Martlane Limited

Forest Place Nursing Home

Inspection report

Forest Place
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Essex
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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

About the service: Forest Place Nursing Home is a care home with nursing. There are two separate buildings where people live and receive care. Different areas of the home specialise in supporting people with nursing care needs or dementia. There were 70 people living in the home when we inspected.

People's experience of using this service:
People experienced compassionate care from kind, dedicated staff who made them feel important and valued. People told us they felt they were treated with respect. However, people who were unable to leave their bedrooms did not always have opportunities to engage with activities and told us they were bored and lonely. While some areas of the home environment were well maintained, and created a pleasant and welcoming atmosphere, the appearance of other areas of the home had deteriorated over time and were cold. There were lots of inconsistencies in how well people's care needs and preferences were recorded which meant there was a risk that people may not always receive care in line with their needs and preferences. People gave examples where agency staff had not known how to support them properly. While people and relatives told us they found staff and the management team open and approachable, their systems were not operating effectively to improve people's experience of living in the home.

Rating at last inspection: The service was rated Requires Improvement at its last inspection in October 2017.

Why we inspected: This was a planned inspection based on previous rating.

Enforcement: Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We will continue to closely monitor the service and require an action plan from them.

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.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our Well Led findings below.

Forest Place Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of an inspection manager, two inspectors, two assistant inspectors, a directorate support coordinator and two experts 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. The experts by experience had experience of caring for people who used this type of service.

Service and service type:

Forest Place Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Forest Place Nursing Home is registered for up to 90 people across two buildings divided into three units specialising in either dementia or complex nursing needs. Due to building works the current capacity of the home was limited to 73 people. At the time of our inspections 70 people were living in the home.

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:

The inspection was unannounced and was completed on 29 January 2019.

What we did:

Before the inspection we reviewed the information the provider had submitted as part of their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. We also reviewed information we held about the service in the form of notifications that had been submitted to us. Notifications are information about events which providers are required by law to tell us about. We sought feedback from local authorities who funded placements at Forest Place Nursing Home.

During the inspection we spoke with 22 people and 15 relatives. We also spoke with 14 members of staff including the Nominated Individual, Registered Manager, clinical lead, four nurses, two senior care workers, three care workers, a domestic worker, a volunteer. We also spoke with two other visitors to the service.

We reviewed the care files for 15 people including medicines records, care plans, risk assessments and records of care delivered. We reviewed five staff recruitment files as well as training and supervision records. We reviewed staff handover records and various staff meeting minutes as well as maintenance and health and safety checks. The provider submitted copies of audits, quality checks and improvement plans which we reviewed. The provider also sent us photographs to show works completed and updated records after the inspection.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement means some aspects of the service were not always safe and work was needed to make sure the service was consistently safe for all people.

Using medicines safely:

●People were not always supported to take medicines safely. When people lack capacity to make decisions about taking their medicines, and appropriate decision making processes have been followed under the Mental Capacity Act 2005, medicines may be administered covertly. This means they are hidden so the person is not aware they are taking medicines. The guidance in place to ensure covert medicines administration was not sufficient. It did not describe how to disguise medicines or prepare them safely. Some medicines cannot be crushed as they can cause harm to people when their form is changed. One person was being supported to take a medicine in a crushed format that was not safe. Although the provider took action to address this when told by the inspection team, they had not identified this themselves. The provider told us they had updated the guidance around covert medicines but the documents submitted after the inspection remained insufficient and did not reflect best practice guidance around covert medicines.
●People can be prescribed medicines on an 'as needed' basis. There was insufficient guidance in place to inform staff when to offer and administer such medicines. Although nurses were able to describe how they made these judgements, there was no written information to ensure consistency in how these medicines were offered and administered. This meant there was a risk that unfamiliar or agency staff may not know when to offer and administer these medicines.

Assessing risk, safety monitoring and management:

● Risks to people were not always safely managed because documentation regarding risk was inconsistent. For example, two people had care plans that said they needed checking regularly due to risks associated with their behaviour. Daily records showed these were not always being documented as completed, but we observed staff carrying out these checks during our inspection.
● Guidance for staff on how to respond to behavioural risks sometimes lacked detail. One person had a care plan that said they could become aggressive towards staff. The guidance stated staff should be 'patient' but there was no information about how to recognise potential triggers or respond to episodes of behaviour that may challenge staff. We did note in other people's care plans staff had recorded detailed behaviour guidance but our findings showed this was not consistent.
● Where people were at risk of developing pressure sores, staff did not always maintain accurate records to monitor the risks. Two people required repositioning regularly to stop them from developing sores. Both care records did not document these tasks as being completed when they were required, in line with the people's care plans. The provider told us the changes to the care planning and record keeping systems meant care workers had been recording this information in the wrong place.

● One person had been admitted to the home with a pressure sore, however there was no photograph of the sore to monitor its healing. Staff had recorded a body map but without photographs staff could not accurately monitor the risk associated with this wound.
● There was not always enough information to keep people safe in the event of an emergency. People's records contained personal emergency evacuation plans (PEEPs). However, these did not always contain enough detail to ensure staff had the information they needed to support people in emergencies safely.

The lack of clear guidance and poor practice around medicines and managing risk meant people were at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●People told us they were supported to take medicines as prescribed. Staff maintained clear records of which medicines people had taken and when. There were clear records of what medicines people were prescribed and staff had access to information about side effects and contra-indications. Medicines were stored safely and administered by trained nursing staff.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong:

● People told us they felt safe with staff and would tell staff or the manager if they didn't feel safe. Comments included, "I do feel safe, I feel I can trust [staff]." And, "They [staff] really do a lot for us, it's reassuring, they are always looking out and watching for us." A third person said, "If you've got any problems all I have to do is press the buzzer."
● Staff across all grades had a good understanding of the different types of abuse people may be vulnerable to and knew how to report any concerns. Records showed staff completed incident forms where they can concerns and investigations were carried out.
●Staff recorded detailed handover records which ensured incidents were well communicated across the staff team to prevent recurrence. Incidents were discussed in staff meetings. People were confident actions would be taken if incidents took place and we saw that where people and relatives raised concerns staff met with them to explain what had happened and any changes that were needed.
●The clinical lead maintained a detailed record of all incidents which occurred in the service. The records relating to ensuring actions were taken in response to incidents did not consistently demonstrate the work staff had completed. This was discussed with the clinical lead who told us they would make changes to how they recorded actions taken to ensure lessons were clearly captured.

Staffing and recruitment:

●Staff were recruited in a way that ensured they were suitable to work in a care setting. Appropriate checks on applicants' character and employment history were carried out. Interview records had been completed but candidates' answers were not always assessed. We discussed recording of interview decisions with the registered manager and administrative manager who told us they would take on board our feedback. We will check these actions have been effective when we next inspect the service.
●People gave us mixed feedback about the staffing levels. While some people felt there were plenty of staff available to support them others told us they had to wait for support and were sometimes lonely and bored. We saw communal areas of the home were well staffed, with at least two staff members at all times, but the layout of the building meant people who could not leave their rooms were sometimes left for long periods without staff interactions.

Preventing and controlling infection:

●The home was mostly clean and we saw staff had easy access to personal protective equipment to prevent and control the risks of infection. We noted that while extensive building works were being carried out on site some areas of the home had become shabby and not properly maintained. For example, where repairs had been made to bathrooms the works had not been made good introducing an infection control risk. When these issues were brought to the attention of the registered manager immediate action was taken to fix these issues.

Requires Improvement

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

Requires Improvement means the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

● People's care records contained evidence of an assessment before they came to live at the service. However, we found instances where information for staff was lacking.
● One person had been at the service for 42 days following discharge from hospital. There was insufficient information about their needs to inform staff about their needs and preferences. For example, records showed the person had suffered low moods. There was a lack of information for staff about how to support them in a way that was considerate of their wellbeing and mental health needs. This person was unable to leave their room which was situated on an empty corridor which four members of the inspection team found to be very cold at different times of the day.
● Another person had recently come to live at the service and their assessment was being used as their care plan. They were living with dementia and had complex needs relating to their mobility, but their care plan lacked detail about how to support them safely. The care plan contained functional information but lacked detail about how this person's dementia affected moving and handling procedures, despite them having been at the service for over two weeks.

Staff support: induction, training, skills and experience:

●Staff told us they received a comprehensive induction when they joined the team which included shadowing shifts. We saw new staff who were completing their shadowing shifts were supported by experienced staff who took time to explain how to support people.
●People told us they thought staff were skilled at their jobs. One person said, "They are very good at helping me. I have absolute confidence in them."
●The provider sent us a copy of their training matrix. This showed staff were expected to complete a range of training courses in areas relevant to their roles. While most staff had completed the courses, renewals had not been consistently maintained and this was highlighted on the matrix which showed staff needed to complete refresher training. Most of the staff working during the day were up to date with their training. However, not all the night staff had completed the training they needed to perform their roles; only four out of 14 night staff had in date training in falls prevention and five staff night staff had never completed this training. Only half of the night staff had in date first aid training, and five had never completed training in mental health in older people. This meant there was a risk that night staff did not always have the skills required to meet people's needs.

We recommend the service seeks and follows best practice guidance from a reputable source about

ensuring staff are able to access the training they need to perform their roles.

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

●People told us they liked the food and they were offered a variety of choices. One person said, "It is lovely, very tasty." People confirmed they were offered choices and these were respected. We saw the previous issues with the mealtime experience had been addressed and people were supported to eat in a kind and sensitive manner. Some people did comment about the temperature of food served to them in their bedrooms not being hot enough. However, they told us that staff would warm their meals in the microwave if they requested this.
● People's care records contained information about their nutritional needs. For example, one person had been assessed by a speech and language therapist (SALT) because they had difficulty swallowing. They were advised to eat soft foods and drink thickened fluids and this was added to their care plan.
● Care plans contained information about people's food preferences. One person's care plan documented that their favourite meal was steak and chips and they disliked orange juice. Records showed they had not been given orange juice in line with this guidance.

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

●The provider was still carrying out extensive building works onsite. A new building suitable for the long term future of people living in the home was being built. This had affected the access route to one of the buildings and limited the parking space available to visitors. We saw the provider had explained these issues to family members who had been inconvenienced by the works.
●Although the long term plan was for one building to be taken out of use, it was still currently people's home and it had not been appropriately maintained. People told us, and we experienced that this building was cold. Temperature records showed bathrooms were below 20 degrees which would have been too cold for people to use comfortably. The provider responded to this feedback by purchasing additional heaters to use across the home.
●People who were unable to leave their bedrooms were observed to be in rooms with limited stimulus which was not supportive of a dementia friendly environment. For example, one person was positioned to face a blank wall and had no other stimuli in their room.

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

● People and relatives told us they were supported to access healthcare services in a prompt and timely way. One person told us, "I felt like death warmed up the other day. Staff kept taking my temperature and checking I was OK. It was marvellous." People confirmed they had easy access to the GP who visited the home regularly.
● People's health was monitored but changes weren't always responded to promptly. One person had a weight chart which showed a decrease in weight over the course of a month. There was no review of their care plan following this change in weight which was noted two weeks before our inspection.
● People's records did not always show evidence of regular check ups with healthcare professionals. Whilst we did see examples of check ups in people's records, one person was living with Parkinson's and there was no record of an appointment with a Parkinson's nurse or check ups with their dentist or optician within the last 12 months. At the time of the inspection the provider was in the process of implementing an electronic record keeping system. We will follow up on the accuracy and completeness of records relating to healthcare professionals at our next inspection.

● The provider told us they worked closely with local authorities and health providers. In response to feedback about difficulties accessing specialist healthcare the provider commissioned a specialist doctor to work directly for the home which meant people were able to access support in a timely manner. Likewise the provider commissioned support from a local pharmacist to advise on medicines management within the home.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

● People's legal rights were not always protected because staff did not always follow the legal process set out in the MCA. For example, one person had a recent application to the local authority DoLS team because they required restrictions to keep them safe. The person's record did not contain a mental capacity assessment for any decisions relating to these restrictions. The provider took action to address these issues during the inspection.
● In other instances, we saw decision specific mental capacity assessments being carried out for a variety of decisions such as consenting to bed rails, use of call bells and clothing choices.
● People told us they were offered choices and staff confirmed they ready to receive support each time it was offered. One person said, "They always explain what they are going to do, and ask me first." Another person said, "They always check I want to do things."
● Relatives who had legal authority to make decisions on behalf of their family members told us the service kept them involved and aware of anything they needed to know.

Requires Improvement

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

Requires Improvement means people did not always feel well-supported, cared for or treated with dignity and respect.

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

● People were not always supported in line with their cultural and religious needs. One person practiced a particular faith and had a care plan that recorded they would have certain items in their room to enable them to practice their faith. We saw this person did not have these items in their room. The registered manager told us they had supported this person to access religious literature. Another person had a care plan which said, 'I want to attend my spiritual needs' but lacked information on the support they required from staff to do this.
● Despite this people told us their faith was respected. People spoke about representatives of faith groups who visited the home. People confirmed there were weekly religious services if they wished to attend.
● Relatives told us they were made to feel welcome when they visited the home and the importance of their relationships was respected by staff. Relatives said the home was flexible about visiting times and they were able to spend time in private with their family member.
●Staff spoke about the people they supported with kindness and affection. We saw a staff member had returned from absence and noticed a change in one person's needs. They discussed this with colleagues with a sense of genuine concern for the person.
●People told us staff were kind and treated them well. One person said, "They are very caring, they talk to me, they make sure I am ok." A relative told us staff had got to know their family member well and provided compassionate support when they were distressed.

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

● Care plans contained information to show staff had sought their views on their care. However, our findings showed more work was required to ensure people were routinely involved because we identified instances where preferences were not documented and met.
●People told us that most staff involved them and asked their views before providing support. However, some people told us they felt agency staff did not always involve them in the same way. One person described how an agency worked supported them in a way that did not reflect their preferences. This would have been avoided if the care plans had been more consistent about recording people's preferences.

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

●People told us staff encouraged them to maintain their independence. One person explained, "They don't make me feel useless, we do things together. They help with the bits I can't do and I do the rest myself."

●People told us they felt staff treated them with respect. Comments included, "They [staff] don't talk down, they take an interest in you." A relative confirmed, "They're all polite, they all talk to her like she matters to them." Another relatives aid, "I like they way they don't rush. They take care with her and go at her pace."

●The dignity of people who could not leave their bedrooms, and who struggled to use speech to communicate was not always maintained to the same standard as people who were more articulate. We saw that people stayed in bed with their doors wide open which meant anyone walking past could see them while they slept; their care plans did not indicate that this was part of a risk assessment.

Requires Improvement

Is the service responsive?

Our findings

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

Requires Improvement means people's needs were not always met and improvements were needed to ensure everyone received the same standard of care.

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

● People were not always supported to engage in meaningful activities. For example, one person told us that they had an interest in music. We saw they had a sound system in their room but only one CD. Daily records did not document any recent engagement in musical activities.
● Another person had a mental health care plan that recorded they required time with staff to improve their wellbeing. Their daily notes showed that this was not recorded as being fulfilled.
●There was only one activities coordinator employed by the service. The provider told us in their provider information return they were recruiting additional support but this had not happened by the time we inspected. Given the size and layout of the home it was unrealistic for one person to provide meaningful engagement for everyone. The registered manager told us they would restart this recruitment process. We will follow up on this at our next inspection.
●While the activities coordinator attempted to engage people, the activities offered were not effective in doing so. For example, a quiz session was put on for a group of five people, but four of them fell asleep as they were unable to engage with the session. For people who were unable to leave their rooms they only engagement they were offered outside of care and meals was the provision of a newspaper. One person had been given a paper in the morning, and at 4pm it had not moved from where it had been left.
● Where one person had detailed guidance for staff on how to provide personal care and maintain their oral health, daily notes did not always show this was taking place. The person required daily support to clean their teeth but daily notes did not reflect that this was being offered or carried out.
● In other instances, care plans contained detailed guidance for staff. For example, one person had a life story that documented their upbringing and working life. There was detailed guidance for staff on how to engage with the person who was registered blind.
● Care plans were being reviewed regularly and changes to people's needs were responded to. For example, a review for one person had documented changes to their mobility and this had prompted an update to their care plan for skin integrity.

Improving care quality in response to complaints or concerns:

●People told us they would feel safe to make complaints to any member of staff and staff knew how to respond to concerns raised. Staff recorded complaints and compliments in handovers and took action to resolve issues where they could. Where staff were unable to resolve issues themselves they escalated concerns appropriately.
●Complaints were clearly recorded and the management team had an open and transparent approach to complaints. Complaints were investigated and responded to in line with the provider's policy.

●The provider recognised the building works were having an impact on visitors to one of the buildings and had met with relatives to explain what they could do to resolve issues.

End of life care and support:

● There was not always information to inform staff about how to provide personalised end of life care. Whilst we did see plans that considered people's wishes, such as whether they wished to be admitted to hospital, care plans did not always reflect people's preferences for when they were dying. For example, one person's care plan recorded their wishes for after they passed away, but didn't record who they would like to be present and anything staff could do to make them comfortable.
● Information about whether people should be resuscitated in the event of them suffering cardiac arrest was clearly recorded. Records showed healthcare professionals, people and relatives had been involved in these decisions. The provider had ensured this information would be readily available to staff.

Requires Improvement

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

Requires Improvement means service management and leadership had not yet developed effective mechanisms to ensure consistently good quality care.

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

●The management team at the home completed daily checks and regular audits. However, the systems for ensuring the quality of the service were still not fully developed and had failed to identify the inconsistencies and concerns found during the inspection. Although the provider responded positively to feedback, they had failed to identify these issues independently of our involvement.
●The systems in place relied on unit managers completing actions. We saw they were doing this, but the records did not demonstrate that actions had been checked and completed. While issues were recorded the management checks of actions were not captured which meant it was not consistently clear that there was effective management oversight of issues arising within the service.
●Each unit clearly recorded handovers and a daily meeting to ensure risks were mitigated on a day to day basis. However, evidence of management oversight was lacking. The clinical leads explained they checked these records on a daily basis and told us they took actions where necessary to ensure follow up actions were completed.
●There were monthly audits of care plans and records. These were not effective at addressing the issues identified. For example, each audit between August and November identified issues with record keeping. The actions had not been effective as the issues remained.
●Progress with making improvements to the home were being made, but the pace was very slow and had been impacted by the significant building projects. People living in the home continued to experience less than optimal care and this had been extended for a significant period of time.

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

●Although people and relatives told us they felt they were listened to and could raise any issues directly with staff, formal opportunities for engagement were limited. Relatives meetings only took place twice a year and there were no records of formal engagement opportunities for people who lived in the home. The audits in place focussed on records and did not routinely consider people's experience of living in the home.
● After the inspection the provider sent us a copy of the feedback from a relatives' survey completed in September 2018. This showed relatives had raised concerns about the building and activities which was consistent with our findings on this inspection over four months later.
● Although the management team were able to explain the plans for the building work, and for people to move from the old building to the new one, it was not clear that people and their families had been involved

in these plans. Staff had discussed people moving bedrooms and applied the principles of the MCA. However, there was limited evidence that people were involved and the impact of disruption on people living with dementia had been fully considered.

The range of inconsistencies and the failure of the provider to systematically address them is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● The provider was in the process of transferring to a new electronic care records system when we inspected. The provider had taken a measured approach to introducing this level of change, ensuring staff received training in advance of adopting the new system. Staff we spoke with were positive about the new technology and we saw it made it easier for staff to involve people in recording their care.
● The provider worked closely with the local authorities and had developed a trusting relationship with them. This had led to the development of a new pathway for people who were ready to leave hospital but where it was not yet clear what their long term needs would be. This was called 'discharge to assess' and meant people were able to leave hospital in a timely manner. A relative told us this route had led to improvements in their family member's presentation.
● The senior leadership team at the home engaged well with the inspection team, and responded positively to feedback. Where current practice in the home was not in line with established best practice guidance they sought this guidance and offered assurances this would be adopted.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Information and guidance for supporting people to mitigate risks and take medicines covertly was insufficient and meant people were not always taking medicines in a safe way. Regulation 12(1)(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems for improving the service were not operating effectively to identify and address issues with the quality and safety of the service. Regulation 17(1)(2)(a)(b)