Avenues South East

Chelsham Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Chelsham Lodge provides personal care and accommodation for up to six adults with a learning disability, such as autism. On the day of our inspection there were six people living at Chelsham Lodge.

There was not a registered manager in post. 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 and associated Regulations about how the service is run. A new manager had just taken over management oversight of the home and had applied to CQC to become registered manager.

We last inspection Chelsham Lodge in March 2015 where we found that staff did not always show people respect. Although this inspection was a routine fully comprehensive inspection we carried out observations to check that the provider had taken action following our last inspection to ensure people were always treated with respect. We found staff were respectful and caring towards people; however people lived in an environment that was in need of refurbishment. Although we were told refurbishment plans were in place, these had been ongoing for some time and in the meantime people lived in premises that were not homely. There were a lack of sensory items for people both inside and outside of the home.

On the whole staff treated people with care and respect; however we observed staff practices were task orientated. Although people had the opportunity to participate in activities both in and outside of the home these lacked creativity and staff had not taken time to consider exploring alternative activities for people. People's care plans were detailed and comprehensive, however we found some information which would have been useful for staff had not be included.

Staff and the provider undertook quality assurance audits to ensure the care provided was of a standard people should expect. However we found that actions identified from these were not always acted upon.

Staff said they felt supported and we found staff were aware of their responsibilities to safeguard people from abuse. Appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff had identified and assessed individual risks for people. Accidents and incidents that occurred were recorded and appropriate action taken. Medicines were managed in a safe way and recording of medicines was completed to show people had received the medicines they required.

Staff supported people to keep healthy by providing nutritious foods. People had access to external health services and professional involvement was sought by staff when appropriate to help maintain good health. Staff encouraged people to carry out daily living routines, such as their laundry.

Staff had followed legal requirements to make sure that any decisions made or restrictions to people were done in the person's best interests. Staff understood the Mental Capacity Act (2005) and the Deprivation of

Liberty Safeguards (DoLS).

There were a sufficient number of staff on duty to enable people to either stay indoors or go out to their individual activities. Staff understood people's individuality and needs and respected people when they wished to have time alone.

Staff received a range of training which included training specific to the needs of people living at Chelsham Lodge. This allowed them to carry out their role in an effective and competent way. Staff met together regularly as a team to discuss all aspects of the home.

If an emergency occurred or the home had to close for a period of time, people's care would not be interrupted as there were procedures in place.

A complaints procedure was available for any concerns. Relatives were encouraged to give feedback on the care their family member received. People were involved in their care through regular keyworker meetings.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. We also made one recommendation to the registered provider. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

Medicines were administered and stored safely.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place and there was information to people living in the home should they need it.

There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were supported by staff to have nutritious meals.

People had involvement from external healthcare professionals to support them to remain healthy.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff showed people respect and care. However, people lived in an environment that was uninviting and not homely.

Staff were caring and encouraged people to participate in the daily routines of the home.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's care records contained person-centred information about people; however some information which would have been useful for staff was missing.

Although people were able to take part in activities these lacked creativity and there was a lack of pro-active support from staff.

Complaint procedures were available for people.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Records held by staff were not always complete.

Quality assurance checks were completed by the provider and staff to help ensure the care provided was of good quality, however actions were not always dealt with.

Staff met regularly to discuss all aspects of the home.

Relatives were encouraged to give their feedback.

Chelsham Lodge

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 was 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 was an unannounced inspection that took place on the 17 May 2017. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We did not ask the provider to complete a Provider Information Return (PIR) for this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because the provider submitted their PIR prior to our last inspection in March 2015.

We were unable to speak to people as part of our inspection due to their communication difficulties. Instead we observed the interaction and care between staff and people. We spoke with the new manager, the provider's new area manager, the deputy manager and two staff during our inspection. Following the inspection we obtained feedback from two relatives, one friend and three health care professionals.

We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at four staff recruitment files.

We last inspected Chelsham Lodge in March 2015 were we identified a lack of respect shown towards people at times.

Good

Is the service safe?

Our findings

Relative's felt their family member was safe. One relative said, "They watch him very carefully." Another told us, "I feel comfortable with the whole set up and have trust in the staff."

People were kept safe because staff understood people's individual risks. One person living in the home smoked and an appropriate risk assessment was in place to help ensure this person was not put in a position of harm. Other areas of risk had been identified and managed. For example, one person was at risk of falling out of their wheelchair and we read staff had assessed this person as requiring a lap belt when sitting in the wheelchair to keep them safe. Some people had epilepsy and risk assessments were in place around this. There were few risks in relation to any behaviours people may display which indicated that staff managed these well. A relative told us, "The best thing is that they keep him safe."

Accidents and incidents were recorded and we noted action had been taken to address these. Such as in the event of one person who received the wrong dose of medicines. Staff had involved the doctor to make sure this person did not have any adverse effects.

Staff on the whole followed good procedures in relation to the handling of medicines. Medicines were stored in a lockable cabinet, secured to the wall. The medicines administration records (MAR) were completed properly, without gaps or errors which meant people had received their medicines correctly. Each MAR held a photograph of the person to ensure staff gave the medicine to the correct person and there was guidance on how people liked to take their medicines.

Where people had homely remedies (medicines that be bought over a counter without a prescription) or PRN (as required) medicines protocols in place. These gave information to staff of when people may require medicines and what triggers may indicate a person would require a medicine. The protocols had been signed off by the doctor. We saw weekly medicines checks were carried out, however we noted the last check was completed at the end of April. We raised this with the deputy manager who said this would be addressed.

There were a sufficient number of staff on duty to support people with their needs both within and outside of the home. The new manager explained they had recently recruited two new staff and that they always ensured that at least one staff member on duty each day was authorised to drive the home's mini-bus so people could go out. Some people required two to one staff when outside of the home and we observed staffing levels in line with what we had been told when one person went out. Although no one had one to one staffing when indoors there were sufficient staff available to always know where people were and for us to note that people did not appear to have to wait to be responded to.

People were kept safe because the provider carried out appropriate checks to help ensure they employed suitable staff to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff have a criminal record or were barred from working with people who use care and support services.

Staff had a good understanding of safeguarding which meant they helped keep people safe from harm. Information was available for staff and they told us who they would go to if they had any concerns relating to abuse. One member of staff said, "I would report anything I saw to the manager or deputy and write a report." Staff knew they could report their concerns to the local authority safeguarding team if required.

People would continue to receive appropriate care as there was a contingency plan in place in the event of an emergency. There was information and guidance for staff in relation to contingency planning and actions and each individual had their own personal evacuation plan (PEEP). People would be evacuated to local hotels should the need arise. Regular fire alarm tests and fire drills were carried out.

Good

Is the service effective?

Our findings

Staff received appropriate and relevant training to enable them to feel confident in their role and to help them meet people's specific needs. Staff undertook the provider's mandatory training, such as safeguarding, infection control, health and safety or basic first aid. Staff told us, "I completed training at head office when I started and did supplementary training on e-learning. I shadowed for two weeks when I started. I've worked in care before but it was good to see how to support people here on a daily basis." Another member of staff told us, "The training is good. It keeps you on the ball."

People were cared for by staff who were supported in their role. Staff were able to meet with their line manager on a one to one basis. A staff member said, "We talk about our key clients to make sure we're looking after them and about training. Anything we're interested in doing. There's a chance for you to be able to improve here."

People were supported to have a varied and nutritious diet to help maintain their health. Fruit was offered to people during the morning and one person who indicated they would prefer an alternative was given this. We observed lunch time and saw people were provided with food that looked appetising and saw that people were provided with aids (such as plate guards) which enabled them to eat independently. People's meals were served according to any specific dietary requirements they had, such as one person who required their food cut into small pieces. Where people required staff to supervise them whilst they ate (due to their risk of choking) we saw this happen.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) processes were implemented 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. Mental capacity assessments had been carried out for people. For example, in relation to wardrobe doors being locked, continuous supervision and medicines. Best interest meetings had been held where decisions needed to be considered and made ensuring they were the least restrictive for people.

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 found that staff knew of the implications of the MCA and DoLS. DoLS applications were made where necessary. They were comprehensively completed and reflected all the restrictions in place for people. For example, in relation to the locked front door.

Staff were knowledgeable in the principles of the MCA. A staff member told us, "It's a fundamental part of what we do. The principles are to assume capacity, people's rights to make their own decisions. We need to support them to do that." The staff member gave us an example of one person who liked to wear a jumper all the time even when it was really hot. They told us, "That's his choice though."

People were by supported by staff to maintain good health and were referred to appropriate health care professionals when required. Each person had a health action plan in place which recorded the health care professionals involved in their care, for example the GP, optician, dentist or district nurse. A relative told us, "He had a rash and the staff called the doctor. I checked up on him and he's fine now." Another said, "He is very carefully checked on. He goes to the dentist and has his feet checked."

Each person had a hospital passport. This is a document which includes useful information about the person should they need to go into hospital. These were completed fully and comprehensively. They also had a health action plan which recorded health appointments and their outcome.

Requires Improvement

Is the service caring?

Our findings

We asked relatives if they felt their family members were cared for by staff. One relative told us, "They are very good. They provide personalised care." A second relative said, "They are very good to him. Staff seem quite fond of him." A friend told us, "Don't think he could do any better. The staff are lovely."

During our inspection in March 2015 we noted some occasions when staff showed less than respectful practices towards people. We found at this inspection staff showed care and respect and were attentive to people. However, we found that people lived in an environment that was in need of refurbishment.

People lived in an environment that was dated, unhomely and sparse. The new manager told us there were plans in place to refurbish the whole building and he hoped this would happen early June 2017. However, we were later told that these plans had been in place for some time and in the meantime people continued to live in a house that, apart from a few pictures on the wall, was uninviting and looked uncared for. We found stains on the walls in the dining room and skirting boards throughout the home were stained. The kitchen was drab and the lounge contained little soft furnishing or a feeling of homeliness or cosiness. The curtains were hanging down in some places. Chairs around the kitchen and dining room tables were mismatched, stained and looked like office chairs. The paint on the bannister leading up to the first floor was worn away, felt sticky and the wood exposed. Most people's bedrooms felt unpersonalised, although we did note that new beds and mattresses had been purchased for people. The garden was a lovely space for people to walk around but we found no outside sensory items for people, such as a swing or tactile objects and there was no garden furniture to allow people to sit outside, apart from one bench immediately by the front door.

People were cared for by staff who displayed caring behaviours. It was evident staff knew people and their individual characteristics and routines. Staff recognised people's individual ways of communicating which enabled people to receive the care they needed and wanted. However, we did find during the day that staff spent much of their time carrying out domestic tasks around the home, such as cleaning and cooking or writing care notes. Although staff were seen in the same room as people we found there was a lack of atmosphere or regular spontaneous interaction between them and people. Staff were seen standing watching people or sitting next to them in silence and there was little for people to do. We read in staff meeting minutes this had been noted by a senior manager who had commented, 'staff engagement with people low'. We spoke with the deputy manager about this at the end of our inspection. They told us that some days were quieter than others, in that people may not go out as much, but they accepted our observations and comments.

We recommend the registered provider ensures work takes place to enable people to live in an environment that is suitable for their needs, personalised and homely and that they receive a good level of interaction from staff.

People were enabled to be independent within the home. We saw people walking out in the garden, accessing the kitchen or going upstairs. One person came and sat with us whilst we were reviewing

documents in one of the upstairs rooms and staff respected this. A professional told us, "(Name) is free to go around the house, enter the office and get the car key when (name) wants to go out. (Name) also knows where their purse is and is able to show what (name) wants."

People's individuality was respected. One person had a particular routine around drinking their tea and staff provided them with cups and items to enable them to follow this. Another person liked spending time out of the home and staff enabled them to do this. A third person liked to do puzzles and we observed staff giving them lots of encouragement to complete a puzzle and the person reacted by laughing loudly. A friend said, "They give him his own space. He likes that." A professional told us, "I praise the staff for the patience and commitment they have shown in her daily routine."

One staff member told us they had noticed that people tended to only get offered tea to drink. They had picked up an interest from people when they made themselves a coffee so had now started to offer people coffee too which they told us had gone down well with some individuals.

People were encouraged to participate in household chores and daily living tasks. We saw people being supported to bring their own laundry to the laundry room and return clean items to their room. Other people participated in sorting out the recycling or cleaning the table after meal times.

Staff told us they liked working in the home and they were fond of the people they cared for. One staff member said, "We give them the best care. We all really care about them." Another told us they came to work for the people and enjoyed working with them. A friend said, "They give him the care he needs." A professional told us, "The atmosphere is good, the staff seem caring, able and client centred." A second professional said, "From my observation they looked content and happy and were being supported by various staff members." A third professional told us, "I feel the staff members are caring and communicate respectfully with the residents."

People were supported to maintain relationships that were important to them and the feedback we received was such that people were happy with the care provided. We heard from relatives and a friend how they visited the home regularly and were welcomed by staff. A friend said, "We are welcomed by everybody when we go."

Requires Improvement

Is the service responsive?

Our findings

People had care plans that were detailed and contained a large amount of information about their needs. However, we found information that would be useful to a new member of staff was not always included in a person's care plan and where guidance was in place staff did not always follow this. One person preferred not to wear shoes both indoors and outside and yet there was no mention of this in their care plan although staff told us this was the case. There was an entry in their care plan which stated, 'likes to go for walks in the country'. This meant information may be contradictory as this person could not go for a walk of any length without shoes. Another person had attended medical appointments and had received a diagnosis of a condition and yet there was no care plan in place for this and staff were unaware of this diagnosis despite it first being identified in 2016. A third person used a particular word to indicate to staff they wished them to sit with them. Although staff knew this it had not been recorded in their care plan and as such the new manager had taken some time to determine what this person meant.

During our inspection one person grabbed an inspector's arm/hand quite tightly and would not let go for approximately 30 minutes. Staff were supportive to the inspector, but did not appear to know what to do and did not give the inspector any advice on how they should respond to this behaviour. Staff told the inspector that this person's behaviour was unusual and it was because they were a stranger. We did not find this person's behavioural support plan refer to this type of behaviour or guidance to staff on how to support this person around strangers. However, the plan did give guidance on using a counting exercise to help the person calm down, but staff did not use this during the incident.

Some people had particular routines. Although staff supported them to achieve this the new manager had identified that often this was because, "It has always been that way" rather than staff considering a more responsive approach to people's behaviours to enable them to have a more varied and balanced life. One person liked to go out each day and eat lunch and although staff had facilitated this it meant this person's financial situation could no longer support this. In addition, it was not necessarily beneficial to their health or establishing relationships with people within the house. Instead, the new manager had suggested and introduced a new routine of enabling the person to go out but on certain days of the week taking a packed lunch with them or eating their lunch within the home. They told us this was working well and staff confirmed this. Another person spent the morning engaging in their daily routine of pouring their own tea from a jug. When they had finished they took the tray and cups back to the kitchen and asked for more tea. Staff told them they could have more after lunch, but no alternative activity was offered to distract this person, who kept on asking for tea.

However we received positive feedback from relative's and professionals in relation to the way staff responded to people's behaviours. A relative told us, "He is much more content than he was. Staff have done a wonderful job with his challenging behaviours." A professional told us, "The challenging behaviours are dealt with in a calm and professional manner." A second professional told us, "My client is nonverbal and does present some challenging behaviours which the home manager explained. He showed me all the risk assessments and protocols in place if these behaviours arise within the home or out in the community and I felt happy that my client is being supported and cared for."

Care plans included an overview of people and their lives prior to living in Chelsham Lodge which may help staff understand particular behaviours or routines they now displayed. Relative's told us they were involved in their family member's care plan. One said, "We get asked to the annual reviews" and another told us, "We went through his care plan and filled in all the forms."

Staff were able to describe people to us. One staff member said, "He doesn't liked to be watched or followed and he can go for walks around the garden which he likes." They were able to describe to us this person's likes and dislikes regarding food and drink. A relative told us, "They (staff) take a great interest in doing everything they can for him."

We asked for feedback in relation to activities and how people spent their time and received mixed reviews. One relative told us, "He used to play dominoes and do jigsaws, but not so much now. However, they have taken him on holiday a few times." A second relative said, "He seems to have quite a lot to do. As long as he goes out (which he does) he's as happy as a lark." A professional said, "Her quality of life has improved - she is out all day, which is what she needs." A second professional told us, "I was advised of the various activities available to my client throughout the week and he is able to choose whether he would like to do these activities or not which is dependent on his mood."

Although there was an opportunity for people to participate in activities both in and outside of the home we found activities lacked creativity. We also found there was little in the way of pro-active support or planning to improve people's quality of life by exploring different things people may respond to. We had already identified a lack of sensory items in the garden and also found few sensory items in the home. We reviewed the daily records for people and noted that external activities usually consisted of going out with day services. Activity plans in people's files were not reflective of what they did on the day. One person's planner stated they went to day services three times a week, to the garden centre one day and for lunch two days. However, the handwritten entries by staff indicated that since the beginning of May they had only been out for a walk and drive once. Other activities recorded this person walking around the garden at the house. Another person's notes indicated they had only been out twice since the beginning of May despite their activity planner stating they should be participating in external activities much more frequently.

Although one staff told us, "There are lots of activities for people, we go for drives and walks, take people to the garden centre, we do puzzles with people" we found activities for people needed to be more individualised and meaningful. Another staff member concurred with our view as they told us, "I think people could do more. Even though they may go to day services, it's not enough."

The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a complaints procedure available for people. This gave information to people on how to make a complaint. There had been no complaints about the staff or home in the previous 12 months.

Requires Improvement

Is the service well-led?

Our findings

Staff told us that on the whole felt supported. One staff member told us, "If there's anything wrong you can go to them. If things are worrying you then they will listen. They are very supportive."

The new manager was in the process of registering with CQC for this location as well as another of the provider's location a short distance away. They told us they would be dividing their time between the two services, but initially spending more time at Chelsham Lodge to enable them to get to know the people who lived there, staff and to start getting the service, "Up to scratch." They told us they had already recognised that some changes were needed and there was work to be done. We had confidence that the new manager would make positive changes to the service as they had already demonstrated their capabilities in the way they had improved the other service they managed. The provider's new area manager sent us an action plan following our inspection in which they had recorded their initial observations of the service and where improvements were required. Many of the actions identified were in line with areas we had identified during this inspection.

Although people's care plans were detailed, we identified examples of where information had not been recorded and where further information would have been useful. This included people's behaviours. The new manager had told us at the start of our inspection that care plans had been re-typed by an administrator in January 2017, but had not been checked for accuracy since that time. This meant any inaccurate information may not have been corrected which was important given the fact that two new staff had been recruited. Although keyworker meetings were held with staff, goals and aspirations were not always recorded in relation to the progress being made. We noted the last monthly keyworker meeting people had was in March 2017. Each person's record noted their top priority was the booking of a holiday but there was no further information as to the progress in relation to this. When we spoke with staff we were only told of two people who staff had started to arrange a holiday for. One person's care plan stated that their fluid intake should be monitored and not exceed two litres per day. Daily records showed this was not consistently monitored or reviewed. Over the past 17 days there were five occasions were no records were kept and five occasions with only partial records completed.

The home was quality monitored by the provider and other staff as they carried out regular audits. These included monitoring of water temperatures, fire checks and health and safety. However actions identified from these audits were not always completed. For example, we noted from staff meeting minutes that, 'more meaningful activities' were required. The last provider visit in January 2017 focussed on the CQC domain of 'effective'. We read that this had picked up people were being offered more fresh foods and the daily menu was now being displayed on the board in the kitchen. However, it also highlighted the need to complete daily records. Although this was subsequently discussed at a team meeting we still found at this inspection records were not always completed. Both this and the previous provider's audit had noted the skirting boards in the home needed to be cleaned and more soft furnishings were required for the lounge. These areas were identified as still requiring action during this inspection.

House meetings were not held and although staff told us that people joined monthly staff meetings the

minutes did not record this. There was no evidence that people were involved in the running of the service. We asked staff how the four-week rolling menu was developed and were told that staff sat with one person who was able to verbalise their likes and dislikes but other people's preferences were chosen by staff knowledge of them. Although we found pictures reflecting foods these were not always used in a way that would engage people in making their own choices. We noted that although some of the food options were displayed as pictures in the kitchen on the day, the main meal was shown in a way people would not have been able to understand.

The lack of effective quality assurance systems and maintaining accurate records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other actions from audits were carried out, such as replacement of wheelchair straps which had been broken and a general fire risk assessment required for the house. A provider's audit identified a risk assessment which lacked information and we saw this had been updated. Health appointment information also needed to be updated and we saw this was ongoing work. A medicines audit completed in January 2017 had no actions required that had not been completed.

People were supported by staff who were kept up to date in all aspects of the home. Staff had the opportunity to meet as a team regularly to discuss general information as well as changes to the service provided. We noted at a recent meeting it was agreed to purchase new beds and mattresses for people and this had been done. A staff member told us, "We talk about anything that could be improved or we can do for the guys like booking holidays."

Relatives were encouraged to give their feedback of the home. We looked at some questionnaires which had been returned by relatives and noted there was a high level of satisfaction from relatives in the service provided.

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 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured that people received person-centred care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured good governance within the service.