Hollybank Trust

Willow Court

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**

Summary of findings

Overall summary

About the service
Willow Court is a residential care home providing personal and nursing care to people with a physical disability, a sensory impairment, a learning disability and autistic people. The service can accommodate up to 19 people. Nineteen people were using the service at the time of the inspection.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

People's experience of using this service and what we found
The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Although people's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs, the service was situated on a site which was separate to the local residential area so did not integrate well within the community.
People were not kept safe from avoidable harm because unexplained injuries such as bruising and scratches were not routinely followed up and investigated to establish potential causes.
The care provided was personalised despite shortfalls in the assessment and care review process. People were not always supported to identify and achieve goals and aspirations. Care plans were detailed and guided staff.

Activities were not part of people's planned care and there were limited opportunities for people to engage in person centred activities. The service had started to organise activities to improve people's quality of life.

People's communication needs were met and information was shared in a way that people could understand.

Most staff knew people well, but people sometimes received support from inexperienced staff who did not have a good understanding of their needs. The service had carried out a recent recruitment drive, which would provide a more stable workforce.

The provider had their own therapy services such as speech and language therapists who helped people maximise skills and maintain independence.

People told us they felt safe and liked living at Willow Court. Family members told us people received kind and compassionate care.

The service understood staff required training and support, but this was not always provided consistently.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Medicines were managed safely and administered in a safe and caring way.

The service had systems for preventing and controlling infection. The service had only had a low level of COVID-19 infection with no deaths. The management team were proud of this achievement.

Governance systems did not ensure people were kept safe and received a high quality of care and support in line with their personal needs.

The management team were responsive to the inspection findings. They told us how they were improving their systems and processes to ensure people received safe, quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 28 August 2019).

Why we inspected
We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to safeguarding people from avoidable harm and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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.

Willow Court

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Three inspectors, a medicines inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Willow Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from stakeholders, including the local infection prevention and safeguarding teams, Healthwatch, commissioners and fire safety service. The provider was not asked to complete a provider information return

prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and eight relatives about their experience of the care provided. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person which enabled them to tell us their experience. We spoke with 13 members of staff including the deputy manager, nurse, senior care workers, care workers, provider, registered manager and peripatetic manager. 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.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff records and a variety of records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

● People were not kept safe from avoidable harm because unexplained injuries such as bruising and scratches were not routinely followed up and investigated to establish potential causes. People's records showed injuries had been recorded but staff did not recognise these as incidents that should be reported. For example, one person had seven injuries noted in their file between June 2021 and September 2021, but none were appropriately investigated. CQC shared these concerns with the local safeguarding authority.

The provider failed to ensure systems and processes safeguarded people from the risk of abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The management team responded after the inspection and told us they were keen to ensure their systems kept people safe. The manager shared information about systems they were introducing to improve how they identified, monitored and managed quality and safety. These showed they were taking appropriate measures to address the shortfalls.

● People who used the service and their relatives told us they felt safe using the service. One person told us they felt safe at Willow Court including when staff helped them with a bath or shower and getting dressed. When asked if people were safe a relative responded, "Very much so, through staff, their interactions, policies, care plans and what they have done through the pandemic." Another relative said, "Yes absolutely. I have complete trust in the staff, always feel [name of person] is safe."

● Staff had received training in safeguarding and knew how to report concerns. One staff stated, "The training was good and covered different types of abuse and reporting concerns. There are also signs displayed telling us how to report things."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Risks to people were assessed and usually managed safely. Assessments were detailed and guidance for supporting people safely was clear. They covered areas such as continence, nutrition and hydration, moving and handling, skin, transport and sensory needs.

● Most risk assessments had been reviewed within the identified timescale. One person's skin care plan stated they were at low risk of pressure damage but their risk assessment stated it was high. The manager commenced a full audit of care records the day after the site visit and confirmed assessments would be reviewed as part of the auditing process.

● Specialist equipment was in place to help manage risk and promote independence. For example, people had adaptive equipment such as wheelchairs, communication devices and eating aids, that had been

assessed to make sure they met their individual needs.
● The service recorded events such as accidents and whistleblowing concerns. Managers investigated incidents, took action to prevent reoccurrence and shared lessons learned with the whole team and the wider service.

Staffing and recruitment
● The service had enough staff to keep people safe, but not all staff had a high degree of understanding of people's needs which impacted on service delivery. There had been a high turnover of staff which meant the service had new starters and was using agency workers. During the inspection we observed an agency support worker did not have the necessary skills. Staff who were experienced in working at the service shared concerns this was happening on a regular basis.
● Feedback about staffing arrangements from people who used the service and relatives was positive although some said they were aware there had been some staff changes. When we asked one person if they liked their staff team, they told us, "Yes." A relative said, "Generally speaking the care has been very good, but there seems to be a much higher staff turnover and they're using agency staff with shortage on some shifts."
● The service had carried out a recent recruitment drive, which would provide a more stable workforce. Ten staff had commenced employment and were completing the provider's induction programme. The management team agreed to closely monitor suitability of staff and ensure all agency workers received an appropriate introduction before they started working with people who used the service.
● Recruitment checks were carried out before staff commenced work.

Using medicines safely
● Medicines were administered in a safe and caring way. People received the correct medicines at the right time.
● Staff followed systems and processes to safely prescribe, administer and record medicines. Accurate medicines records were kept. Guidelines on the use of medicines to be taken only when required were detailed and kept under review.
● Medicines were stored securely. However, the medicine refrigerator temperature was repeatedly recorded as being outside the acceptable range. The management took immediate action to address this when we brought it to their attention.
● Medicine audits were effective and kept people safe. Shortfalls were identified and actioned.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The service understood staff required training and support, but this was not always provided consistently. Training plans were designed to help ensure staff understood best practice for people with a learning disability and autistic people. However, some staff had not completed all these sessions. The provider was monitoring this and had plans to work with a new training provider.
- Staff received basic training such as moving and handling, food safety and fire safety. When required, most had completed refresher courses.
- The provider had identified some staff had not received regular supervision and was taking action to address this. Feedback from staff varied; some said they received good support whereas others felt this was an area to improve. One member of staff thought a lack of face to face training and ending a staff mentoring programme had contributed to the decline.

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

- People were supported by a team of staff from a range of disciplines who worked well together to ensure care was delivered and outcomes achieved in line with care plans. The provider had their own therapy services such as speech and language therapists who helped people maximise skills and maintain independence.
- People had access to external healthcare professionals but recording of appointments was poor, so it was difficult to establish that people's health needs were appropriately met. The management team responded after the inspection and told us they were introducing a new health professional monitoring record so they could be confident referrals and appointments were made at the right time.

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

- Care and support plans were usually comprehensive and reflected people's needs and guided staff around how to deliver care. For example, one person had a sleep system. Guidance was very detailed and included pictures of the correct position when the person was in bed. A care plan for a person, who did not use words, had clear explanations of their communication, such as different movements and what they meant.
- Technologies, such as moving and handling aids and communication devices, were used to support the delivery of personalised care.
- Assessment of people's needs were completed at admission and the service continued to assess some aspects of people's care such as eating and drinking, communication and mobility. However, care

assessments did not cover all key areas of need and people's goals and aspirations were not recorded. The management team commenced a full audit of care records the day after the site visit and confirmed assessments would be included in the auditing process.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Staff were observed seeking people's consent before undertaking activities. For example, before commencing a PEG (percutaneous endoscopic gastrostomy) feed and moving a person's wheelchair position.
● People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff usually recorded assessments and any best interest decisions.
● One person's care plan provided conflicting information about their capacity to make decisions. One record stated the person could make decisions about their care and treatment, but another record indicated they were unable to make this decision. The management team commenced a full audit of care records the day after the site visit and confirmed assessments would be reviewed as part of the auditing process.

Supporting people to eat and drink enough to maintain a balanced diet
● People received good support with food and fluids. Everyone had plans to make sure staff knew how to meet their nutrition and hydration needs. These were used during mealtimes to make sure everyone was getting the right support.
● The service had menus which ensured people received a nutritionally balanced diet and their preferences were met. However, the menus were not consistently followed. For example, on the day of the site visit we saw people had homemade pizzas instead of scrambled eggs because the service did not have the required provisions to follow the menu. Alternative foods served were not recorded and monitored. The management team gave assurance they would introduce measures to address this shortfall.

Adapting service, design, decoration to meet people's needs
● People's care and support was provided in a well-equipped, well-furnished and well-maintained environment. The service was spacious and domestic in character, for example, kitchens were accessible. The environment met peoples sensory and physical needs.
● People had their own spacious accommodation with access to outdoor space. Everyone had personalised their accommodation. For example, photographs of people and their family and friends were displayed on their walls. One person told us they liked superheroes and their room was themed to reflect this.
● The service was situated on a site which had other registered care homes and services for people with a learning disability and autistic people. This was separate to the local residential area so did not integrate well within the community.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The quality of care that people experienced was not consistent because staff interactions varied. For example, we saw a senior support worker engaged with people in a skilled way encouraging them to touch and smell items for sensory stimulation. However, two other workers were speaking in front of a person about how they 'struggled to feed' them. This was not respectful or engaging practice. Some staff raised concerns about the inconsistencies in care delivery.
- In one bungalow, people were involved in making pizzas including choosing their toppings. Whereas in another bungalow, two people received very little interaction from staff or stimulation for a two-hour period. The management team acted as soon as we brought this to their attention. They arranged additional team meetings, and better monitoring of daily notes and management oversight.
- People looked well cared for. Staff had spent time supporting people to maintain their appearance and individuality. For example, people's hair and clothes were clean and reflected their preferences.
- People told us they liked living at Willow Court. Families told us people received kind and compassionate care. Comments from relatives included, "I think dignity and respect is a very high priority for them", "Friendly, caring, feel they are respected, jolly atmosphere" and "It feels like a happy place to be and a safe place to be, warm welcoming and if our son didn't feel safe we would know."

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

- People were enabled to make choices for themselves and controlled their care and support where possible. Staff used a variety of tools to communicate with people.
- The service understood when people needed help from their families and involved them in decision making processes. Staff supported people to maintain contact and shared information with those involved in supporting people, as appropriate. Comments from relatives included, "Yeah, they do inform me of things, and they know I like to be involved" and "Anything you ask them they answer and do anything they can for you." One relative told us staff had supported their relative to maintain contact throughout the COVID-19 pandemic and said, "[Name of person] rings every day and we all play music together. Staff know how important it is and enjoy it. [Name of person] is laughing and very happy."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was promoted and respected by staff. Each person had their own bedroom with en-suite facilities. People had personalised their rooms and kept their personal belongings safe. People had access to quiet areas for privacy.
- People looked relaxed and comfortable in their environment. One person liked to spend time in one area

and staff ensured this happened. Another person was in the lounge with their shoes off, their legs on the settee, looking very comfortable. They were watching TV, had a drink at their side and was also looking towards the corridor to see what was happening.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement: This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were limited opportunities for people to engage in person centred activities. The COVID-19 pandemic had restricted people's access to the community, but the service had not made alternative arrangements. People's care files had notes which stated, 'Activity planner out of action due to COVID', which meant activities had not been planned for 18 months. Two people's care notes for September 2021 were reviewed but there was no reference to any activities being provided. The management team were confident people were offered a range of activities but said they would be looking at introducing more structure, so people were not left uncertain.
- The service was starting to organise activities to improve people's quality of life. For example, the weekend prior to the inspection some people had been to a restaurant and the cinema.
- Staff and relatives told us prior to the pandemic people had lots of opportunities to engage in regular social activities including visits to the local and wider community. One relative said, "They always give [name of person] the opportunity to go out and about. They've had holidays to Portugal, Spain, Disneyland Paris and caravans in this country. They were taking [name of person] out in the minibus when they couldn't go anywhere during COVID-19 just so she could see the world. They have done sailing, ice skating, abseiling and given them every opportunity anyone else would get."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care and support plans were detailed and enabled staff to work in a person-centred way. However, the service did not consistently review all areas of care or support people to identify and achieve goals and aspirations.
- The provider had identified in June 2021 that care reviews were overdue and had started to address this. Two reviews were completed in August 2021 although the review records and agreed actions had not been written up.
- The management team commenced a full audit of care records the day after the site visit and confirmed assessments and care reviews would be included in the auditing process.
- Relatives were confident the service was responsive to people's needs. One relative said, "They know her better than we do now so it's mainly if they want to change anything and then they consult us. They're very proactive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were met. The service had an innovative approach to using technology and ensured people had access to information in appropriate formats. For example, one person showed us pictures they used with their iPad and another person had an eye-driven communication device. Some staff said they did not feel confident using the electronic communication aids and would like to receive additional training.

Improving care quality in response to complaints or concerns

● The service had a system in place for responding to concerns and complaints. The management team were confident the service would treat all concerns seriously, investigate them, learn lessons from the results and share the learning with the whole team.

● Relatives told us they could raise concerns and complaints. One relative told us, "I have never made an official complaint, but I've raised concerns and prompted them, they generally change things and become more aware." Another relative said, "We talk about it and raise concerns before it escalates. They also do the same and I am sure that's the right thing to do."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection the service was rated good in all five key questions. At this inspection every key question had deteriorated to requires improvement. This demonstrates the provider's governance systems and processes were not effective and did not ensure people received safe, quality care and support.
- There was a lack of consistency in how the service was managed and quality checks had failed to drive improvement. For example, the provider had carried out an audit in June 2021 and reviewed several people's care records. They identified shortfalls such as a lack of care reviews, activities and clear documentation of involvement with health professionals such as GP, dentist and optician. These areas had still not been addressed at the time of the inspection.
- Risks were not always recognised and managed. Records showed people had unexplained injuries, which were not appropriately followed up and investigated. The provider's governance framework did not highlight this shortfall.
- People's care records were inconsistent. Some records were not kept up to date and some information was recorded in communal records rather than the person's individual file. This meant it was difficult to review the overall delivery of care people received.

The lack of robust quality assurance meant people were at risk of receiving poor quality care. This was a breach of regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a registered manager. They left their post during the inspection to commence another position. The provider had organised appropriate interim management arrangements and had started the process of recruiting another manager.
- We discussed the inspection findings with the interim manager and provider. They sent an action plan and told us how they were improving their systems and processes to ensure people received safe, quality care.

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

- The service obtained views of people who used the service, their relatives and members of staff. Meetings with people who used the service were held and suggestions were acted upon.

● Family members told us they felt listened to and involved in the care of their relative although they had not recently been asked to complete a survey or questionnaire. Some told us they were involved in a 'parents' committee' which provided opportunities to share ideas and suggestions.
● Staff meetings took place and attendees were asked to share their views. In May 2021, staff had raised concerns that standards at the service had dropped. During the inspection some staff told us staff morale was low.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others
● Notifications about significant events were submitted to CQC. These showed the provider was responsive and took appropriate action, which included reporting information to external agencies when required.
● Management and staff understood the importance and benefits of working alongside other professionals.
● The local infection prevention and control team told us they had worked with the provider during the COVID-19 pandemic. The service had a low level of COVID-19 infection with no deaths. The management team told us the staff team had done an incredible job throughout COVID-19 and were extremely grateful to them.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider failed to ensure systems and processes safeguarded people from the risk of abuse.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The lack of robust quality assurance meant people were at risk of receiving poor quality care.