. For example, a relative informed us they recently raised a concern to the manager, on reviewing the complaints overview this had not been logged as per the providers complaints procedure for transparency.
- After the inspection the manager informed us, moving forward any concern raised would be entered onto the complaints overview to ensure openness and transparency within the service and to improve outcomes for people.

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

- People had support plans in place which contained a lot of information about a person's background, goals, needs and abilities, medical history, and care outcomes. However, these were not regularly reviewed or audited and due to the size and content of the document it was at times difficult to find the information you needed.

We recommend the provider seek advice and guidance from a reputable source, about ensuring people's support plans are reflective of their care and support needs and are regularly reviewed to ensure all information is consistent and current.

- People's support plans included a one-page profile. This gave information about what was important to the person, their likes, dislikes, their preferred routine and how they like to be supported.
- Staff had recently undertaken positive behaviour support training to enable them to develop further skills and enhance their knowledge to support people who were communicating their needs whether it be through distress or agitation. We saw a positive behaviour support plan in place for a person describing how they expressed themselves, the potential triggers which may cause them distress and how staff could further support people to diffuse certain situations.
- Staff knew people's wishes and how to provide care and support which was individual to them. Comments included, "I support people to participate in activities of their choice" and "I always try to empower people to be independent and seek support if needed."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had access to information in formats they could understand. People's support plans contained information in both written and pictorial images for easier understanding of their information.
- People had individual daily planners in their flats to assist them in knowing their plans for the week ahead. A weekly planner was also held in the office which people could also access freely. Relatives confirmed this, one told us, "[Name] has a routine list in his flat with what is happening daily, so he knows what he is doing."
- The manager told us they also use 'now and next' boards for some people, which is a visual tool and can be used to help support people to visualise what is happening during the day for them.

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

- People were encouraged and supported to pursue their chosen activities. We saw people's preferences in this area recorded in their support plans.
- People had weekly activity planners developed in line with their activity choices. For example, visiting their favourite places of interest, going to the gym, cinema, bus trips and going out for a daily coffee and snack.
- People had close family members whom they saw regularly and spent time with.

End of life care and support

- There was no one receiving end of life care at the time of this inspection.
- The manager told us it is a very sensitive subject due to the age range of people using the service, however said they would discuss this with the person's next of kin should their health deteriorate.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The providers current governance arrangements and oversight of the service were not robust or effective in identifying and following up actions needed. Particularly with regard to, medicines, care planning and ensuring appropriate training competencies and induction is completed for all agency staff.
- The registered manager and manager failed to have a robust range of checks and audits to monitor the quality of the service and make improvements when needed. Those that were in place had not always been effective. For example, monthly and weekly audits of medicines had not identified and addressed the issues we found on day 1 of our inspection.
- Where safeguarding alerts had been raised with the local authority, we found on 1 occasion the manager had not notified CQC. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services. The manager advised this was an oversight on their behalf and moving forward would ensure CQC are notified where required.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Following the inspection, the registered manager told us they were going to be receiving support from their quality assurance team to implement a more robust monitoring and auditing system moving forward.

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

- People were supported to make choices about their daily lives. Staff gave us examples of how people were supported to make choices. Relatives told us their loved ones were treated with respect and listened to by staff and gave us examples of how they were supported to carry out their preferred activities. We observed on both days of our inspection people supported to access the community when they wished to.
- Staff told us they felt supported. They felt they were able to speak to the manager and assistant services manager if they wanted advice or support. One staff member said, ". I have worked with [name of assistant service manager] for over 1 year and they are very approachable. I do feel like I can talk to them about any concerns."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager and manager were aware of their requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- Relatives told us they had not been invited to provide feedback in any formal capacity for example, questionnaires or surveys since the new provider had taken over. However, relatives we spoke to told us they were in regular communication with the service and felt communications were improving.
- We saw minutes from team meetings and resident meetings which had taken place. People were invited to complete a customer questionnaire which included questions 'are you supported staff kind', 'are you able to choose what you want to do'. Including any actions taken and by whom.
- Staff had received a 1:1 discussion with the registered manager and a senior operations manager to discuss the transition to the new provider, and relatives told us they were kept updated regarding the change of provider and were invited to attend a meeting.

Continuous learning and improving care; Working in partnership with others

- The registered manager and manager was responsive to our feedback. They were aware of what was needing to be done to make improvements to the service and were currently working through an action plan from a recent local authority quality visit.
- The service worked with other professionals to help provide people with joined up care. This included the local authority, speech, and language therapists, learning disability nurses and GPs.
- The service also worked with other specialist organisations to enable staff to retain and enhance their skill sets to improve outcomes for people.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found no evidence that people had been harmed, systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service. The management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>