MPS Care Homes Limited

Lound Hall

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 1 July 2015 and was unannounced. Lound Hall provides accommodation, nursing and personal care for up to 30 people with or without dementia. On the day of our inspection 24 people were using the service. The service is provided across three floors, with a passenger lift connecting the floors.

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.

There were not sufficient numbers of staff deployed to care for people in a timely manner. In addition, there were not sufficient staff employed meaning there was a reliance on agency staff and employed staff were working

Summary of findings

excessive hours. People received their medicines as prescribed. However, there had been occasions where untrained care staff were providing people with their medicines.

People felt safe living at the home and staff were aware of how to protect people from the risk of abuse. Relevant information about incidents which occurred in the home was shared with the local authority. Risks to people's safety, such as the risk of falling, were not properly assessed, however staff worked to minimise risks to people's safety.

The Mental Capacity Act (2005) (MCA) was not utilised in order to protect people who were not able to make their own decisions about the care they received. Staff had not received all training relevant to their role and were not fully supported.

People did not always receive enough to drink but were provided with sufficient quantities of food which was appropriate to their needs. People received support from healthcare professionals, such as their GP, when needed. Staff followed the guidance provided by healthcare professionals.

People were not always able to be involved in the planning and reviewing of their care but were supported to make day to day decisions. People were treated with dignity and respect by staff and there were positive relationships between staff and people who used the service.

Staff did not always respond quickly to changes in people's care needs and there was limited provision of activities. Staff did not respond appropriately to the hot weather conditions on the day of our inspection. People knew how to complain and told us they felt comfortable approaching the registered manager.

Accurate records were not always kept about the care that had been provided to people and records were not securely stored. There was a quality monitoring system available for the registered manager to use, however they did not have sufficient time to fulfil their role effectively.

There was an open and relaxed culture in the home. Whilst staff felt able to raise issues of concern, there had not been a staff meeting for over a year which reduced the likelihood of staff being able to discuss any issues there were.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

There were not sufficient numbers of staff employed and deployed to meet people's needs. People received their medicines as prescribed, however they were sometimes given by untrained staff.

People were protected from the risk of abuse and staff knew how to reduce risks. However, risk assessments were sometimes incorrectly completed meaning staff did not have accurate information.

Requires improvement

Is the service effective?
The service was not always effective.

People were cared for by staff who did not receive all of the training and support required. Where people lacked the capacity to provide consent their rights were not protected.

People did not always have enough to drink but were provided with sufficient food. Staff ensured people had access to healthcare professionals.

Requires improvement

Is the service caring?
The service was not always caring.

People were not always involved in making decisions about their care.

People were supported by caring staff who had developed positive relationships. People were treated with dignity and respect.

Requires improvement

Is the service responsive?
The service was not always responsive.

Staff did not always respond quickly to people's changing needs. There were not enough stimulating activities for people.

People felt able to complain and knew how to do so.

Requires improvement

Is the service well-led?
The service was not always well led.

There was a quality monitoring system in place however this had not been fully utilised. Staff did not always maintain accurate records about the care they had provided.

There was an open and transparent culture in the home, however the registered manager did not have sufficient time to fulfil their role effectively.

Requires improvement

Lound Hall

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.

We visited the service on 1 July 2015, this was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with nine people who used the service, four relatives, three members of care staff, the nurse on duty, three members of domestic staff, the registered manager and a representative of the provider. We looked at the care plans of four people and any associated daily records such as the food and fluid charts. We looked at four staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medicine administration records.

Requires improvement

Is the service safe?

Our findings

The people we spoke with told us they felt there were not always enough staff to respond to them in a timely manner. One person said, "They always seem so busy. I am sure they could do with more staff on duty, they are always run off their feet." Another person said, "Sometimes it takes a while to respond to the buzzer, but that's only because they are busy and dealing with someone else at the time."

We observed delays in people receiving support in the communal areas of the home. For example, one person had been provided with their lunch in the lounge area and staff then left to assist other people. The person fell asleep and was left for a period of fifteen minutes before staff returned to check if they had eaten. Another person fell in the garden area and there were no staff present at the time. A visitor alerted staff that the person had fallen and they were assisted back into the home. Staff were busy in other areas of the home at the time and were not aware that the person had fallen.

The staff we spoke with told us that there were not enough staff to meet people's needs. One staff member said, "Sometimes the residents don't get the care they need, with only two (care staff) on duty we can't keep up with the turns (assisting people to change their position)." We saw that the communal areas were left unattended for long periods of time during the day and there were people in these areas who were at risk of falling. Because of a vacancy in the domestic staff group, care staff were also assisting in the laundry. This meant that, at times, only two of the three care staff were available to provide support to people. This impacted on staff's ability to care for people in a timely manner.

There were also vacancies in the care staff group due to staff leaving. The registered manager told us they were trying to recruit new staff. The staff shortage meant that some of the remaining care staff were working excessive hours and were not always having their scheduled rest days. We checked staffing records which confirmed some staff were working in excess of 60 hours per week on a regular basis.

The registered manager had carried out an assessment of the numbers of staff that would be required on each shift which was based on people's dependency levels. However, this had not resulted in a sufficient number of staff to be able to meet people's needs.

We found that the registered person had not employed and had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they were happy with the way in which their medicines were managed. However, one relative told us their loved one had been without a prescribed medicine for several days and that they had to collect the prescription themselves because it had not arrived at the home. We observed the nurse administering people's medicines and saw that they followed safe practice when doing so. However, care staff told us they were sometimes asked to give people their medicines and had not received the training required to do so. Therefore we could not be sure that people were always given their medicines by competent staff. The registered manager was not aware that medicines were being given out in this manner.

Medicines were not always kept at an appropriate temperature and this may have affected how well people's medicines worked. The day of our inspection was very hot and the temperature in the areas where medicines were stored had exceeded the recommended 25 degrees Celsius. This had also been the case in the two days prior to our inspection and no action had been taken to resolve this. A portable air conditioning unit was delivered to the home on the day of our inspection after we pointed this out to the registered manager.

People told us they were supported by staff to manage risks to their safety. One person said, "The staff make sure I get up and about safely." Another person told us, "I got a bit wobbly the other week and they help me so much." A relative told us that their loved one received the support required to reduce risks to their health and safety.

Requires improvement

Is the service safe?

Staff did not always have access to the required information to reduce risks to people's safety. People's care plans contained assessments of different risks such as the risk of falling and of malnutrition. The risk assessments had not always been correctly completed and staff had not taken into account all factors that may affect the level of risk. For example, when a person's weight had changed, staff had not taken this information into account meaning the risk assessment was incorrect.

People lived in an environment that was generally well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm and steps were taken to prevent the risk of legionella developing in the water supply. Staff reported any maintenance requirements and action was taken in a timely manner.

Every person we spoke with told us they felt safe at the care home. One person said, "Yes I feel very safe and sound here." Another person told us, "I am safe here." A visiting relative said, I feel so much more content myself knowing my relative is safe here." The atmosphere in the home was calm and relaxed and we did not see any situations where people were affected by the behaviours of others.

Staff told us they were confident in managing any situations where people may become distressed or affected by the behaviours of other people. People's care plans contained information about how to support them should they become distressed and staff had a good awareness of this. Information about safeguarding was displayed in the home. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. Staff also were aware of how to contact the local authority to share the information themselves.

Requires improvement

Is the service effective?

Our findings

People were cared for by staff who did not receive all of the training and support required for their role. The staff we spoke with told us that, whilst they did receive some training relevant to their role, a lot of this was delivered by a distance learning package. The registered manager confirmed staff were expected to complete some of the training in their own time. Staff felt that this was not always their preferred method of learning and they did not always get the time to satisfactorily complete the training. There was a competency assessment as part of each training course and the registered manager also carried out some competency assessments.

Training records showed that staff had not completed all of the training relevant to their role. For example, almost half of the employed staff had not received infection control training. Only seven out of 22 staff had received recent training in understanding the needs of people living with dementia. Some of the people who resided at Lound Hall were living with dementia. The registered manager acknowledged there were areas of training that needed to be delivered and had already organised for some training to take place.

People were supported by staff who were not always supervised with regards to their performance and any support they may need. The staff we spoke with told us that they did not always receive regular supervision, however, they did feel able to speak with the registered manager should they need to. Records showed that less than half of the staff had received supervision in the six months prior to our inspection. The registered manager told us that they did not always have the time to carry out supervision meetings, although they planned to put a supervision structure into place to allow nursing staff to supervise care staff.

The staff we spoke with told us that the induction did not allow sufficient time for them to become acquainted with people who used the service and the home. More experienced staff were asked to mentor newer staff, however they found that there was not sufficient time to be able to support the new staff. This had led to some of the newly recruited staff leaving soon after they had started. The home was reliant on agency staff to cover some shifts.

We found that the registered person had not provided staff with appropriate support, training, professional development, supervision and appraisal. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The people we spoke with told us they were not aware of their care plan or having provided consent to the care they received. The registered manager told us that people or their relatives were involved in putting their care plan together and tried to get people to sign their care plans where possible. We observed that staff asked people for consent prior to giving any support or care required.

Where people may have lacked the capacity to make a decision the provider had not followed the principles of the Mental Capacity Act (2005) (MCA). The MCA is designed to protect the rights of people who may lack capacity to make their own decisions. Decisions had been made on people's behalf where the care plan indicated they did not have the mental capacity to make such a decision themselves. However, MCA assessments had not been completed in the care plans we looked at. For example, one person had bed rails in place to prevent them rolling out of their bed. There had been no assessment of the person's capacity to decide if they wanted bed rails to be in place. There had been no best interests checklist completed to determine if the installation of bed rails was the appropriate decision. The provider and registered manager acknowledged that they had work to do in carrying out MCA assessments. The staff we spoke with understood the principles of the MCA and were able to describe how they applied this to people's care.

The registered manager was aware of the Deprivation of Liberty Safeguards (DoLS) and should they need to take action to restrict someone's freedom they had appropriate procedures in place to do so lawfully. However, there had not been consideration of the different situations in which a deprivation of a person's liberty may occur. For example, there had been no consideration of whether the installation of bed rails was a deprivation of a person's liberty. The installation of bed rails can, in certain circumstances, prevent a person from being able get out of their bed safely.

Requires improvement

Is the service effective?

We found that the registered person had not acted in accordance with the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were given enough to eat and that the quality of the food was acceptable. One person said, "The food is ok." Another person said, "I enjoy the food, it's quite traditional." We observed that people enjoyed their meals and most ate good sized portions. People were offered drinks throughout the meal and staff asked if anybody wanted more food.

However, the day of our inspection was very hot and people were not always able to help themselves to drinks. Staff offered drinks at intervals during the day, however two people commented that they would have appreciated extra drinks being provided or left within their reach. Staff were not always accurately monitoring people's intake of food and drink where they had a concern. We looked at three people's food and fluid monitoring records and saw that staff had not always completed these. Fluid totals were not added up at the end of each day so staff did not have an accurate picture of people's intake.

People were provided with food appropriate to their culture or religion where this was requested. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for. Where people required one to one support to eat and drink this was provided in a calm and unhurried manner.

People told us that they had access to the relevant healthcare professionals when required. One person said, "Yes I get to see my GP as and when I need him and they (staff) are always very quick to get him if needed." A relative told us, "They are very good at liaising with other professionals, particularly the GPs who are very good. I am always kept very well informed." Nursing staff took responsibility for making healthcare appointments and care staff told us this system worked well.

People's care plans confirmed that they received input from visiting healthcare professionals, such as their GP, on a regular basis. Staff also supported people to access specialist services such as the dietician and a speech and language therapist (SALT). For example, staff had noted that one person was having difficulty swallowing their food and had contacted SALT for advice. The guidance provided was incorporated into the person's care plan and followed in practice. Staff were aware of the information and ensured the person received the support required.

Requires improvement

Is the service caring?

Our findings

The people we spoke with confirmed they were asked about their needs prior to arriving at the home. People's care plans also confirmed that, where possible, people had been involved in planning their care on arrival at the home. However, people were not aware of what a care plan was and could not recall being involved in planning their care after admission to the home. One person said, "They asked me what I wanted when I arrived at the home."

The staff we spoke with told us that people were not routinely involved in planning their care and we did not see evidence of people being involved in reviews of their care. People had not always signed their care plans to confirm their involvement in making decisions. The registered manager said that they tried to involve people as much as possible in planning their care.

We observed staff respected the day to day decisions people made, such as what they wanted to eat and where they wished to sit. Staff offered people support if required, such as if they wanted their food cutting into smaller pieces. Staff also encouraged people to carry out tasks independently when they were able to.

People were complimentary about staff and told us staff were caring and compassionate. One person said, "I've been here for a few years, the staff are very kind." Another person told us, "We all get on well." The relatives we spoke with felt that staff were kind and caring, one relative commented, "They [the staff] are very helpful and understanding." Another relative told us, "I come and go at all times of the day and evening and I must say I have never heard a word spoken out of turn by any of the staff."

We observed that staff were caring and had developed positive relationships with people. Staff spoke with people in a kind and considerate manner whilst also enjoying some light hearted moments. The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. Staff were aware of people's diverse needs and tried to cater for this as well as they could. Some people watched religious services on the television. Kitchen staff were aware of how people's cultural background and religion may impact on the way in which they prepared food.

People told us they were treated with dignity and their privacy was respected by staff. One person said, "I am sure we all get the respect we deserve here." Another person told us, "The staff are respectful, they treat us well." The relatives we spoke with said they felt staff treated people with dignity and respect.

We observed staff treating people in a respectful manner and were mindful of protecting people's dignity. For example, when people requested support to use the toilet, staff responded to this in a way which respected the person's dignity and privacy. People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to private areas to spend time together if they wished.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Requires improvement

Is the service responsive?

Our findings

The people we spoke with told us they felt that staff provided the care and support they needed, although they may have to wait at times. One person said, "The girls here (care staff) are very good. You can't expect 100 per cent attention because there are others here to consider and they have to be seen to." Another person told us, "I do get the care I need, I try to be independent though and do some things myself." A relative told us they felt their loved one received the care and support they required.

Staff made efforts to provide personalised care and support, however there were sometimes delays in this being provided. For example, staff knew that some people needed assistance to be repositioned in their beds to reduce the risk of skin breakdown. However, this support was not always provided in a timely manner meaning people were left in the same position for longer than recommended. One person had been losing small amounts of weight over a period of several months. Whilst care staff were trying to support this person to eat well, they had not responded to the changes in the person's weight by contacting the person's GP for assistance.

Staff did not respond appropriately to the weather conditions on the day of our inspection, which was very hot and at times approaching 35 degrees Celsius outside the building. Some people were wearing thick, woollen cardigans on top of other clothing and complained that they were too hot. Staff did not respond to this until we pointed out that some people were too hot. In addition, although some fans were available in the building, none were offered to people to help them to cool down. One person commented, "It would be nice if they had some fans to keep us cool wouldn't it?" Staff did provide some ice lollies during the afternoon which people enjoyed.

Staff had access to detailed information about people's care needs and the staff we spoke with were able to describe people's needs and how they had changed over time. People's care plans were regularly reviewed, however the reviews did not always take into account changes in the person's support needs. For example, one care plan contained a section about the person's continence needs. This stated that the person drank between 1.5 – 2 litres of fluid per day. The registered manager, staff and records confirmed that this was not the case. However, the reviews of the care plan had not taken this change into account when reassessing the person's support needs. The staff we spoke with told us they found the information in people's care plans was helpful, however they were not always informed of changes to people's needs.

Adjustments were made and equipment provided so that people were able to remain independent. One person said, "The staff help me to be as independent as I can. I can shave myself again now which I am proud of." People who required pressure relieving equipment had this in place and staff ensured it was available to them at all times. Staff ensured that people who required glasses or hearing aids had access to these and that they were in good order. There was some signage throughout the building to assist people in finding their way around independently. However, bedroom doors did not contain any personal signage, other than a number, to help people remember which room was theirs.

People told us there were not enough activities available and they frequently found themselves feeling bored. Some people chose to spend most of their time in their bedrooms because they felt there was no reason to spend time in the communal areas of the home. One person said, "Things do happen sometimes but that's once in a blue moon. We don't really do anything, we don't go into the village, don't go to the church. I keep my own company usually." Another person said, "It would be nice if there were more things to do. It gets a bit boring."

The home employed an activities co-ordinator, however they were also required to help out with laundry duties due to the staffing issues within the home. This limited the amount of time they had available to carry out activities with people. We observed they spent some time with two people folding napkins ready for the next meal. Apart from this, no stimulating activity was provided for people and we saw some people spent long periods of time without any interaction or asleep. Care staff were often too busy to be able to spend time interacting with people. The registered manager told us that some people enjoyed manicures and playing dominoes.

People told us they felt able to raise concerns and knew how to make a complaint; they said they would not hesitate in contacting the registered manager. One person said, "I would go to the lady manager if I had a complaint, but there's never anything that serious to complain about." Another person told us, "I would see the nurse in charge if I had to, they would sort any issues out." The relatives we

Requires improvement

Is the service responsive?

spoke with told us they felt able to speak with the registered manager about any concerns they had. People had access to the complaints procedure which was displayed in a prominent place and also given to people on admission to the home.

No complaints had been received from people who used the service or relatives in the 12 months prior to our inspection. However, the registered manager dealt with any concerns that people raised with them. The people and relatives we spoke with told us they could go straight to the registered manager at any time and they had been able to resolve any issues.

Requires improvement

Is the service well-led?

Our findings

Whilst the people we spoke with could not recall being asked for their opinion about the service, we saw that satisfaction surveys had been distributed shortly before our inspection. We looked at the responses which showed that the respondents were generally satisfied with the service. Two of the respondents had commented about a lack of activity in the care home. The registered manager was still in the process of compiling the survey results and had not yet responded to the issues that were raised.

The registered manager said that they had stopped arranging meetings for people using the service and family due to low attendance. We were told that they operated an 'open door' policy so that people could raise any issues as soon as they arose. We saw people speaking with the registered manager during our inspection. The provider supplied a set of audits for use within the home, however these had not all been completed. The registered manager told us they had not had the time to complete these due to having to work shifts as the nurse on duty.

The provider also completed visits to the home to check that people were receiving a good quality of service. These visits had identified some shortcomings with the quality of service, such as issues with staffing and the use of the Mental Capacity Act (2005). Whilst some work had started in order to bring about improvements, this had not been effective at the time of our inspection.

Staff did not keep accurate or up to date records about the care they had provided to people. For example, we looked at food and fluid charts for the two weeks prior to our inspection and found that they had been inconsistently completed. The records did not reflect the actual amounts of food and drink people had consumed. Staff were not calculating the total amount of food and drink consumed each day and the records were not being used to monitor people's nutritional and fluid intake. In addition, risk assessments in people's care plans had not always been accurately completed because staff had added up the scores incorrectly.

During our inspection we observed records were not always stored securely. Many records were left in storage facilities in a communal area of the home near the main entrance, which was not secured. There were times when no staff were in this area and the records that had been left unsecured could have been looked at by anyone passing.

We found that the registered person had not properly assessed, monitored and improved the quality and safety of the services provided. In addition, the registered person had not securely maintained an accurate, complete and contemporaneous record in respect of each service user. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager and she understood her responsibilities. The people and relatives we spoke with knew who the manager was. One person said the registered manager was, "Approachable" and dealt with any concerns or requests quickly and effectively. Another person commented, "I often see the manager and know who she is."

The registered manager was not able to devote sufficient time to their duties because they were also working shifts as the nurse on duty. This had impacted on their ability to carry out management duties such as completing audits and supervising staff. This had resulted in some staff not receiving the support they required and staff motivation had decreased. We saw from recently completed survey that a member of staff commented morale was low due to current difficulties in the home. The staff we spoke with also reflected this and felt they weren't always supported to provide good care.

People benefitted from the clear decision making structures that were in place within the home. Staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines and reviewing of care plans. However, care staff commented that communication to them was not always effective and this had resulted in them not being told about changes to the care they provided to people.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

There was a positive and open culture in the home and people felt comfortable and confident to speak up should they wish to. One person said, "I can ask anybody anything, they all help me and are happy to do so." Another person

Requires improvement

Is the service well-led?

commented, “On the whole, I think it’s all satisfactory here…. if it wasn’t, I would say so.” A relative told us, “The culture is one of calm and kindness from staff.” We observed that people were relaxed in the home and the atmosphere was calm.

The staff we spoke with felt there was an open and transparent culture in the home and they were comfortable raising concerns or saying if they had made a mistake. There had not been a staff meeting for over a year, the registered manager told us there was insufficient time for these to take place. This reduced the ability of the registered manager and provider to deliver clear and consistent messages to staff and for staff to discuss issues as a group.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been employed and had not been deployed. Regulation 18 (1). Persons employed by the service provider had not been provided with appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person had not acted in accordance with the Mental Capacity Act (2005). Regulation 11 (3).

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 registered person had not properly assessed, monitored and improved the quality and safety of the services provided. Regulation 17 (2) (a). The registered person had not securely maintained an accurate, complete and contemporaneous record in respect of each service user. Regulation 17 (2) (c).