

Astley Care Homes Limited

Uplands Nursing Home

Inspection report

43 Uplands Road
Selly Park
Birmingham
West Midlands
B29 7JS

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19 February 2019
25 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Uplands Nursing Home provides nursing care and accommodation for up to 38 people. Since our previous inspection the registered provider has increased their registration number from 27. At the time of our inspection there were 31 people using the service. Most people lived there permanently while some people spent a short period of time there on discharge from hospital.

Most bedrooms were on the ground floor with a smaller number on the first floor. All communal facilities were on the ground floor.

People's experience of using this service:

- Risks to people were not always identified as part of the provider's own quality checks.
- Improvement was needed in respect of some areas of medicine management.
- Staff needed to make improvements in personalised care to ensure opportunities to engage with people were used to the fullest.
- Further improvements and refurbishment to the environment were taking place.
- People felt safe and relatives believed their family members to be safe living at the home
- Staff were aware of their responsibilities regarding safeguarding of people.
- People were supported by staff who were kind and caring.
- People had their privacy and dignity respected.
- People were able to see their visitors at any time. Visitors were welcomed by staff.
- People had their healthcare needs met by nurses and visiting professionals.
- The environment was clean and tidy.
- Staffing numbers were sufficient to meet the needs of people living at the home.
- Safe recruitment checks were in place for new staff members.
- The registered manager analysed accidents to reduce the risk of similar incidents happening in the future.
- Since our last inspection people were receiving a choice of menu. People enjoyed the food provided.
- Staff received training to ensure they had the skills and knowledge to perform their role effectively.
- People were able to make choices about their daily living such as staying in their own bedroom and where they spent their day.
- People's consent was sought prior to them receiving care and support.
- Staff were supported by the registered manager and received training to fulfil their role.
- Relatives and staff spoke highly of the registered manager and their efforts to make improvements at the home.

We found the service met the characteristics of 'Requires Improvement' overall; more information is in the full report.

Rating at last inspection: Requires Improvement (report published July 2017).

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found some improvements had taken place. However, we also identified some areas requiring improvement.

Enforcement: Action we told provider to take refer to end of full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Uplands Nursing Home

Detailed findings

Background to this inspection

The inspection:

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

The inspection was undertaken to follow up on our previous comprehensive inspection in May 2017 when we rated the registered provider as 'Requires Improvement' in three questions and overall.

Inspection team:

On 19 February this inspection was carried out by one inspector plus an expert by experience on the first day of 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. On 25 February 2019 the inspector returned to complete the inspection.

Service and service type:

Uplands Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, 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:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents or incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in their Provider Information Return (PIR). This is information

we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and the clinical commission group to gather their feedback about the service.

We spoke with nine people who lived at the home and seven relatives or friends. As some people were unable to share their views with us, we completed the Short Observational Framework for Inspection (SOFI). The SOFI is a way of observing care for people who may not be able to speak with us. We also spoke with the registered manager, the operations manager, two nurses, three members of care staff (including senior staff), a domestic member of staff an administrator and two maintenance members of staff.

We looked at the care records for three people as well as medicine records, three staff recruitment records, records of accidents and incidents and systems to monitor the quality of the service. Additional evidence was sent to us from the registered manager as requested.

Is the service safe?

Our findings

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

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.

At our last inspection in May 2017 we rated this key question as 'Requires Improvement.' This was because we found improvement was needed to ensure information was available for staff to support people. We also found improvement was needed in how staff administered medicines. At this inspection were found improvements in the areas identified, however further improvements were still required.

Assessing risk, safety monitoring and management

- During our last comprehensive inspection, we saw evidence showing risks were identified and steps were mostly in place to reduce risks. However, we saw more information was required in relation to supporting people.
- We brought to the attention of the operations manager and the registered manager two areas of concern needing attention to safeguard people against potential harm. We found an unused bedroom with the door off its hinges following contractors leaving the building. We saw exposed wiring. At the time it was unknown whether these were live or not. We were later assured they were not live. Secondly, we found some pipework feeding two radiators in a corridor which were very hot to the touch and could have potentially caused scalding. Although nobody was seen walking near these there was the potential of people either currently or in the future walking in this area. The risk from these had not been previously recognised. Both managers undertook immediate action to ensure people were not at risk. We were informed on the second day of the inspection work would be undertaken to box the pipe work in. Prior to completion of this report we were assured boxing in had taken place.
- Information was seen to be available specific to individuals and risks associated with their care. Risk assessments were in place and reviewed regularly. These showed signs staff were to look out for regarding medical conditions and when staff should report concerns such as people's weight loss.
- We saw staff using equipment such as a hoist safely and they were able to tell us what equipment they would use such as the correct slings for the hoist. Staff were seen to offer support and guidance to people before and during using this equipment. Written guidelines and risk assessments were in place. Hoists were serviced on a regular basis to ensure they were safe to use. People who needed to use a hoist had their own personal slings to prevent cross infection. Footrests were seen to be used when people were transferred in a wheelchair to prevent entrapment.
- Information about people's needs in an emergency such as a fire evacuation was available.
- The staff rota showed who would take charge and act as Fire Marshall in the event of an emergency.
- We were told the fire officer had no concerns with the procedures in place as well as the locations and availability of fire escapes.
- Fire systems were regularly tested to ensure they were working effectively.

Using medicines safely

- During our last comprehensive inspection, we identified the system for the administration of medicines was not completely safe. The practice in place involved one member of staff dispensing medicine into a container while another member of staff administered the medicine. We saw evidence within staff meeting minutes instructing staff of safe methods of administering medicines. We did not see this practice taking place as part of this inspection and staff confirmed this practices no longer took place.
- Records held did not always evidence medicines received and medicines administered. A medicine held for one person showed a balance of 15 tablets too many remaining. We were told an additional supply was brought into the home and these had been used. However, there was no written evidence of these arriving to demonstrate the additional medicines held.
- It was not always evident why medicines were not administered and why a house hold remedy (purchased over the counter without a prescription) was used rather than a prescribed medicine.
- Medicines held in their original container were not always dated to show when they were opened, to ensure they remained effective in line with manufactures instructions. Thickener used in some people's fluids which needed to be used within one month did not have a date of opening recorded upon them, therefore it was not evident when the month would have expired.
- People we spoke with were confident they received their medicines from staff members in a timely way. One person told us, "If I need any painkillers I just ask staff."
- Body maps were in place to guide staff as to where creams and ointments needed to be applied. These were completed to show staff had applied these.
- Medicines which required additional storage and recording where found to balance with the records held. Correct procedures to dispose of these items such as patches were in place.
- Nurses wore a tabard to inform people they were administering medicines so not to disturb them during this time. A nurse was heard asking whether a person was ready to take their medicine. We also heard a nurse check whether a person wanted pain relief.
- The temperature of the room used for storing medicines was maintained and found to be safe.

Preventing and controlling infection

- Staff observed did not always wash their hands prior to serving or assisting people with food and drinks.
- Staff were seen to wear protective aprons while involved with food.
- While providing personal care staff wore protective clothing. We saw staff dispose of these appropriately.
- Hand gel was available for staff, visitors and others to us throughout the home.
- The registered provider had domestic staff in place to ensure the home was clean and tidy. One person told us, "The place is always clean." Signage was used to warn people of wet floors when cleaning was in progress. Staff were aware of the use of colour coded equipment as a means of reducing the risk of cross infection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home as they had staff available to support them. One person told us, "All the staff treat me well".
- The registered manager was aware of their responsibility to report actual or potential abuse to the local authority and the Care Quality Commission.
- Staff told us they were confident people were safe living at the home and free from abuse. Staff told us they would report any abuse to the registered manager or the operations manager. One staff member told us, "People are safe here". Staff were aware of other agencies such as the Care Quality Commission.
- Relatives we spoke with believed their family member to be safe. One relative told us they could, "Relax knowing (family member) is safe." Another relative told us, "We have peace of mind". A further relative told us they had never seen any inappropriate care taking place.
- The registered provider had a 'dignity charter' which was seen displayed within the home. This document

stated the registered provider had a zero tolerance on all forms of abuse.

Staffing and recruitment

- There were sufficient staff on duty at the time of the inspection to meet people's needs
- The registered manager told us the number of staff required would be increased in the event of people's needs changing. They told us having listened to staff feedback additional staff were on duty in the morning.
- Staff told us sufficient staff were on duty. When agency staff were used regular people were requested to add with consistency in care provision.
- Relatives told us they saw consistency in the staff on duty caring for their family member. One relative told us staff worked well as a team.
- The provider had followed procedures for the safe recruitment of staff.

Learning lessons when things go wrong

- The registered manager analysed accidents and incidents to reduce the risk of similar incidents reoccurring.
- Where improvements were needed these were brought to the attention of staff so these could be implemented.
- The registered manager told us of plans to provide a 'you said, we did' board as a means of showing how they had learnt and improvements made.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in May 2017 we rated this key question as 'Requires Improvement.' This was because we found improvement was needing to ensure people received a choice of menu and guidance was not always available for staff. At this inspection were found improvements. Therefore, the rating for this question is now 'Good.'

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

- During our last comprehensive inspection, we identified some concerns regarding the experience people received at meal times. These concerns were in relation to menu choice and staff practices while assisting people with their meals.
- People told us they liked the food provided. One person told us, "Food is very good you can ask for more."
- People were offered a choice of meal. The choice of meals available was displayed on a chalk board. The registered manager acknowledged improvements could be made in how the meals available could be communicated to people. For example, producing pictorial menus and visually showing people, the meals once plated for them to select from.
- We saw people were offered alternatives in the event of them not wanting the meal presented to them.
- Relatives told us their family member liked the food although some believed cultural needs could be better met and included more within the menu.
- Staff were aware of people's dietary needs such as people requiring a soft diet or people who required their fluids to be thickened to reduce the risk of choking.

Supporting people to live healthier lives, access healthcare services and support

- During our last comprehensive inspection, we identified a lack of specific guidelines in relation to healthcare needs such as catheter care. In addition, a lack of guidance around the action to be taken regarding an emergency in a person's condition. We saw an improvement in the availability of information in care documents.
- Regular visits were made by healthcare professionals such as doctors. Medicine reviews were undertaken to ensure people required medicines and they were on the correct dose. A range of professionals were involved as required with people's care such as speech and language therapists, skin integrity and falls specialists.
- Relatives told us and records confirmed the attendance of other healthcare professionals such as chiropodists and opticians.
- Details regarding an expected visit by a chiropodist were displayed.

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

- People told us they could make choices about their own care. One person told us, "If I need anything staff

understand."

- People's needs were regularly reviewed. Prior to admission to the home a needs assessment was carried out. This enabled the registered manager to ensure individual needs could be met and any necessary equipment was available.
- Staff were able to tell us about people's care and support needs.

Staff support: induction, training, skills and experience

- Since our previous inspection specialist training had taken place for staff regarding catheter care.
- One member of staff told us, "We (staff members) all have training."
- Newly appointed members of staff received induction from experienced members of staff and 'shadowed' other staff for a period of time. Staff were able to undertake the care certificate. The care certificate is a set of minimum standards that should be covered in the induction of all new staff.
- The registered manager was aware of staff who needed to undertake training and dates were in place for this training to take place.
- Relatives believed staff to be trained, professional and knowledgeable.
- Staff members told us they felt supported and received regular supervision sessions with the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies such as healthcare professionals and the local authority to ensure people received the care and support they required.

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

- Since our previous inspection an additional 11 places have been added to the registered provider's registration because of the completion of a new build.
- The new build comprised of bedrooms and communal areas including bathrooms, toilets and an activities lounge. All these facilities were located on the ground floor with an accessible central garden. People and their relatives told us they liked the garden areas and the ability to look outside and watch wildlife or the weather.
- The chairs in the activity lounge were grouped around small tables rather than having chairs up against the wall to make the environment homelier.
- Further building work was in progress to upgrade the original bedrooms. We were told of plans to continue with refurbishment of other bedrooms, bathrooms, toilets and corridor areas to bring them up to the standard of the new build. Relatives and staff spoke highly about the recent and ongoing improvements to the environment.
- Some people had specially designed chairs to assist in meeting their individual needs. Many of these were seen to be worn and damaged. The operations manager was aware of these and assured us they were in the process of replacing these or seeking replacements where needed.
- People could personalise their own bedrooms.
- There was signage in place identifying communal facilities to assist people orientate around the building.

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

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

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

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

- The registered manager was aware of who had an authorised DoLS and other people who were awaiting an assessment by the local authority. Staff were knowledgeable about people who had an authorised DoLS in place.
- We saw staff seek consent from people prior to providing care and support including in the use of disposable aprons at meal times. One person told us, "Staff tell me what they are doing."
- Best interests decisions were in place where needed. These had involved suitable professionals and family members.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us they liked the staff and told us they did not have to wait if they needed assistance or support. One person told us, "Staff are nice to me". Another person described the care they received as, "First class." Other comments included, "All the staff treat me well" and, "Staff are polite they look after everyone well." People also told us they found staff to be respectful and to have time for them.
- Staff were seen to be friendly when assisting and supporting people. We saw people smile to staff when they provided care and support.
- We saw staff supported one person to rest their arm to assist them feel more comfortable.
- The registered manager explained how staff supported people from different cultures.
- One visitor told us, "They (staff members) are kind."
- Relatives were positive about the care their family member received. One family member told us, "Staff are caring they keep me informed." Another described the care provided as, "Excellent" and the staff as, "Very attentive and kind." A further relative believed the home, "Ticked all the boxes" for their family member.
- Staff members believed the care provided to be good. One staff member told us, "We are a family." Staff told us they would be happy to have a relative of theirs live at the home. Another member of staff believed the care and support provided to be, "Brilliant". A nurse told us, "Care is better than for a while" and, "Moved in the right direction."
- We saw written compliments from family members of people who lived or had lived at the home. These described the care provided as, "Fantastic", "Exceptional" and, "Kindness, love, care and devotion."

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

- Although improvements could be made in how people were provided with choices such as visual clues for people regarding meals staff were seen to be offered a choice. One member of staff was heard asking whether a person wanted assistance.
- We saw communication books in people's bedrooms. These were a means for family members to have further communication opportunities of sharing information with management.
- People could spend time either in their own bedroom or within communal areas of the home. People told us they could get up and go to bed when they wanted.
- Staff told us they would offer people a choice of different clothing when assisting people to get dressed. Relatives told us they were happy with how their family member appeared.
- Care records showed people were asked whether they had a preference regarding the gender of staff providing personal care.

Respecting and promoting people's privacy, dignity and independence

- Some people living at the home shared a bedroom with another person. We saw privacy screens were available for staff to use while providing personal care. The registered manager told us of plans to fit curtain tracks within these bedrooms to afford people more enhanced privacy.
- The registered manager spoke further of the possibility of reducing the number of shared bedrooms because of the recent new build.
- We saw notices on people's bedroom doors stating whether they wanted staff to knock and enter or knock and wait. Staff were seen to knock on bedrooms doors prior to entering.
- Relatives confirmed staff respected their family members privacy and dignity such as closing doors while care was provided.
- Information regarding people's care needs were held securely to prevent unauthorised access to these.
- People were supported to maintain relationships which were important to them. Relatives told us they could visit at any time and made to feel welcome.

Is the service responsive?

Our findings

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

People's needs were not always met.

At our last inspection in May 2017 we rated this key question as 'Good.' During this inspection we identified some shortfalls in personalised care. Therefore, the rating for this key question is now 'Requires Improvement.'

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

- We saw staff at times standing over people while supporting them with their meals. At our previous inspection we reported a similar observation under the effective question.
- Staff were seen assisting people with meals or with a drink however they did not always engage with people during or afterwards. Staff were seen to be at times task focused rather than person centred.
- Terminology used by staff did not always reflect personalised care for example a staff member referring to the need to change a person's continence aid. Staff were also heard saying to one person, "What are you doing" and, "Sit down."
- People who remained within their own bedrooms had a call bell close at hand so they could call staff if required. Call bells were responded to promptly.
- We saw a notice saying information about activities was advertised separately around the home. This information was however limited and in written format with no pictorial or visual aids to meet people's needs.
- The activities coordinator told us about craft work people had recently undertaken as part of valentine's day. They also told us the registered provider has recently obtained new games for people to participate in.
- The registered manager was making effort to extend the involvement of leaders of different faiths within the home.
- Relatives told us they were involved as appropriate with their family member's care and told us their family member was treated like a person.
- The registered manager told us they would be able to make written information available for people in large print if requested.

Improving care quality in response to complaints or concerns

- The registered manager held records of complaints received and the action they had taken to resolve them as well as any lessons learnt to prevent a similar incident taking place.
- We saw apologies were extended to people in the event of the complaint upheld or for any distress people may have experienced.
- People believed they could complain if they felt they needed to. One person told us they had no reason to complain.
- Relatives told us they felt confident they could complain about the service provided if needed. One

relative told us they found the management to be approachable and would listen to any concerns.

- The provider's complaints procedure was included within the Statement of Purpose. A copy of this document was seen in each person's bedroom.

End of life care and support

- Nobody was receiving end of life care at the time of our inspection.
- Medicine to manage pain relief if needed was held for one person.
- We saw several cards written by family members of people who had received end of life care at the home. These were complimentary of the care their family member had received. One relative had described the care as, "Excellent" and the person's "Death was full of dignity and comfort."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

At our last inspection in May 2017 we rated this key question as 'Requires Improvement.' This was because we found quality monitoring systems had not been entirely effective. Although improvements were identified concerns remained. Therefore, the rating remains, 'Requires Improvement.'

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

- The registered manager had made improvements in the quality of care experienced by people. However, we identified areas requiring improvement and the overall rating of the location remains 'Requires Improvement'.
- The quality audits had not identified some shortfalls contained within this report such as hot pipes and medicines concerns including shortfalls in documentation regarding people's medicines. In addition, the registered provider had failed to achieve a rating of good following having previous ratings of 'Requires improvement' at the last three inspections.

These are a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- Since our last inspection the former manager has left their employment with the registered provider.
- A new registered manager has worked for the registered provider since January 2018. They were present throughout this inspection.
- Quality audits were in place and where improvement was needed these were highlighted. Some areas identified during our inspection such as those regarding staff practices at meals times had previously been noted by management such during the operation manager's visits.
- The registered manager had appropriately submitted notifications to the Care Quality Commission. The registered provider is legally obliged to send us notifications of incidents, events or changes which happen at the home in a timely way.
- Staff we spoke with were complimentary of the improvements made by the registered manager. One staff member told us, "Things better than in the past", "Well led, much better now" and, "Making the effort to improve."
- Staff we spoke with told us they enjoyed working for the registered provider and registered manager.
- The registered manager was open and transparent throughout our inspection. They spoke of their desire to make improvements at the home.

Planning and promoting person-centred, high-quality care and support; and how the provider understands

and acts on duty of candour responsibility

- Relatives told us they believed the home to be well run. One relative added, "I don't have any worries" in relation to the care provided for their family member.
- The registered manager understood their duty of candour such as apologising when they had got things wrong.

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

- Following the previous inspection, we saw meetings took place to bring to the attention of nursing staff the shortfalls identified.
- Meetings involving people who used the service and relatives had taken place. These were to encourage people to be involved in the home as well as an opportunity for the registered manager to update people on progress at the home. One relative wrote regarding a meeting for relatives describing it as, "Informative." Another relative told us they had missed some meetings but felt able to talk with management if needed describing them as, "Professional" while also making the home, "Homely".
- Information was available for people to read near the main door such as a newsletter and regarding the ongoing refurbishment of the environment.
- The registered manager planned to send out customer satisfaction surveys in the foreseeable future. We saw the previous responses from visitors were favourable.
- A recent staff survey had taken place. The registered manager was in the process of collating the responses received.

Continuous learning and improving care

- Following the previous inspection, we saw meetings took place to bring to the attention of nursing staff the shortfalls identified.
- The registered manager and operations made told us they had brought to the attention of staff members the findings of the first day of this inspection.
- Staff told us they felt supported and listened to by the registered manager.

Working in partnership with others

- The registered manager worked in partnership with healthcare professionals
- Links were established with external organisations such as churches and schools.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality audits had not identified some shortfalls such as hot pipes and medicines concerns. In addition, the registered provider had failed to achieve a rating of good following having previous ratings of requires improvement</p>