Coseley Systems Limited

Meadow Lodge Care Home

Inspection report

445-447 Hagley Road
Edgbaston
Birmingham
West Midlands
B17 8BL

Tel: 01214202004
Website: www.meadowlodgecarehome.co.uk

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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this home on 19 and 20 April 2016. This was an unannounced Inspection. The home is registered to provide personal care and accommodation for up to 22 older people. The home provides care to older people with a variety of needs including the care of people living with dementia. At the time of our inspection 16 people were living at the home and one person was in hospital.

The service was last inspected in April 2015 when we found the service was not compliant with one of the regulations we looked at. The provider did not have suitable arrangements in place to ensure people who use services were protected against the risks associated with poor standards of hygiene and infection control. We asked the provider to make improvements to the risks of infection and at this inspection we found some improvements had been made. At the last inspection we noted that systems in place to monitor the quality of the service had improved and were more effective than they had been in the past. At this inspection we found that the progress had not been consistently sustained.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We found that whilst there were some systems in place to monitor and improve the quality of the service provided, these were not always effective in ensuring the service was consistently well led and compliant with regulations. Audits and monitoring systems needed to be improved; these included the monitoring of medicine management in line with practice guidance, monitoring and reviews of staff practices and the prevention of infection. In addition the service had not ensured they had effective systems in place to analyse feedback from people to develop and improve the service.

You can see what action we told the provider to take at the back of the full version of the report.

Through speaking with people and their relatives we found that people felt safe living at the home. Staff were aware of the actions they needed to take to ensure people stayed safe and were able to describe risk management plans for individual people. People were supported by staff who had received training on how to safeguard people from abuse and were protected by staff who had been safely and appropriately recruited. We found that some improvements had been made to prevent the risk of infection, however further improvements were needed. Medicines were administered as prescribed, however the safe management of medicines was not always adhered to in line with good practice guidance.

Most staff told us that they were provided with the appropriate training to ensure they had the right skills to meet the needs of individual people living at the home. However, some staff told us that they did not have the appropriate knowledge or skills to support people with their specific dietary needs. People told us they were offered a choice of meals at lunchtime, but expressed their views about the lack of variety.

Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care. The registered persons had not taken all of the necessary steps to ensure that people's legal rights were being protected. People were supported to access relevant health care professionals who were appropriately involved in people's care.

Staff were seen to be kind and caring, however there were times where people had their privacy and dignity compromised.

Some people told us that they were involved in the planning of their care and were asked how they wanted to be supported. People and those that mattered to them did not always contribute to the reviewing of care plans. Some care plans we saw did not include people's interests. Some people did not have the opportunity to participate in meaningful and individual activities which they enjoyed. People were confident that their complaints would be listened to and acted on if they raised an issue.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some improvements had been made to prevent the risk of infection to people, but further improvement was required in staff practice.

Staff were aware of their responsibilities for safeguarding people they supported. People's needs had been assessed and where risks had been identified, staff made sure people received support that kept them safe.

People received their prescribed medicines from staff as directed by health professionals.

Is the service effective?

Requires Improvement

The service was not consistently effective

Staff had received most of the training and support they needed. However, they did not all have the knowledge and skills required to support people with specific health needs.

Staff understood the principles of the Mental Capacity Act 2005. The registered persons had not taken all of the necessary steps to protect the rights of people in the home.

People told us they had choices of meals, but menus lacked variety.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always treated with dignity and respect.

Families and friends could visit without restrictions.

People told us they were involved in the planning of their care and were supported by staff who were kind and caring.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always having their individual needs and interests appropriately assessed.

A number of group activities were available to people, but they did not always reflect people's personal interests.

People told us they knew how to raise complaints and were confident their complaint would be responded to satisfactorily.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Quality checks had not reliably identified and resolved shortfalls in the care and facilities provided in the home.

The monitoring and management of staff practices was not robust.

People and their relatives had been asked for their opinions about the home.

Meadow Lodge Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on the 19 and 20 April 2016. The inspection team consisted of one inspector and an 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.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. We also spoke with service commissioners (who purchase care and support from this service on behalf of some people who live in this home) to obtain their views. All this information was used to plan what areas we were going to focus on during the inspection.

During the visit we met and spoke with 10 of the people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing day to day life and the support people were offered.

We spoke with two relatives of people and two visiting health care professionals during the visit to get their views. In addition we spoke with the owner of the home, the registered manager, two senior care assistants, three care assistants and two catering staff.

We looked at some records including three people's individual care plans and medication administration records to see if people were receiving their care as planned. We looked at two staff files including the registered provider's recruitment process. We sampled records from training plans, resident and staff

meetings, and looked at the registered providers quality assurance and audit records to see how the provider monitored the quality of the service.

Following the inspection visit we spoke with five relatives of people for their views.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in April 2015 the provider was not meeting the requirements of the law in relation to the control and risks of infections. We asked the provider to send us an action plan outlining how they would make improvements. They told us that the improvements needed in the home environment would be completed by July 2015.

At this inspection we found that some improvements had been made. Staff told us that they had received infection control training. We saw and staff told us that they had regular access to personal protective equipment, such as gloves and aprons. The registered provider advised us that they had purchased a new commode system to reduce the risk of infection and contamination. At our last inspection we saw that laundry was not always moved around in laundry containers. At this inspection we saw laundry in appropriate containers accompanied with the use of disposable infection control bags. However, on two occasions we found laundry bags containing soiled clothing on the floor. Two visiting health professionals advised us of occasions when they had witnessed poor infection control practice within people's bedrooms and advised us that they had raised concerns with the registered manager. The detail of the issues was raised with the registered manager and meant in practice that further improvement was needed to reduce the risks of contamination to people living at the home.

The general cleanliness of toilets and shower facilities had been improved. Flooring had been replaced in communal areas and bedrooms which had addressed issues related to odour control and hygiene. We noted that the designated smoking room had been refurbished following our last inspection visit. One person living at the home told us, "It's much better now. I can sit and enjoy my smoke."

The garden and patio area was accessible for people living at the home. People told us that they enjoyed spending time in the garden. We noted that some of the patio furniture had been replaced. The registered provider told us that all improvements to the garden were due to be completed by summer 2016.

People we spoke with told us that they received safe care. We saw that people were relaxed and that they responded positively towards staff. A person living at the home told us, "I felt settled here from my first day. I had lots of falls when I lived on my own and I've had none whilst living here. I feel much safer." Relatives we spoke with told us they were confident people living at the home were safe. One relative told us, "[name of relative] is safe and secure. They are at risk of falling and the staff manage that well."

People we spoke with told us that they had no worries or concerns about the way they were treated. One person told us, "If I had any worries I would tell [name of staff]. She is lovely." Staff we spoke with could describe different types of abuse and what action they would take if they had concerns. Staff understood how to report their concerns to the registered manager or to external agencies such as the safeguarding teams or the Care Quality Commission (CQC). We saw that the registered manager shared safeguarding concerns with staff and had applied learning from previous safeguarding investigations to improve people's safety and improve staff practice.

The registered manager had identified potential risks relating to people who lived at the home. Care plans had been written to instruct staff how to manage and reduce potential risks to each person. We saw risk assessments contained guidance and clear instructions for staff on how to minimise risks to people's health and wellbeing and we saw they were reviewed regularly. We observed moving and handling activities. We found moving and handling activities were undertaken safely and with a dignified approach. Accidents and incidents were recorded and up to date. Records had been analysed by the registered manager to identify any trends or patterns to prevent further reoccurrences. Staff told us that they had received training in first aid and fire safety and that this provided them with the knowledge of how to respond to different emergencies.

People and their relatives told us they felt there were currently enough staff available to meet their needs. One person living at the home told us, "There is usually enough staff on duty. They have been a bit short-staffed because of all the 'flu'." Some staff we spoke with said there were usually enough staff available to meet people's needs. One member of staff told us, "There is enough staff. I never feel like I'm rushing." We saw that in addition to care staff supporting people with personal care they were also undertaking various domestic duties due to staff absences. We saw on the day of the inspection this had not had any impact on the care provided to people. However, we discussed our findings with the registered manager who advised us of their intentions to review staffing levels to ensure there were sufficient staff to undertake domestic duties.

On the day of our inspection we observed care staff engaged in carrying out a variety of tasks. Staff did not appear rushed and answered call bells in a timely manner. We asked the registered manager how staffing levels were identified. They told us staffing levels were based on the number of people in their home and their needs but they had not used a staffing tool to demonstrate how the needs of people had been assessed.

Staff recruitment was robust and ensured that people were supported by suitable staff because the provider checked the character and suitability of candidates prior to them being recruited to work at the home. Staff confirmed that the checks had been undertaken before they commenced working in the home

We observed medicines being administered and saw that people were supported appropriately to take their medicines. People told us that they received their medicines at the times they needed them. One person told us, "I have my tablets on time. They [the staff] have their mind on the tablets when they are giving them out." We saw people refusing pain relief and that was respected by the member of staff. Staff we spoke with told us they would approach the person later in case they changed their mind. We saw that medicines were kept in a suitably safe location. The medicines were administered by staff who were trained to do so and staff we spoke with knew people's specific conditions and how to support people to take their medication in line with their care plans. We noted however there was no system in place to monitor staff competencies and ensure they remained competent to continue to administer medication safely as people's needs changed. Where medicines and creams were prescribed to be administered 'as required', there was not always clear instructions or information for staff which identified when they should be administered. We looked at some of the Medication Administration Records (MARs) and found that they had been had been correctly completed.

Requires Improvement

Is the service effective?

Our findings

One person living at the home told us, "They [the staff] are very good and will do anything to help you." Staff we spoke with told us that they received sufficient training to enable them to carry out their job effectively. One member of staff told us, "We have some good training here. Some practical sessions and other work books." However, one staff member told us that they did not have the appropriate knowledge or skills to support people with cultural food preferences. Two visiting health professionals told us that they had shared guidance with staff on how to support people with preventative measures for pressure care treatment. However they expressed concerns about the lack of staff knowledge and understanding in the practice of preventative pressure care. We discussed this with the registered manager who advised us that staff frequently use positioning charts to support people at risk of pressure areas. The registered manager told us that it was their intention to meet with the health professionals and in addition source further training to develop staff knowledge and understanding. Records we reviewed indicated that pressure care treatment for individual people had been assessed and risk assessments contained guidance for staff to follow.

Discussions with the registered manager identified that there was no evidence of any competency assessments being carried out. There were no effective systems in place to assess and monitor how the knowledge and skills gained by the staff were being put into practice and continually developed. The registered manager informed us of their intentions to undertake competency observation checks following this inspection.

We saw that all staff undertook an induction at the start of their employment at the home. One member of staff told us, "I shadowed a more experienced member of staff to get to know how people were to be supported. I then completed an induction booklet with the support from a senior member of staff."

We observed and staff told us that handovers were held between each shift to share information about the care of the people living at the home. We saw that handovers were conducted in a manner which respected people's privacy and dignity. Staff we spoke with confirmed they received regular supervision in the work place and felt confident they could care for the people they supported. This meant people were supported by staff who knew their specific care needs.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Our observation of staff practices showed that staff sought people's consent in relation to their daily care needs. One person living at the home told us, "Staff ask me if it's okay to support me." Staff we spoke with were aware and confident of their roles and responsibilities with regards to MCA and described confidently what this meant for the people they supported.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff informed us that they had received training in DoLS and most staff were confident in their knowledge of this legislation. Applications for DoLS applications had been made for some people living at the home; however assessments to determine if they lacked the mental capacity to decide to live in the home or go out on their own had not been undertaken. One person told us that they were being denied the opportunity to leave the home on their own. Records showed that the person had full capacity to make general day to day decisions but did not show that the person had consented to not being able to leave the home without a staff member. We discussed our findings with the registered manager who advised us that a review of the person's needs would be undertaken immediately. We were notified of the outcome following our inspection. Despite this one occurrence we observed practice that promoted people's freedom of movement and although some restrictions were in place, people were able to freely move around all areas of the home. We also observed people being encouraged to take part in activities outside of the home to minimise the effect of restrictions on their care.

We spoke with people about the food that they were served. Most people told us that they enjoyed the food. One person told us, "The food is good. Some choice at each meal or you can have something else." However, two people we spoke with told us that they felt the portions were too small. We received mixed comments from staff we spoke with. One member of staff we spoke with said, "There is enough food, it's just not varied enough." Another member of staff told us, "There is not enough snacks for people." A relative we spoke with told us, "Well [name of person] must be eating well as they have put on weight and looks much healthier now." People told us that they were not involved in the planning of menus. One person told us, "There is too much repetition, not enough variety." We spoke with the registered provider about meals and nutrition for people living at the home and they told us of their intention to arrange a meeting with people to discuss a new menu of their choice. On the days of our visit we saw that mealtimes were calm and sociable time for people. We saw that people were not rushed or left waiting for their meals to be served. People were offered choices and people appeared to have enough to eat and drink. One person told us, "Really enjoyed the pudding, I'm off to get a second helping." We saw that drinks and biscuits were offered to people throughout the day. We observed that where meals were provided in people's bedrooms they were supplied with appropriate cutlery and condiments and people had appropriate tables to place their meals on. We spoke with staff who were aware of people's preferences and dietary requirements.

Discussions with people, their relatives and staff confirmed that people's health care needs were identified and met appropriately. One person told us, "The doctor and the optician both visit here if we need them too." We also spoke with a relative who told us, "My relative has been poorly recently. Staff did not hesitate to get the doctor in. Staff are on the ball." We saw records to corroborate that people had been supported to access a range of health care professionals which included, chiropodists, dentists, opticians and district nurses. We saw that some people's health care records identified a specific health condition. Staff we spoke with were not aware of the medical emergencies that could arise with the person's condition. The registered manager advised us that care plans would be updated to ensure staff knew how to support health conditions.

Requires Improvement

Is the service caring?

Our findings

The provider stated in the provider information return (PIR) that all people who use the service are treated with dignity and respect. We asked staff how they maintained people's privacy and dignity. Whilst staff could describe many examples of what they did to uphold privacy we saw that staff practice did not always reflect what we had been told. On a number of occasions we saw staff entering people's own rooms without asking permission. One person told us that staff regularly walked into their room uninvited when they wanted to be private and they stated that they didn't like this. Another person told us, "Staff were not knocking my door before entering my room. I have a notice on my door now reminding staff to knock." Staff had not always been respectful of people's privacy.

People and relatives we spoke with described staff as 'kind, compassionate and caring'. One person said, "They're good carers and good people." Another person told us, "They [the staff] do care for you. They do a jolly good job." Relatives we spoke with were also complimentary about staff. One relative said, "Staff are friendly and obliging." Another relative told us, "[name of relative] speaks highly of the staff. I can't fault them."

Relatives we spoke with told us that they could visit at any time and said that staff were always friendly and welcoming. One relative told us, "We can visit whenever we want to. We often get offered a drink." We saw that people were able to see their visitors in private areas within the home and in people's own rooms.

We observed kind interactions between people and staff. We saw that people were comfortable approaching and chatting with staff openly. Staff we spoke with spoke warmly about people they were supporting. Staff could describe people's life histories and knew about things of importance to individual people.

People told us that they were supported to make their own choices and decisions regarding their daily routines. One person told us, "There are no rules here, you can please yourself what time you go to bed." Staff were able to tell us about people's likes and dislikes and how people prefer to spend their day. We saw staff took the time to acknowledge people in a friendly manner. During our inspection we found people were listened too and were supported to express their views about how they wanted their care to be delivered. One person told us, "I prefer to do all my own personal care and I told the manager that when I first moved in." A relative we spoke with told us, "The staff's attitude towards [name of person] is good. They know his preferences well." Another relative told us, "Staff have a good duty of care, they have a caring nature and know [name of person] well." People were supported to be as independent as they wished. One person told us, "I like my own independence. If I want to go out in the garden, I can." However, one person told us, "I would like the opportunity to make my own drinks." The registered manager advised us that people could make drinks if it was safe to do so and that one person regularly made their own drinks. A member of staff we spoke with told us, "I encourage people to do as much as they can. I give people time, it's not right to just take over."

Requires Improvement

Is the service responsive?

Our findings

We saw that pre-assessments had been undertaken prior to people moving into the home. The registered manager told us people were encouraged to visit the home to meet other people and staff. Some people told us that they had been involved in the planning of their care. One person told us, "I was involved with my care plan when I first came here." Whilst we saw most people's care plans included people's personal history, and individual preferences some parts of the plans were task orientated and did not focus on person-centred care. Some care plans did not always specify what interests people had, resulting in people not being supported to take part in activities that interested them. Records indicated that people's care plans were reviewed on a monthly basis. However people and their relatives were not always involved in the reviewing process. This placed people at risk of not receiving the care and support the way they wanted.

There was a programme of activities available within the home which involved various group activities and relied mainly on the care staff to deliver. We saw that most people occupied themselves by watching television or reading books. One person told us, "They [the staff] do play card games and quizzes occasionally, nothing more." Another person told us, "I get bored sitting here all day." Some people told us that they would like to go out more. One person told us, "I would love to fetch a morning newspaper to read whilst I'm eating my breakfast." A relative we spoke with told us, "I never see much going on when I visit." On the first day of our inspection we observed that people were not engaged or interested in the activity provided. On the second day of our inspection we saw staff asking people if they wanted books to read. An exercise class was provided and we saw three people were involved and appeared to enjoy the interaction with each other and the person delivering the session. We saw two people going out shopping with a member of staff and that was welcomed by people. Staff we spoke with confirmed activities were limited and that they undertook more group activities instead of having the opportunity to support people to engage in individual pursuits. We discussed this feedback with the registered persons who advised us that it was difficult to find ways of engaging with people in relation to activities, but they advised us of their intentions to further develop individualised activities.

People we spoke with told us that contact with their family and friends were important to them. A person said, "I look forward to my friend visiting and taking me out for lunch." We observed family and friends who were visiting were offered drinks and were made welcome by staff. One relative told us that they were supported to maintain a role in their family member's life and said, "I like to accompany my relative on hospital appointments."

People living at the home and their relatives told us that they knew how to make a complaint. One person we spoke with said, "There is not a complaints box, but you can always speak to a carer [staff member], they would do something about it." A relative we spoke with told us, "If I had any complaints I could go to either the manager or the owner, they are both approachable."

We saw that where formal complaints had been raised they had been recorded, investigated and responded to in line with the provider's formal policy. The complaints log indicated that there had been four complaints received in the last 12 months. Discussions with the registered manager identified that minor

concerns were not always recorded or used to make continuous improvement to the service.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we had that the checks and audits that were in place had started to be effective at identifying issues that previously required improvement and this had resulted in the home running more smoothly with an improved experience for people living at the home. At this inspection we found that the progress made in monitoring and assessing had not been sustained. We saw there were some systems in place to monitor the safety and quality of the home and a number of audits had been completed by the registered manager. These included some audits of the environment and medication. However we found these had not always been effective. The audits had failed to identify the shortfalls we found those related to staff practice and competency relating to the prevention of infection, compliance with the requirements of the Mental Capacity Act 2005 and protection and promotion of people's privacy. We were advised that there were systems in place to audit the safety and quality of the kitchen equipment and routines. However, these audits were not available to review and when we saw that there had been inconsistencies with fridge and freezer temperatures there were no records to show what action had been taken to ensure that food storage was still safe. We found that whilst feedback from people about their experiences of the home had been sought it had not been analysed or used to inform practice or to drive up improvements to the service.

These issues regarding good governance of the service were a breach of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014 Regulation 17.

Most people we spoke with were positive about the management of the home and the approachability of the registered manager. One person told us, "I'm quite happy with the way they run things. They just want what's best for us." Another person we spoke with said, "[name of manager] is nice. She has her eyes open."

The registered manager monitored the quality of the service by regularly speaking with people and their visitors. We saw that resident meetings had taken place with people in order to obtain their views about their experiences of living at the home. Meetings of minutes that we saw highlighted that people were asked about the quality of the care provided, the environment, menus and social activities. People told us they were asked about their care via satisfaction questionnaires. One person we spoke with told us, "I have completed a questionnaire in the past." We received mixed feedback from relatives. One relative we spoke with told us, "I do and will complete questionnaires if I'm asked." Another relative told us, "I've never been asked to complete a questionnaire."

The culture of the service supported people, their relatives and staff to speak up if they wanted to. Some people told us that would not have any qualms about making their opinions and concerns known and were confident these would be addressed and resolved. A relative we spoke with told us, "I had a concern some time ago. I raised my concern and they [the managers] apologised immediately. They admitted it was their mistake and it wouldn't happen again. I accepted their apology and it's not happened again. I'm pleased with their actions and honesty."

The registered manager described ways in which they were keeping up to date with changes to regulations. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain

events. We found that on one isolated occasion the registered manager had not notified us of a potential safeguarding concern as required. The registered manager advised us that notification systems were in place and staff had the knowledge and resources to do this.

Staff were clear about the leadership structure within the home. The registered manager had suitable management on call systems in place to support staff in their absence. Staff were able to describe their roles and responsibilities and knew what was expected from them. We saw and staff told us that regular staff meetings were held. At the last inspection staff had told us that they had started to be involved in identifying aspects of the home that could be improved to better meet the needs of people living in the home. Some staff we spoke with at this inspection told us that they had not been given the opportunity to contribute to the development of the service. The registered manager advised us of their intentions to develop staff surveys to support staff to be actively involved in the running of the home.

The registered provider had an overt surveillance CCTV system fitted to the exterior of the building. The registered manager told us it was primarily used to enhance the security and safety of premises and property and to protect the safety of people. The registered manager told us that consultation meetings had been held with people to ensure their consent was sought for the use of the surveillance. We noted that there was no signage to inform people and their visitors that CCTV was in use. We were advised that this was on order. The registered manager told us there were plans to revisit policies and procedures to ensure the organisation followed guidelines for legal use of surveillance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance. The provider had failed to provide systems or processes that were established and operated effectively to ensure compliance with the regulations. The provider did not have robust systems in place to monitor the quality and safety of the service. Regulation 17 (1) 17(2)(a)