South Tyneside Integrated Care Limited

Haven Court

Inspection report

South Tyneside District Hospital
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Date of inspection visit:
14 March 2017
16 March 2017
22 March 2017

Date of publication:
23 June 2017

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14, 16 and 22 March 2017. The first day of the inspection was unannounced. The second and third days of inspection were announced.

This was the first inspection of this service. It was registered with the Care Quality Commission on 4 August 2016.

Haven Court is a residential home which provides nursing care, personal care, short term care and reablement (short term support usually after people are discharged from hospital). There were 53 people living there at the time of our inspection, some of whom were living with dementia. 25 people were receiving short term care on the reablement unit which is located on the ground floor. All bedrooms have en-suite facilities.

The service had a registered manager. 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.

During this inspection we found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed in the right way. There were gaps and inaccuracies on some medicine administration records and guidance relating to 'when required' medicines was not detailed. The provider's quality assurance processes needed to be sustained over time to address the areas for improvement we identified during this inspection in relation to care records being unclear on the observations people required, support plans not always being person centred and support plans not being reviewed often enough. We have made a recommendation about staff training.

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

People we spoke with told us they felt safe living at the home. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately. People received their prescribed creams when they needed them in line with the instructions on their prescriptions.

A thorough recruitment and selection process was in place which ensured staff had the right skills and experience to support people who used the service. Identity and background checks had been completed

which included references from previous employers and a Disclosure and Barring Service (DBS) check.

Risks to people's health and safety were recorded in care files. These included risk assessments about people's individual care needs such as nutrition, mobility and skin care.

Regular planned and preventative maintenance checks and repairs were carried out and other required inspections and services such as gas safety were up to date.

Accidents and incidents were recorded accurately and analysed regularly. Each person had an up to date personal emergency evacuation plan should they need to be evacuated in the event of an emergency.

People, relatives and staff had mixed views about whether there were enough staff to attend to people's needs. During our inspection we saw people's needs were met in a timely manner and call bells were responded to promptly.

Some people's care plans were unclear in relation to the frequency of health related observations and checks they required. For example, in one person's care plan it was unclear whether their weight should be checked weekly or monthly. People's individual support plans were not always reviewed when required. Support plans were detailed and mostly personalised but some could be improved.

People told us the dining experience had improved in recent months but that the food could be improved. The provider's representative told us they were raising this with the hospital's catering department. There were enough staff to support people to eat. Food and fluid charts were completed accurately and were reviewed regularly.

There were visual and tactile items around the home to engage people living with dementia. Picture signs and colours had been used appropriately to support people to find their way around.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been authorised for relevant people.

People and relatives spoke positively about staff and the care provided.

Each person who used the service was given information about how to make a complaint and how to access advocacy services. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

The service employed two activities co-ordinators and had a team of volunteers but people and relatives said there was a lack of activities.

People we spoke with knew how to make a complaint. They told us they would speak to a member of staff or the manager if they had any issues. Relatives had mixed views whether complaints they had raised had been dealt with appropriately.

Feedback from people and relatives was sought regularly and mostly acted upon in a timely manner. Staff had various ways in which they could provide feedback about the service.

The provider's quality monitoring system was not always effective in identifying areas for improvement and generating improvements.

People, relatives and staff had mixed views whether the service was well led.

Most staff we spoke with said there had been "teething problems" since the service opened but this was improving.

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.

Medicines were not always managed safely as some records contained gaps and inaccuracies and there was a lack of guidance for 'when required medicines.

People felt safe and there were systems in place to safeguard them from harm.

Thorough background checks had been carried out to ensure staff were suitable to care for vulnerable adults.

Risks to people's health and safety were assessed and reviewed.

Is the service effective?

Requires Improvement

The service was not always effective.

Observations relating to people's health were not always carried out when they needed them.

The registered provider was following the requirements of the Mental Capacity Act 2005 (MCA).

People had input from external health care professionals where required.

Staff supervisions were up to date.

Is the service caring?

Good

The service was caring.

People gave us positive feedback about their care and told us staff were kind and caring.

People were given choices appropriate to their needs.

People were treated with dignity and respect.

People's independence was promoted wherever possible.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's individual support plans were not always reviewed when needed.

Support plans contained clear information about a person's care needs.

People had access to information about how to make a complaint.

Feedback from people and relatives was sought regularly.

Is the service well-led?

Requires Improvement

The service was not always well led.

Audits had failed to identify all of the areas for improvement we found during this inspection, such as support plans not being reviewed often enough.

People, relatives and staff had mixed views whether the service was well led.

A registered manager had been in post since the service opened.

Staff could provide feedback about the service in a number of different ways.

Haven Court

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 inspection took place on 14, 16 and 22 March 2017. Day one of the inspection was unannounced which meant the provider did not know we would be visiting. Days two and three were announced so the provider knew we would be returning. The inspection team was made up of one adult social care inspector, a specialist nurse advisor (with expertise in the care of older people) 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 service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about.

We also contacted the local authority commissioners for the service, the local authority safeguarding team, the clinical commissioning group (CCG) and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spent time with people living at the service. We spoke with 10 people and 11 relatives. We also spoke with the registered manager, a representative of the provider (divisional director), the quality and safety patient coach, the clinical lead, three nurses, one senior care worker, five care assistants, one of the activity co-ordinators and two members of housekeeping staff.

We reviewed nine people's care records and five staff files including recruitment, supervision and training information. We reviewed medicine administration records for 12 people as well as records relating to the management of the service.

Due to the complex needs of some of the people living at Haven Court we were not always able to gain their views about the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed in the right way. Each person had a medicine file which contained the most current medicine administration record (MAR). MARs did not contain up to date photographs of people which increased the risk of mistaken identity during medicines administration.

Five out of the 12 MARs we viewed contained gaps and inaccuracies. This meant we could not be sure people always received their medicines when they needed them.

Some people who used the service needed to be given their medicines in a disguised form (known as covertly). Medicine records for people who required their medicines to be given covertly lacked detailed instructions about how to prepare the medicine for administration. This meant we could not be sure these medicines were being prepared in a safe and appropriate way. We discussed this with the registered manager who told us they would contact the pharmacy to get the right advice and amend the MARs accordingly.

The temperature of the room on the first floor where medicines were stored and the clinical fridge were checked daily and were within recommended limits. However, the temperature of the room where medicines were stored on the ground floor was not checked regularly. This meant we could not be sure all medicines were kept at a temperature that was within recommended limits for safe storage.

One medicine record we viewed contained handwritten instructions signed by one staff member instead of two and there was no record of who had authorised the changes. This meant there was the risk of error as there was no clear line of accountability for changes which put people at risk of not receiving the correct medicines. Handwritten entries should be checked and signed by a second trained staff member in line with the National Institute for Health and Care Excellence (NICE) guidelines.

People's medicine records lacked detailed guidance for staff relating to 'when required' medicines. Several people were prescribed pain relief such as paracetamol 'when required', but there was no detailed guidance in place to assist staff in their decision making about when it could be used. Staff described when they would administer 'when required' medicines but there was no clear guidance for them to refer to. This meant there was no information for staff to follow about indications that a person may need their medicine. It is important staff have this information for people who may not be able to communicate their needs fully. This meant we could not be sure 'when required' medicines were administered safely.

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

Medicines were stored in locked trollies in two locked rooms but the arrangements for the medicines keys were not safe. A master key which opened the rooms where medicines were kept also opened other rooms used by housekeeping staff. There were no signing arrangements for the medicines keys and all staff had access to these keys. This meant the storage of medicines was not secure. When we mentioned this to the

provider's representative on the first day of the inspection they arranged for the locks to the medicine cupboards to be changed immediately.

Medicines that are liable to misuse, called controlled drugs were stored appropriately. Records relating to controlled drugs had been completed accurately but the index of the controlled drugs book could be confusing for staff. When we asked nursing staff about this they said they had requested another controlled drugs book with a clearer index system.

Prescribed creams were dated on opening, recorded when administered and body maps were in place. This meant people received their prescribed creams when they needed them, in line with the instructions on their prescriptions, and when creams were safe to use.

We looked at recruitment records for five staff members. The recruitment practices for new staff members were robust and included an application form and interview, references from previous employers, identification checks and checks with the disclosure and barring service (DBS) before they started work. DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people. This meant there were adequate checks in place to ensure staff were suitable to work with vulnerable people.

People we spoke with told us they felt safe living at the home. One person said, "Yes I'm very safe. I just ring the bell and staff are there." Another person told us, "It's as safe as houses and I get my medicines when I need them."

Relatives we spoke with said their family members were safe. A relative commented, "Yes it's safe otherwise [family member] wouldn't be here. I know what is a good home and what is a bad one and this one is good."

Safeguarding referrals had been made and investigated appropriately. A log of all concerns was kept up to date and staff had access to relevant procedures and guidance. Staff told us, and records confirmed, they had completed training in safeguarding vulnerable adults and this was updated regularly. Staff understood their safeguarding responsibilities and told us they would have no hesitation in reporting any concerns about the safety or care of people who lived there. Staff said they felt confident the registered manager would deal with safeguarding concerns appropriately. Staff also understood the provider's whistle blowing procedure.

The service employed 68 staff. There were enough staff to meet people's needs. One of the two deputy managers, three nurses, one senior, nine care assistants and one activities co-ordinator were on duty during the days of our inspection. Staff rotas we viewed showed these were the typical staffing levels for the service. The service also employed eight members of housekeeping staff. Night staffing levels were two nurses, one senior and five care assistants. The registered manager told us, and records confirmed, staffing levels on the ground floor had been increased following feedback from people and staff.

People, relatives and staff had mixed views whether there were enough staff to attend to people's needs. People told us call bells were responded to promptly and we saw this was the case during our inspection. People, relatives and staff we spoke with felt too many agency staff were used. When we asked the registered manager about this they said they had needed to use high numbers of agency staff when they first opened the service, but since then they had recruited more permanent staff.

Risks to each person's health and safety were assessed, managed and reviewed. These included risks associated with nutrition, mobility and skin care. Appropriate action was taken to reduce the risk of harm to

people.

Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs should they need to be evacuated from the building in an emergency. They contained clear step by step guidance for staff about how to communicate and support people in the event of an emergency evacuation.

Regular planned and preventative maintenance checks and repairs were carried out. These included daily, weekly, quarterly, and annual checks on the premises and equipment, such as fire safety, food safety and hoists. Other required inspections and services included gas safety and legionella testing. The records of these checks were up to date.

Accidents and incidents were recorded accurately and analysed regularly in relation to date, time and location to look for trends. Although no trends had been identified recently, records showed appropriate action had been taken by staff. Staff used a 'safety cross' to monitor falls and pressure care. The purpose of a safety cross is to promote good practice and improve people's safety. Information relating to accidents and incidents was reviewed by the provider weekly.

Requires Improvement

Is the service effective?

Our findings

Some people's care plans were unclear in relation to the frequency of health related observations they required. For example, in one person's care plan it was unclear whether their weight should be checked weekly or monthly. It was not always clear who had authorised certain observations and why and when this should stop. When we spoke with staff about one person in particular they were unclear whether regular observations were continuing or not. For two people who required monthly nursing assessments to monitor basic observations these had not been carried out since February 2017. This meant we could not be sure people's health was always monitored appropriately.

We asked people what they thought about the food which was provided by the hospital next door. People told us the food was "acceptable but could be improved." One person said, "They don't do fish and chips. I mean come on, what type of place doesn't do fish and chips?" Another person told us, "It's hospital food but I'm not in a hospital. I live here." A relative commented, "The food could be better." When we asked the provider's representative about this they said they were aware of this and were having regular meetings with the catering department of the hospital to address people's concerns.

We observed lunch time in two dining rooms (on the ground floor and first floor) on two days of the inspection. There were enough staff to support people to eat. Tables were nicely set with tablecloths, cutlery and condiments. On the first day of inspection lunch was a choice of pasta bake or mince and potato pie followed by fruit sponge and custard. Other options were available if people preferred sandwiches, soup or something else. Hot and cold drinks were readily available depending on people's preferences. People told us the dining experience had improved in recent months.

People's food and fluid intake was monitored where appropriate and fluid intake goals and totals were recorded. Records relating to food and fluid intake were detailed and were reviewed regularly at shift handovers.

Records confirmed most staff training in key areas was up to date. For example, the majority of staff had completed up to date training in safeguarding adults, manual handling, emergency aid and mental capacity. However, 20 staff needed to complete updated food safety training and 22 staff needed to complete updated fire safety training. When we spoke to the registered manager and provider about this they said staff training needs were monitored on a monthly basis.

We recommend the provider monitors staff training to ensure all relevant training is kept up to date.

People we spoke with told us they thought permanent staff were well trained. One person said, "Staff can see that I'm uncomfortable and they know how to put things right." Another person told us, "When they transfer me from a bed to a wheelchair they make it look easy."

Staff told us and records confirmed they had regular supervision sessions. Records of supervisions were detailed and relevant. The purpose of supervision was to promote best practice and offer staff support.

Staff had not received an annual appraisal to discuss their performance and development as the service had not been open for a year. The registered manager told us appraisals would be planned in once staff had been in post for a year.

People were supported to access appointments with healthcare professionals such as the GP, podiatrist and optician. Referrals to the falls team, challenging behaviour team and other health care professionals were made appropriately.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw DoLS applications had been made appropriately for people who needed them. DoLS applications contained details of people's individual needs and how decisions made about DoLS were in people's best interests, although these sometimes lacked details of the family members involved in the decision making process.

Staff we spoke with had an understanding of MCA and DoLS and why it was important to gain consent when giving care and support. Staff knew who had a DoLS in place and gave examples of why. Staff told us how they involved people in decision making where possible, for example when choosing what to eat or wear.

There were visual and tactile items to engage people living with dementia. Pictures of the local area in the past were on the walls and there were twiddle muffs in the activities room on the first floor. Twiddle muffs are designed to provide a stimulating activity for people living with dementia. Bedroom doors were purple so they could be easily distinguished, and written and pictorial signs helped people orient themselves around the home. Memory boxes were placed outside people's rooms so familiar items could be placed in to help people find their room.

Good

Is the service caring?

Our findings

People spoke positively about the care they received. Their comments included, "Staff are caring. I can't do anything for myself so the staff do everything for me. They are lovely," "The staff are brilliant, I can't fault them. They are kind and listen," and "I get on well with all of the staff. They love me and I love them."

Relatives spoke positively about the care provided. One relative told us, "The staff are as good as gold. I find them very caring and friendly." A person said, "My friends visit and they are made to feel really welcome."

People told us they were treated with dignity and respect and their independence was promoted. Their comments included, "They treat me with dignity when they are helping me go to the toilet and they try and make me as independent as much as they can," "I'm treated with respect. My privacy and dignity are looked after, they always knock and wait. I feel I'm as independent as I can be. The staff are not always on top of you all the time," and "I'm happy with the care I get as staff respect my choices."

Some people who used the service were unable to tell us about the care they received, but throughout our visit staff addressed people in a respectful and considerate manner and communicated with people as individuals. For example, by giving people time to respond to questions and keeping sentences short.

There were good interactions between staff and people who used the service, particularly those living with dementia. For example, we saw one staff member comforting and reassuring a person who was anxious by holding their hand and speaking to them softly. Interactions between staff and people who used the service were unhurried.

Each person who used the service was given a 'service user guide' (an information booklet that people received on admission) which contained information about the service. This included the service's statement of purpose and how to make a complaint.

Information about advocacy support from external agencies was available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

The service had received some written compliments from relatives. One relative wrote, 'I would like to express my thanks and appreciation to you and your staff for the care and attention [family member] received during their time at Haven Court. I know they were happy there and well looked after.' Another relative wrote, '[Family member] spoke highly of the staff and care they received. I would like to thank you all for the care given to [family member} during their time at haven Court.'

Requires Improvement

Is the service responsive?

Our findings

Not all individual support plans were reviewed when required. One person had a nutrition support plan which needed reviewing weekly. This had not been done since 26 January 2017. Another person's hydration plan, falls risk assessment and dependency profile which should have been reviewed monthly had not been completed for February 2017. Staff we spoke with demonstrated a good knowledge of people's preferences and support needs but we could not be sure people's support plans always reflected their current needs.

Support plans were detailed and mostly personalised but some could be improved. For example, one person's communication support plan was generic and not personalised specifically for the individual's communication needs. Staff could tell us about this person's communication needs but the support plan did not fully reflect this. Plans contained clear information about the person's level of independence as well as details of areas where support from staff was required. Support plans detailed people's needs and preferences across a range of areas such as diet, general health, pain management and communication. Support plans also contained risk assessments which were detailed and specific to the person.

People had been included in their own care planning, where they were able. Some people had limited involvement in their care planning because they could not always communicate their needs fully. Relatives were involved in the planning of care. Relatives we spoke with said they felt involved in planning and reviewing their family member's care. One relative said, "I'm updated regularly about the care."

Staff responded to and acted on changes in people's needs promptly. For example, staff contacted a person's GP when they noticed their cough had worsened and suspected they had a chest infection which may have required antibiotics. A person told us, "What I like is that I get up at 4am and [staff member] makes me tea and toast."

People and relatives told us there was a lack of activities. We found that although people appeared settled we found there was not always meaningful engagement particularly during the morning on the first floor where people lived with dementia. People tended to sit in the lounge listening to the television or just sitting or sleeping. NICE guidance states, 'It is important that people with dementia can take part in leisure activities during their day that are meaningful to them.'

The service employed two activities co-ordinators who organised events and activities. One of the activities co-ordinators told us the service now had a team of 15 volunteers so more activities and trips out could be planned. Activities included seated exercises, cookery, reminiscence, musical bingo, arts and crafts, games and puzzles, cinema club, pamper sessions, gardening and outings to the local area, although outings had only happened for the first time recently. The activities co-ordinator told us they planned to do more activities in the large garden area when the weather improved, such as planting vegetables and flowers in raised beds.

The provider had a complaints procedure in place and most people told us they knew how to make a complaint if necessary. People said they would speak with the registered manager or a member of staff

should they have any concerns. Five formal complaints had been received since the service opened.

People and relatives who had complained had mixed views whether their concerns had been responded to appropriately. One person said their meals were now suitable for their diet after voicing their concerns. However, a relative was not satisfied with the response they received when they complained about the laundry. Records showed complaints had been dealt with in line with the provider's policy.

Feedback from people and relatives was regularly sought through monthly 'family forums'. Feedback from people and relatives was sought regularly and mostly acted upon in a timely manner. However, at a family forum in January 2017 it had been suggested that a photo board of all staff should be on display. This had not been completed when we visited in March 2017. The quality and safety patient coach told us this was still in development.

Requires Improvement

Is the service well-led?

Our findings

The provider had a quality monitoring or audit system in place to review areas such as medicines, care plans, nutrition, safeguarding, new admissions, complaints and health and safety. These were not always effective in generating improvements as target dates for completion and the staff member responsible was not always noted. Whilst a recent audit identified a number of issues relating to medicines, the provider had not identified all of the areas for improvement we found during this inspection such as care records being unclear on the observations people required, support plans not always being person centred, support plans not being reviewed often enough and some staff needing to complete up to date food safety and fire safety training.

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

The service had a registered manager who had been in post since the service opened, and who had worked in care for a number of years. The registered manager told us they felt supported by the provider. The registered manager said, "We've learnt a lot opening a new service like this but the provider has been supportive throughout."

The registered manager was absent due to leave for the first and second days of our visit but the quality and safety patient coach and one of the two deputy managers at the service assisted us. The registered manager was present on the third day of inspection.

People, relatives and staff had mixed views whether the service was well led. Some people and relatives we spoke with didn't know who the registered manager was. When we spoke with the registered manager about this, they said they had introduced themselves to people and relatives but maybe hadn't explained they were the manager. They said they would rectify this immediately.

One staff member said, "We don't see the management team enough. Some of us felt abandoned and left to do everything. We've never had any praise at all." Another staff member said, "Management are fine. They communicate and listen and take action on advice. They are definitely approachable."

Most staff we spoke with said there had been "teething problems" since the service opened. One staff member said, "We're not there yet but there are encouraging signs." Another staff member told us, "I love my job but it's been frustrating because things were not set up properly. They are improving now though."

Staff meetings were held regularly. Minutes of the last staff meeting showed that staffing levels and recruitment had been discussed. Minutes of staff meetings were available to all staff so staff who did not attend could read them at a later date. Staff told us they had enough opportunities to provide feedback about the service, but this had not always been acted on in the past although it was getting better.

The quality and safety patient coach told us how they had introduced daily 'safety huddles' and a 'visibility

wall.' Daily 'safety huddles' were held on each floor so operational issues could be raised and addressed immediately. We saw this aided communication across departments and improved outcomes for people who used the service. A visibility wall is a staff involvement exercise so staff could provide feedback on key issues and practice could be reviewed and reflected upon. This meant staff had various ways in which they could provide feedback about the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have safe and effective systems in place in relation to people's medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (2) (a)