Quality Housing & Social Care Limited

Trinity House Annexe

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?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 1 September 2015 and was unannounced. Trinity House Annexe is registered to provide 24 hour care and support for up to five people with mental health conditions some of whom may have a forensic history. The aim of the service is to promote independence and to contribute to the rehabilitation process to enable people to move on to their own homes. The registered provider is Quality Housing and Social Care Limited. At the time of our inspection there were five people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the 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.

People had opportunities to take part in a range of activities within and outside of the home. People were happy with the support provided in the home and we observed that most had developed good relationships with staff members who knew them well, and understood their needs. However two people said that they did not like the way one staff member spoke with them. Health

Summary of findings

care professionals spoke positively about the care provision, but had concerns about the home environment which was not always clean, and in need of redecoration.

People had individual plans detailing the support they needed but had not always been included in planning the care provided. All of them felt that their privacy was respected, and most people felt that staff supported them in a sensitive and dignified way.

People were supported to attend routine health checks and their health needs were monitored within the home. The home was well stocked with fresh foods, and people's nutritional needs were met effectively. There were suitable systems in place for managing people's medicines safely.

Staff in the service knew how to recognise and report abuse, and what action to take if they were concerned about somebody's safety or welfare. Staff spoke highly of the support, supervision and training provided to ensure that they worked in line with best practice.

Surveys were conducted to gain the views of people living at the home and other stakeholders, and identify areas for improvement, and regular residents meetings were held to consult with people using the service. A suitable complaints procedure was in place for the home, and people told us that their concerns were taken seriously by the home's management.

At this inspection there were four breaches of regulation in relation to safe staff recruitment, the cleanliness of the home, records to monitor risks to people's health and welfare, and quality assurance systems at the home. We have made two recommendations regarding obtaining people's consent, and involving people in their care planning. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 always safe. Staff recruitment procedures were not sufficiently rigorous at checking their character and suitability to work in order to protect people from the risk of unsafe care. The home was not kept clean in all areas.

Staff knew how to recognise and report abuse. People told us that there were sufficient staff at all times to keep them safe. Risk assessments were available to address identified risks for people.

There were systems in place for monitoring and maintaining the environment to ensure that the home was safe. There were effective arrangements in place for the storage and administration of medicines, which protected people from associated risks.

Is the service effective?

Requires improvement

The service was not always effective. There were not sufficient arrangements in place to ensure that people consented to the care provided to them in line with the Mental Capacity Act 2005.

Staff received regular supervision and appraisals and felt supported in their work. There were systems in place to provide staff with a range of relevant training. People were supported to attend routine health checks, and to eat a healthy diet.

Is the service caring?

Requires improvement

The service was not always caring. People gave us positive feedback about the approach of most staff and said that their privacy was always respected. However two people expressed concerns about the way one staff member spoke with them. People told us that they were not involved in deciding on the support that they would receive.

We found that staff communicated effectively with people and supported them to follow lifestyles of their choice. Their cultural and religious needs were met.

Is the service responsive?

Requires improvement

The service was not always responsive. People's needs and preferences had been assessed, however care plans were not always person centred, and people told us that they were not involved in producing them. We also found some gaps in monitoring records relating to people's health conditions.

People had opportunities to take part in activities within and outside of the home. The service had a complaints procedure that was being used appropriately.

Summary of findings

Is the service well-led?

The service was not always well-led. There was no evidence of monitoring in place to ensure the quality of services provided to people living in the home. There was consultation with people using the service and other stakeholders. Some but not all areas for improvement were being addressed, and there were no recorded plans for their completion. Staff described clear leadership and communication.

Requires improvement

Trinity House Annexe

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 checked 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 inspection took place on 1 September 2015. The inspection was conducted by two inspectors. Before the inspection, we reviewed the information we held about the service including notifications received by the Care Quality Commission.

We used a number of different methods to help us understand the experiences of people using the service. We spent time observing care in the communal areas such as the lounge and kitchen areas and met with four of the five people living in the home. We spoke with three support workers and a senior support worker and the registered manager.

We looked at three people's care and financial records, eight staff files and training records, a month of staff duty rotas, and the current year's accident and incident records, quality assurance records and maintenance records. We also looked at selected policies and procedures and current medicines administration record sheets.

Following the inspection visit we spoke with two health or social care professionals who supported people using the service.

Requires improvement

Is the service safe?

Our findings

People using the service told us they felt safe at the home, and with the staff supporting them. One person said, "I feel safe here." People said they felt that they could approach staff or the registered manager with any concerns for their safety.

Recruitment checks were not always carried out appropriately prior to staff starting work at the service. Records of new staff recruited to work at the service within the last year showed that appropriate checks were usually carried out including a criminal records disclosure, identification, interview and references prior to them commencing work, to determine their suitability to work at the service. However we were concerned to find a new staff member working on the day of the inspection, without a disclosure and barring and criminal records check (DBS) or any references. The registered manager told us that they had expected the DBS check to have been returned by this date. We observed that this staff member was not kept under supervision, and was one of the two staff on duty that afternoon. There were no references available for another new member of staff who had started working at the home. However evidence was provided shortly after the inspection that these had been received. We also found that references for staff members were not always being verified to ensure that they were legitimate. This placed people at risk of harm.

The above information was a breach of Regulation 19 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

The staff team included the registered manager, two senior staff, and eleven support workers. Most staff worked on a part time basis, and the manager advised that he had recently recruited three new staff, including an as and when worker. Inspection of the service's rotas showed that there were two support workers on duty throughout the day and night covering the two adjoining registered care homes. However one staff member could be left alone with a maximum of five people, if they were needed to escort people outside of the home. In addition extra staff could be booked to support people to attend appointments outside of the home. At the time of the inspection, one waking night staff member and a sleeping in staff member covered the two services. The manager told us that he planned to change this to two waking night staff. The service did not have a lone working risk assessment in place for staff. The registered manager told us that this would be developed.

Most people were satisfied with the cleanliness in the home but one person said "It could be cleaner." The home was not clean during our visit, and was in need of refurbishment and redecoration. The downstairs toilet had a strong odour, and the paintwork was coming away in this room. The carpets in the communal areas were stained, and many of the kitchen cabinet doors were in need of replacement. Both health and social care professionals told us that they had concerns over the cleanliness of the service when they visited, including cobwebs on the ceiling and stained carpets in the lounge. They said that they had raised this with the registered manager on several occasions but had not noticed an improvement. They also thought that the home was in need of updating and refurbishment. The registered manager told us that he had commenced a programme of redecoration and refurbishment for the home.

The above information was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The kitchen was clean, and food was stored hygienically, with the temperature of kitchen freezers and refrigerators monitored daily. People were responsible for cleaning their own rooms with support from staff. The toilets and bathrooms were clean.

Staff members were able to name different kinds of abuse. They told us that they would pass on any concerns to the registered manager and if no action was taken they would contact the local authority safeguarding team. A safeguarding policy was in place and all staff received safeguarding training.

We inspected records for three people who were supported to manage their finances, and observed people's monies being counted during the staff shift handover, to ensure that they were correct. Two of the totals were found to be correct, but one was incorrect by a small amount, however this had not been noticed by the staff on duty. We informed the registered manager, who advised that they would address the discrepancy and look into what had gone wrong.

Requires improvement

Is the service safe?

We saw that people's risks were identified in respect of their mental health. Indicators of deterioration in people's mental health were set out in people's files and we saw that staff were monitoring the signs from the daily records we looked at. Where concerns were identified staff told us that action was taken swiftly including liaison with health and social care professionals. Staff reviewed risk assessments monthly, by handwritten notes about any changes or progress.

Core safety checks by staff such as health and safety monitoring and routine fire checks were being recorded on a regular basis. We looked at the safety certificates in place for equipment and premises maintenance including water, gas, electricity and portable appliances safety certificates, and fire extinguisher and alarm servicing, and found that these were up to date. Fire exits were clearly marked, there were regular fire drills held, and alarm checks, and there was a current fire risk assessment in place.

Staff administering medicines to people or monitoring people who administered their own medicines had undertaken appropriate training. Medicine administration records (MAR) showed that medicines were administered as prescribed. We checked all people's medicines and found that the number of remaining tablets corresponded with records, which helped to assure us that medicines being administered as prescribed. We found a small number of gaps in MAR, however these were being followed up by the manager, and we saw that this had been discussed at a recent team meeting. We found no prescribed medicines had run out, and that there were records of medicines coming into the service and being returned to the pharmacist. Medicines were stored safely. People had regular reviews of their medicines, and had signed to indicate their consent with staff administering their medicines. First aid boxes were well stocked as appropriate. Staff had undertaken first aid training and were confident about how to act in an emergency.

Requires improvement

Is the service effective?

Our findings

We saw people receiving effective support from staff at the home. People told us, "It's okay," "Staff support is alright," and "Staff don't bicker they work as a team, they help you." People responded positively to the staff support they received, and engaged well with the staff on duty. Staff members we spoke with were knowledgeable about individual people's needs.

Staff were receiving supervision sessions with the manager approximately every three months, or more frequently if they were new. Records showed that these included observations of staff practice, discussion of people's support needs, care plans, risk assessments and training. Annual appraisals were also held, some were overdue but staff had completed the initial self-assessment prior to the appraisal meeting. Staff told us that they felt supported by the management team and had regular formal and informal supervision with the registered manager or one of the senior staff. Regular staff meetings were also taking place at the home to facilitate communication, consultation and team work within the service. We observed a staff shift handover in which each person living at the service was discussed.

Staff confirmed that they received induction training on commencing work at the service, however induction training records were not available for all staff. Training records showed that staff attended mandatory training and training on other relevant topics including mental health matters, diabetes, coping with aggression, equality and diversity, promoting dignity, and diet and nutrition. Staff were positive about the standard of training and supervision provided by the organisation including face to face training. They displayed a good understanding of how to support people in line with best practice in monitoring their mental health and promoting independence. Staff were supported to complete national vocational qualifications in care at a level equivalent to their role. One staff member told us that they wanted to undertake a refresher course in medicines administration and would be discussing this with the registered manager. A staff development plan was available for 2015 including mandatory training that people needed to attend (including refresher training).

Two people told us that they were able to discuss the support they received with staff, however one person thought that they did not have much choice about this. There were arrangements in place for recording and reviewing the consent of people in relation to the care provided for them. We saw people had signed a contract about living in the home. People we spoke with were clear about the conditions of their stay and the house rules before they moved in. They were able to describe these conditions which included times for returning at night and restrictions on visitors to the home.

Records showed, and staff confirmed that they had received training in the Mental Capacity Act 2005 and demonstrated an awareness of how it affected people in the home. One staff member said that it was important to respect people's right to make a decision, but provide encouragement in particular areas such as encouraging them to clean their room. We found that consent was recorded for two of the three people whose care files we inspected. We observed that staff encouraged people to make choices where possible such as choosing what to eat or drink, and how to spend their days. People had keys to their bedrooms and staff did not enter without their permission. The registered manager and staff told us that there were no mental capacity issues for any people living at the home that would stop them making day to day decisions. He noted that one person had been considered for a Deprivation of Liberty Safeguard, and this had been discussed with their social worker, but this had been addressed by encouraging them to go out regularly.

However although the home's kitchen was not locked, the kitchen in the adjoining home where most food was kept, was locked every day from approximately 11pm to 6am. Staff advised that they would open it if anybody wanted food during this time, and drinks and snacks were made available in the dining room next door. People did not complain about this restriction however it was a restriction on their access to food. Their consent to this restriction had not been recorded, and we queried whether this restriction was necessary.

Other than signatures care plans did not include much evidence that they had been compiled together with people living at the home, for example including their own views about particular topics. One person told us that they were not happy with the daily allowance they received of their personal money. There was no evidence of consultation about this amount or this person's consent to the arrangement.

Requires improvement

Is the service effective?

People had variable views about the food provided in the home. One person told us, “The food’s okay,” others said, “Some staff are not good at cooking,” and “There is not enough effort into the food.” Stocks of fresh fruit and vegetables, and other foods were available. Staff were aware of the nutritional needs and preferences of people and encouraged them to be independent in this area, whilst providing a cooked meal for those who wished. We observed that the menu was varied including a range of different cultural foods in line with people’s preferences. Water and fruit was available in the dining area at the adjoining home at all times, and when the kitchen was locked tea, coffee and biscuits were also left in the dining area.

We saw that people had regular access to health and social care professionals when required. People told us that if they needed to access a health service the staff would help them to do this. People saw their social workers and the doctors overseeing their mental health treatment on a regular basis. We also saw that appointments were arranged for people to visit their dentist, the GP, and attend appointments for specialist medical investigations. Records were kept of all visits to health and social care professionals including the outcome of each appointment.

Health and social care professionals spoke positively about the support provided to people by staff in the home. Staff members said they would seek medical advice if they were worried about the health of anyone and that in an emergency they would call an ambulance.

We recommend that the home’s systems for recording people’s views and consent be reviewed to ensure that people’s views are taken into account and unnecessary restrictions are not placed on people.

Requires improvement

Is the service caring?

Our findings

Most people spoke positively about the staff support they received, and the atmosphere in the home. They said that staff respected their privacy, and always knocked and waited for permission before entering their rooms. They were comfortable talking to the manager and felt that he listened to them. However two people said that they did not like the way one staff member talked to them. This issue was being dealt with by the registered manager in staff supervision records. However we reported this to the registered manager as it continued to be an issue, and he agreed to address it.

During the inspection visit we observed that people had positive relationships with staff at the service. Staff took time to talk with them and provide support when needed and there was a relaxed and pleasant atmosphere in the home throughout the day.

There were sensitive and appropriate interactions between people using the service and staff. Staff on duty demonstrated a good understanding of individual people's preferences and had a positive approach to supporting people. Our observations showed that staff treated people with respect. Staff were polite to people, and encouraged them to be independent. Staff did not enter people's rooms without their permission. However we did observe one occasion when a staff member prompted someone about their personal care in a loud voice while they were in a communal area, which did not protect their dignity.

People had their rooms personalised according to their own choice and told us that they were satisfied with the environment. People's art work was on display in the dining room, alongside photographs of people living at the home in group activities. However several people's rooms and communal areas were in need of redecoration or refurbishment. Health and social care professionals told us that they thought that upgrading the environment was needed to further promote people's dignity and positive image.

Staff recorded people's preferences with regards to goals and support, maintaining contact with their families and meeting cultural or religious needs, and took steps to address these. People living at the home had diverse cultural and religious needs, and staff supported with relevant dietary choices and to attend places of worship according to their preferences.

People were encouraged to be independent. Their care plans included details of what they could do, as well as the support that they needed. They were supported to maintain and develop independence in new areas, such as administering their own medicines, cooking and budgeting, with supervision when needed. However one person told us that he had not seen his care plan, and another said he did not want to sign the initial assessment as it was unrealistic in its expectations of him and he didn't agree with it.

When asked how staff involved people in their care decisions one staff member said they tried to make it person centred, and if someone wanted to go out they would work around that. Another staff member gave the example of asking people what they wanted to eat. One staff member said they ensured people's privacy and dignity is respected by knocking on doors, another said that they respected decisions people make, for example if they do not want to take their medicines. Staff said that people did not help to write their own care plans. When asked how care is planned for people using the service, one staff member said care plans were written by senior staff, but people were always coming into the office, so could discuss their needs on an ongoing basis. They also noted that care was planned by talking to family members with the person's permission when a new people moved into the home.

Residents meetings were held monthly, and records indicated that they were well attended. Issues discussed recently included items people wanted to be purchased for the home, such as a rice cooker and treadmill, and activities such as trips to the coast and Buckingham Palace, (which had then been arranged) and the possibility of a holiday for people living at the home which was not yet organised.

We recommend that care planning systems be reviewed to ensure that they are person centred, and their views about their care plans are clearly recorded.

Requires improvement

Is the service responsive?

Our findings

People told us that they chose how they spent their time within the home and were able to access activities and community resources when they wished. They said that there were regular trips that were organised. People told us that staff provided them with the support that they needed. They told us, "It's okay," and "They keep us busy with activities."

We saw that each person had been assessed prior to coming to the home and a further needs assessment was undertaken after their arrival. People told us that they were not involved in developing their care and support plans, two people had signed their plans, and one person had not. Plans included specific goals such as aiming for step down care, stabilisation of mental health, and maintaining abstinence from drugs and alcohol.

We found that care plans and risk assessments were being reviewed monthly. All sections had been completed appropriately, however the plans had not being updated with any changes for up to a year. This meant that it was not easy for new staff to access the most up to date information about each person without reading through a year of monthly review notes. One person's risk assessment indicated that they had a health condition that needed monitoring, however it did not include detailed information about how staff should provide support with this. We therefore found that people's risk assessments did not always include sufficient current detail to ensure that they were supported appropriately.

Relevant monitoring records were in place to ensure that people's health needs were addressed including weight monitoring, and blood tests when needed. However we found some gaps in records of weights and blood tests, indicating theses were not always carried out as regularly as specified in people's care plans and risk assessments.

The above information was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs and progress were discussed at six monthly reviews. Actions agreed at meetings and appointments with health and social care professionals were followed through by staff.

Key worker documents indicated that meetings should take place and be recorded every two weeks. We found that records indicated that meetings were recorded at most monthly or less frequently in two cases. However people living at the home told us that they also received informal support from their key workers, which might not be recorded. Most of the staff we spoke with were able to give examples that demonstrated their understanding of person centred care, however one staff member was not clear about what this meant.

We observed staff responding to people's needs during the inspection, and saw that everybody had the opportunity to go out of the home and engage in the local community with or without staff support. There was a computer available with internet access for people to use. People told us that they had a choice of activities available to them and were involved in choosing the activities that they carried out. One staff member was designated as the activities coordinator, and provided support with art therapy, and scheduling other activities.

Group activities organised included regular trips to local cafes, pubs, the cinema, and swimming sessions. Within the home cooking and baking sessions, a brunch club, creative arts, relaxation, counselling, birthday parties, games and movie nights were arranged. There had been a recent picnic and barbeque arranged and trips to museums, a local fete, Brighton, Camden Town, and Trafalgar Square. One person told us that they were encouraged to be involved in painting and decorating within the home, and had prepared their own herb garden area. An activity planner was completed for each month, and people used residents meetings to decide what trips and other activities they would like to do. Health and social care professionals told us that they thought there had been an improvement in activities provided for people within and outside of the home, although there was room for further development in this area. One health care professional suggested that people should be encouraged to further develop their independence skills in shopping for themselves, and doing their own cooking.

Notice boards in communal areas included photographs of activities carried out in the last three months, and a copy of the home's complaints procedure and a suggestions box. People told us that they were happy with how complaints were dealt with at the home.

Requires improvement

Is the service responsive?

People said that they received feedback about any suggestions or concerns they raised about the home. They knew how to make a complaint if they wish to do so. Instructions about making complaints were also contained within the service user guide for the home, which each person was issued with on moving into the home. Records of complaints indicated that people's concerns were taken seriously, and they received feedback about how they had been addressed. However one person said that they did not think that their complaint about the way a particular staff member spoke with them had brought about any improvement.

Requires improvement

Is the service well-led?

Our findings

People were positive about the way the home was run. They told us that the registered manager was very caring, and approachable. People said, "They are trying to provide a home to keep us happy and keep a good service," "I wouldn't change anything," and "This is a very good home, the service is very good and the manager is considerate." Others told us that they could share a joke with the registered manager, and that he would spend money on the home, such as recently purchasing new sofas.

However although the management described auditing, there were no records of any audits undertaken by the management to ensure that the service was running appropriately, and identify areas for improvement. There were no written action plans to address issues that had arisen, and the registered manager was not clear about what improvements he proposed to make. This impacted on people living at the home, as their care plans were not always current, finances were not rigorously monitored, the home was not always clean and staff recruitment procedures were not always safe. The registered manager did not have plans in place to address these issues, and was not aware of some of these problems until we brought them to his attention. We found that accidents and incidents were recorded appropriately, but there was no record of them being monitored to determine if there were any trends in incidents, and determine ways of preventing their reoccurrence.

The above information was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff felt well supported by the registered manager and senior staff, and described clear direction, structure and communication within the home. One staff member said that the manager was "amazing to work around," and "always has a positive attitude and is always supportive." Another staff member said the manager cared about the wellbeing of staff and offered training when needed. Staff told us that the management had an open door policy, and would get involved if a person was unwell and helped out in difficult situations. There was an on call rota in place to ensure management support at all times. Senior staff were supported to undertake relevant management qualifications.

Regular residents meetings and staff meetings were held at the home, and records of these meetings indicated that people were consulted about the way the home was run. In addition to regular residents meetings, people had had an opportunity to comment at their review meetings.

Quarterly staff meetings were held to facilitate communication, consultation and team work within the home. The needs of people living in the home were discussed in detail at these meetings, and strategies for improving people's engagement. Topics discussed recently included safeguarding issues, activities, staff conduct, and gaps in medicines recording.

Surveys of the views of people living at the home, and other stakeholders were undertaken every year. The provider had questionnaires for people to provide feedback, and was in the process of distributing the current year's forms. However we looked at the survey results for 2014. All people living at the home had responded, with suggestions made for more exotic and culturally varied meals, more outings and activities. We found evidence that changes to the menu had been made as a result of the feedback, and there had been an increase in activities including the appointment of an activities coordinator.

Relatives of people living at the home had also requested an improvement in day activities, and a relative's committee had been introduced for the home, however we were told that this was not successful. Instead the registered manager had introduced a quarterly review plan to update family members on how their relative was progressing, where the person living at the home consented to this. Care coordinators suggested more activities, redecoration of the home, assertive work to engage people, and care planning training. Although some redecoration had taken place, this had not been fully addressed at the time of the inspection. The staff survey indicated that they would appreciate more support in working with people who were hard to engage, and more structured activities for the home. The registered manager was aware that not all of these items had been addressed. The home's hallways were being repainted, and new sofas had been provided in the lounge. The manager told us that the flooring was due to be changed from carpets to laminate, however there was no written plan in place for the completion of any of this work or other items raised by stakeholders.

Requires improvement

Is the service well-led?

The provider had comprehensive policies on a wide range of topics concerned with the running of the home. These included policies on complaints, care of hazardous substances, medicines and safeguarding. However some of these policies were in need of review, including the business continuity plan, food safety and hygiene, health and safety and equalities and diversity policies, which had not been reviewed since 2013 to ensure that they remained current and appropriate to the people living at the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered person did not operate safe recruitment systems to ensure that people were protected from abuse.** Regulation 19(1)(a)(b)(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered provider did not ensure that the home was kept clean and hygienic in all areas.** Regulation 12(1)(2)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not always maintain current records to assess, and monitor risks relating to people's health, welfare and safety.** Regulation 17(1)(2)(b)(c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered provider did not undertake regular audits to ensure that the service was running appropriately, and identify areas for improvement.** Regulation 17(1)(2)(a)