

The Council of St Monica Trust

The Russets

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Russets is a residential care home providing personal and nursing care to 95 people aged 65 and over at the time of the inspection. The service can support up to 105 people.

The Russets has six units. There is one unit (Sherwood) offering nursing care. Then there are five units Ashmead, Bramley, Crispin, Discovery and Encore for older people living with dementia.

The premises were purpose built to offer care to older people who may have dementia and/or a physical disability. All rooms are on the ground floor and have en-suite bathrooms.

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

People and relatives felt the core staff team were caring and trained effectively. Some people and relatives said they would prefer if more staff were on duty. Some staff wished they always worked with permanent staff but understood the need to use agency staff. The provider informed us they had added additional staff hours during the inspection process, in response to the feedback given.

People's medicines were not always managed safely. People's care records lacked some personalised detail. We have recommended the provider ensures care plans provide staff with the information they need to support person centred care.

Changes and improvements had been made to the systems and processes operated by the provider. Further improvements were needed to ensure issues relating to risk and quality were identified and dealt with.

Staff listened to people and involved them in planning their care. Staff were mindful of people's right to consent to their care and treatment. 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.

People had their dietary needs met and they could see their GP for any health concerns from a GP that attended the service twice a week. Their oral, foot and eye care needs were met. People saw specialist health care staff for specific needs such as diabetes and Parkinson's. The older person mental health team was also available to support staff.

The activity staff were given special mention by people and there was good work going on by these and the activity champions to provide meaningful activity for people.

Rating at last inspection and update

The last rating for this service was Requires improvement. The report was published on 15 December 2018.

There were breaches of the Regulations. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Russets on our website at www.cqc.org.uk.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

We inspected the service in line with our inspection programme.

Enforcement

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led 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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

The Russets

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by one adult social care inspector, one pharmacist inspector, one specialist nurse, two assistant inspectors and one Expert-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.

Service and service type

The Russets 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.

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 before the inspection

Prior to the inspection we reviewed the information available to us. This included the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed the action plan the provider had submitted following their last inspection.

During the inspection

We spoke with 17 people who used the service and 11 relatives about their experience of the care provided. We spoke with 22 members of staff. This included care workers, nurses, activity staff, catering and staff whose role was to clean and maintain the premises. We also spoke with the registered manager, two deputy managers, nominated individual and a director of the Trust. We used 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.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek and receive clarification from the provider to validate evidence found. We communicated with the local commissioners to advise them of our findings

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 Requires improvement. At this inspection this key question remained the same.

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.

Using medicines safely

- We found the management and administration of medicines was not always safe.
- The provider reported in the Provider Information Return (PIR) that there had been a significant number of medicines errors during the period to June 2019. Between June and this inspection in December, we found there had been approximately 16 more errors relating to medicines. In November 2019 the provider met with the registered nurses to discuss this.
- During this inspection we found there were not always suitable arrangements for medicines needing cold storage. Fridge temperatures were monitored, however there was no action recorded as being taken if the temperatures were out of range.
- There were protocols for some medicines prescribed to be taken 'when required', to guide staff as to when it would be appropriate to give a dose. However, we found that these were not completed for all medicines prescribed this way. We saw that when aperients were prescribed with a variable dose no information was available to direct staff how many to administer. We also saw that no reason was recorded when a particular dose was administered. For another person the regular dose of an analgesic had been stopped but this was not updated on the "when required" protocol.
- One person's records showed that one medicine was out of stock on the day of the inspection. This medicine had been recorded as out of stock for six days. There was no record that this medicine had been ordered and when a member of staff contacted the surgery they were asked to send in a request as they did not already have one. We saw that one person who was looking after their own eye drops had not had any supplied to them since March 2019. When this person was checked with they told us that they did not have any eye drops, and that had asked staff for them. A supply was given to them during the inspection.
- There were systems in place to record the application of topical creams and other external preparations, and guidance was available for staff on how to apply these. However, we found that the record was completed by the senior care worker and not by the person who had carried out the application.
- There were systems in place to report any medicines errors or incidents. Regular medicines audits were completed, and we saw that some issues were identified, and actions for improvement recorded. However the areas for improvement that we found had not been identified and addressed.

Assessing risk, safety monitoring and management

- Risks associated with people's skin and wound care were not always well managed. We saw incident reports which showed one person's wound had deteriorated because of a lack of treatment, and a record

which showed one person had not received skin care as required.

- Maintenance of equipment was carried out. However, we found these records and checks did not cover one suction machine and the blood pressure monitoring machine on one unit. This had not impacted on people's safety. The provider told this was an omission which they addressed immediately.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We noted some good practice in relation to medicines. For example, we observed medicines to be administered using a safe method; staff received training in medicines annually; competencies were checked in induction and as part of annual appraisal; the timing of one person's Parkinson's disease medicine was carefully managed to ensure they received these medicines when they needed them; medicine records were completed and doses signed as administered in accordance with the prescription.
- People had core risk assessments completed in respect of their lives and the risks they face. For example, risks associated with falls, skin, when being supported to be moved by staff and risks of malnutrition were assessed.
- People could be reviewed by the in-house physio and, staff could refer individual residents for assessment and/or review.

Staffing and recruitment

- The provider had recently introduced a new staffing structure., This was a relatively new initiative to this service and is being overseen by a project manager and is ongoing.
- During the inspection we spoke with 17 of the 95 people living at the home. We also spoke with 11 relatives and 22 members of staff. We received 20 comments from people in relation to staffing. Eight of those comments referred to needing more staff. We received five comments about staffing from relatives and two of those related to the need for more staff at busy times.
- People had confidence in staff but did not always feel this level of confidence if agency staff were supporting them. Staff also felt that they could manage better if permanent staff were on duty, rather than agency staff. Some staff expressed confusion at the changes to the staffing structure and reduction in nurses on duty. Other staff said the change in staffing structure was an improvement.
- Based on feedback we gave the provider after our second day of inspection; an additional member of staff was added to work between two of the units at the home.
- Staff were recruited safely. All checks were in place as required to ensure they were safe to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- Staff described how they would identify abuse was taking or had taken place. They told us they would share any concerns with staff senior to them.
- Staff felt action would be taken to keep people safe.
- A staff member said, "I do think it's good. If I passed concerns has always been dealt with".

Preventing and controlling infection

- Systems and processes were in place to ensure people were protected from infection.
- People and relatives were happy with how the service and people's living spaces were kept clean. A person said, "My room is always cleaned on a regular basis, it is very clean, and I have my own belongings inside of it".
- We observed all areas of the service were clean and fresh smelling

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us, "The GP comes in to see you on a Tuesday and Thursday if you need them" and, "I see the GP on either a Tuesday or Thursday, so they do come in if you need them." One person told us, "I would like to see the doctor without a nurse present", and we passed this information on to the provider to deal with. A relative said, "When [my relative] was living alone, they used to get swollen legs and kidney infections though they don't get that anymore since being here." • One person said they felt their health had improved.
- Staff knew people well and could identify any changes in people's health and this would be passed on. The nurses, heads of unit and/or management would make sure this was addressed.

Staff support: induction, training, skills and experience

- Staff were trained to carry out their role. Staff across the service, regardless of their role had training in key areas to support people. People felt core staff were trained.
- Staff told us, "Training is really good. Mandatory update every year. Induction update. Any extra training; dementia, meds you can do that as well. It is down to us individual"; "You can choose the training you want" and, "The Induction was five days; this was comprehensive training. Brilliant induction".
- Staff told us, and records showed, supervision was provided at regular intervals. Staff said they also could approach any of the nurses and management for advice and support.

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

- People's needs were assessed when an enquiry was made about their coming to stay at the service.
- People had initial care plans in place that were in place for staff to know what people's health needs were.
- People were asked about their past life and to identify people important to them.

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

- People told us they generally liked the food and alternatives could be provided if they requested it. One person commented, "I like the food here, there is a good choice". • We observed that people were offered alternatives during the inspection and staff were quick to identify that someone was not enjoying their meal.
- A relative told us as well, "There are lovely meals here, but [my relative] didn't like them. However, the staff are always very accommodating, offering her something else instead. They took their time to understand what she would like. They have also encouraged her to eat, by offering different options to encourage her e.g. fresh orange, milkshakes."
- Other people commented, "I think the food is nice, I enjoy what I have – it is very nice" and, "I enjoy roast

dinners they do a nice dinner here, yes they do."

- People who were losing weight or appetite were reviewed by their GP and plans were put in place to support people. The kitchen staff had the necessary details to provide people's food in line with their assessed needs.
- We saw that people's food when it had to be softened was served in an appetising way.
- People were given drinks of their choice and checked to ensure they were drinking enough when there was a concern. People commented, "There is enough to drink and eat here, we get tea/coffee frequently and there is squash as well" and, "I can have a beer or lager when I want".

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

- A local GP attended the service twice a week and referrals were made in line with local agreements.
- The service worked with the local older people's mental health service, podiatry, tissue viability, speech and language service (SALT) and dieticians as needed.
- The nursing and physiotherapy/occupational therapy needs were met from the in-house nursing and physiotherapist.

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

- The service was designed and built to meet the needs of people living with dementia and other physical needs. Each area had a kitchen, communal lounge and dining area and, bathrooms.
- Equipment within the service, such as ceiling hoists had been added to assist in moving people in their rooms where needed.
- People were supported to make their rooms personalised and familiar. A person told us, "I like my room, it has everything in it that I need and would like."
- Signage in line with good dementia practice was used to support people to identify important rooms, such as toilets.
- The garden was designed to support people to be able to go out safely and be involved in gardening, for example. Some of the flooring was suitable for people who may be at risk of falls.
- The equipment and premises were well maintained to ensure people were safe.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The staff and management understood their responsibility under the MCA.
- The provider ensured there was training, policy and procedures in place to support staff to take the right action.
- DoLS had been applied on behalf of people who were unable to consent to their own care and treatment.
- Staff knew when they were acting in people's best interest and when they needed to consult with others

who had lasting power of attorney or another professional.

- Staff told us, "I try to ask people as much as I can; show them the meals, ask if they prefer bath or shower, things like that" and, "We go from the DOLS assessment; we still give people choice. I respect people's choices. Management are quite on top of that."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- People and relatives felt the staff were caring and did their best to meet their needs.
- People gave us a mixed view of staff ability to listen to them and support them to make choices even if they were very busy. One person said, "The staff are very kind and helpful, they listen to me and I feel respected. They are always polite and friendly though I think there isn't always enough of them." Another person said, "They [staff] don't have time to talk to me, it would be nice for them to stop and talk to me".
- Staff felt their time to speak with people was limited adding, they had more time in the afternoon to sit and talk with people.
- We observed the heads of units used their time to communicate with relatives of those people who could not communicate. This was a respectful and a two-way communication about how people's days had been

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

- We observed staff to be caring and kind to people. Staff responded to reduce people's distress and diverted them to a meaningful activity or gave them a drink and talked with them.
- People told us, "The staff are very considerate, and they are caring"; "There is a good service here, friendly staff and you can go out into the grounds in the summer – it's very nice" and, "The carers' are always very kind to me, I don't know why really but they are. The girls will do whatever you want them to do, they are ever so good."
- Relatives commented, "The staff are lovely from top to bottom, lovely surroundings and staff in general" and, "We are always made to feel welcome when we come, they know who we are and what is happening."
- A staff member said that though it was their view that there were not enough staff, the care staff were excellent in supporting people and ensuring they had their rights respected.
- The PIR told us how the service was inclusive to all people regardless of their identity and ensured faith, culture and sexuality were respected. We observed people had their faith respected.

Respecting and promoting people's privacy, dignity and independence

- A person told us, "I have my own private space, nobody wanders into my room and I can ask staff to give me a moment to finish getting dressed. I do feel respected here, yes. Carers will chat to you as well, they like to have a chat."
- We observed that staff spoke with people politely and care was completed discretely with people's dignity and privacy respected.

- Staff spoke with us about how they tried to ensure people remained as independent as possible for as long as they could.

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 Requires improvement. At this inspection this key question has remained the same.

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

- At the last inspection, we found a breach of regulations as people's care plans did not always contain important information relating to their needs..
- At this inspection, permanent staff knew people well as they had worked at the service for a long time. The service was using several agency nurses and care staff. The provider endeavoured to request individual agency staff who worked at the service previously, and therefore had some knowledge of the people living there. We were told each member of agency staff is provided with a written handover "crib sheet" as well as a verbal handover.

Some care plans lacked some important detail. For example, one care plan recorded the person would sometimes refuse care especially from unfamiliar staff, however it was not recorded that they preferred their care to be given by a female carer.

We recommend the provider ensures care plans provide staff with the information they need to support person centred care.

- Care plans were in place to support good skin care.

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.

- There was minimum detail in people's care plans in respect of their ability to communicate and what other means staff should utilise to support people to communicate.
- The care records mentioned if the person had to wear hearing aid or glasses.

- People and relatives told us that they felt staff consulted them about the care.
- People told us, "I saw a copy of my care plan when I first moved in, I don't remember seeing one recently; I can't remember" and, "I haven't seen a copy of my care plan though I have been asked if I am happy with my care. I know what my medication is for, staff have explained this to me."
- Relatives told us, "As a family we are regularly involved in her care plan reviews, yes" and, "We've had a couple of meetings about mum's care and support to check we were happy with the arrangements".

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 and relatives were really positive about the level of activity available to people.
- A person said, "I have a leaflet of activities; there are a few things you can do here, and we always get a leaflet showing what is on. I am only here for a short time, so I haven't been to anything yet."
- Staff in each unit were nominated as activity champions which meant there was a constant flow of ideas.
- There were two activity members of staff who were highly regarded and named often to the inspection team. We observed these to be extremely active during the inspection. Activities staff held regular meetings with staff to discuss activity options and simple, meaningful activities for individuals to engage with. For example, poetry reading.
- We saw there were lots of Christmas activities taking place, such as making decorations and baking mince pies. One person proudly showed us the table decorations they had made for Christmas day.
- One person was supported to complete jigsaws to reduce their anxiety. Staff avidly spoke about the jigsaws with them and the person in return was seen to be proud of their achievements.
- External entertainment came to sing carols which was enjoyed by those taking place.
- Regular minibus trips were offered to places such as the garden centre.
- There was the "Club House" which was a central activities hub where people could go in small groups or individually to take part in an activity. We observed an intergenerational session in the Club House; nursery children came from a nearby school visited the service, to sing to and with people at the service. People and children were within an environment decorated for Christmas; they shared refreshments and had a fun time together.
- A magic table for people had been purchased to be shared across the units, so everyone could use this interactive tool for people living with dementia. A virtual reality headset enabled people to experience short snippets (10-15 minutes) content relevant to the individual. For example, a person enjoyed watching a singer through the headset, enabling them to relive their time as a singer.
- Across all units, there was a "pen pal" system in place enabling people living in the extended retirement village to form social connections with people living in the service. Activities staff reported this was working well; providing individual's with opportunities to form new social bonds and, fostering improvements in self-confidence and self-concept.

Improving care quality in response to complaints or concerns

- There were systems in place to support people to complain formally or informally. One person said they had spoken to staff about their continence aids being used by someone else. We have asked the registered manager to review this as the person did not feel they had a response that worked for them.
- A person told us, "If I wanted to make a complaint if I would speak to staff here, though I haven't needed to" and another, "I know how to make a complaint if I wanted to, though I don't so it isn't important".
- A relative said, "If we are unhappy with anything we go and tell the staff, anyone of them. They are always quite receptive".

End of life care and support

- People were encouraged to think about how they would prefer their end of life needs met. Relatives were also consulted. A relative said, "My relative is receiving palliative care, I have been involved in discussions around her end of life care and medication. The service keeps us well informed about what is happening."
- People's need to pass away without pain were managed by the nurses and GP.

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.

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

Whilst some improvements had been made since the last inspection and there were systems in place to assess quality and risk, these were not always effective in identifying and addressing shortfalls. This included issues relating to the management of medicines and person-centred care planning.

Continuous learning and improving care

- We found that the service had implemented changes to help improve the service being provided and had developed more robust oversight systems. Further improvements were needed and were ongoing.

The above issues are a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- The service was managed by the St Monica Trust. They were a charitable trust with the values of "We are people people, we are caring, we are honest, we are responsive, we are inspirational and, we are dedicated".
- The service was run by a registered manager, two deputy managers and each unit had a lead staff member to coordinate people's care. The management was supported by an administrative team.
- The current structure of management was a recent change and was continuing to embed. The registered manager started to work in that role in August 2019 and was registered with us in October 2019. They expressed a passion in respect of areas of change they wanted to bring in, but it was early days. A relative said, "I think the change in management has had a [positive] impact" citing improved communication about their relative's lives as an example. Another relative told us, "I don't know who the new manager is, I'm not sure who it is. I feel they [care staff] do a good job, they have been brilliant with mum really. I think the service feels well managed, we haven't really had a problem."

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

- There were plenty of opportunities for people, relatives, staff and professionals to give their feedback about the service..

- "Meet the team" meetings had been brought in by the registered manager to enable relatives and people to meet with staff monthly. These rotated around the six units in the service. Relatives told us, "There have been relative forums and we have had an opportunity to attend. We have completed surveys and feedback forms, though I am not sure what the outcome of these were"; "There are relatives meetings; I have attended though I was only interested in things affecting [my relative] really. There hasn't been anything significant coming out of the meetings" and, "I haven't had a relative's survey though I have been invited in to attend a relative's meeting. I found the meeting helpful, for giving updates about developments in the service".
 - The service also produced a newsletter that informed relatives of events, key staff rewards and communicated to the wider audience.
 - Staff gave us a mixed view of the service and the support by management and the provider. All staff felt they could link with their immediate line manager. Some felt the new registered manager was a positive change. One staff member said, "The management change is a good change. I feel much more comfortable, we treat each other like colleagues. Never had that before". Another staff member said, "The management are fine. Trying to find their feet."
- Working in partnership with others
- The registered manager attended a local forum for registered managers. Ideas were then brought back to the service.
 - The GP and service had a close working link to ensure health needs were met and learning shared.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12(1)(2)(a)(e)(g) Care and treatment was not always provided in a safe way for service users in respect of ensuring all risks were assessed, medicine management was safe and, equipment was safe to use.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17(1)(2)(a) Systems and processes were not operating effectively to assess, monitor the quality and safety of the services provided including the quality of the experience of service users.