

# Hydefall Limited

# Sutton Court Care Centre

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

## Overall summary

This inspection took place on 6 October 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 28 October 2013, where we found the service was meeting all the regulations we looked at.

Sutton Court Care Centre is a four storey purpose built care home that provides accommodation, nursing and personal care for up to 63 older people. The home is

divided into four distinct units which are located on each floor of the building. There were 60 people residing at the home when we visited, three-quarters of whom were living with dementia.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

# Summary of findings

The governance systems the provider had established to monitor the quality of the care people using the service received were not always operated effectively. For example, the providers quality monitoring systems had failed to identify a number of omissions on medication administration records (MARs) where staff had not signed for medicines they had administered. These systems had also failed to notice information such as employment references were sometimes missing from staff files.

This represents a breach of the Health and Social Care (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People told us they were happy with the standard of care provided at the home. We saw staff looked after people in a way which was kind and caring. Our discussions with people using the service and their relatives supported this. People's rights to privacy and dignity were also respected. When people were nearing the end of their life they received compassionate and supportive care.

People were safe at Sutton Court Care Centre. Staff knew how to protect people if they suspected they were at risk of abuse or harm. They had received training in safeguarding adults at risk and knew how and when to report their concerns if they suspected someone was at risk of abuse. The provider had a formal procedure in place for staff to follow to ensure concerns were reported to the appropriate person.

Risks to people's health, safety and welfare were routinely assessed by the home and plans were in place to enable staff to minimise the identified risks people might face. Regular maintenance and service checks were carried out of the premises to ensure the environment and equipment was safe. The service also managed accidents and incidents appropriately and suitable arrangements were in place to deal with emergencies.

People were given their prescribed medicines at times they needed them.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. Staff also worked closely with other health and

social care professionals to ensure people received the care and support they needed. There was a choice of meals, snacks and drinks and staff supported people to stay hydrated and to eat well.

Support plans had been developed for each person using the service which reflected their specific needs and preferences for how they were cared for and supported. They gave guidance and informed staff on how people's needs should be met. People were appropriately supported by staff to make decisions about their care and support needs. These were discussed and reviewed with them regularly.

People were encouraged to maintain relationships that were important to them. There were no restrictions on visiting times and we saw staff made people's guests feel welcome.

People were also supported to undertake social activities of their choosing. We saw staff actively encouraged and supported people to be as independent as they could and wanted to be.

There was an established and stable staff team at the home. There were enough suitably competent staff to care for and support people. The management team continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service. The provider had carried out appropriate checks to ensure they were suitable and fit to work at the home.

Staff received relevant training to help them in their roles. Staff were supported by the senior staff team and had a good understanding and awareness of people's needs and how these should be met. The way they supported people during the inspection was kind, caring, and respectful.

Staff supported people to make choices about day to day decisions. The management team and other staff were knowledgeable about the Mental Capacity Act (2005) and best interests meetings were held in line with the Act to make decisions on behalf of people who did not have the capacity to make decisions themselves.

Deprivation of Liberty Safeguards (DoLS) were in place to protect people's safety, and the staff were aware of what this meant and how to support people appropriately.

# Summary of findings

DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The service had a clear management structure in place. We saw the registered manager and area manager both led by example and demonstrated good leadership. The views and ideas of people using the service, their

relatives, professional representatives and staff were routinely sought by the provider and used to improve the service they provided. People and their relatives felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

# 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 safe.

People told us they felt safe living at the home. There were robust safeguarding and staff whistleblowing procedures which staff were aware of. Staff understood what abuse was and knew how to report it.

There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the risks they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance of the premises and equipment took place when needed.

People were given their prescribed medicines at times they needed them.

Good



### Is the service effective?

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity, Deprivation of Liberty Safeguards (DoLS) and consent issues.

People received the support they needed to maintain good health. Staff worked well with other health and social care professionals to identify and meet the needs of the people they supported. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Good



### Is the service caring?

The service was caring.

People told us that staff were caring and supportive and always respected their privacy and dignity.

Staff were aware of what mattered to the people using the service and ensured their needs were always met. People's views about their preferences for care and support had been sought and were fully involved in making decisions about the care and support they received.

Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members. People also received compassionate and supportive care from staff when they were nearing the end of their life.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

Care was focused on what was important to people and how they wanted to be supported. People's care plans were developed and reviewed with their involvement and contained detail information that enabled staff to meet their needs.

People had regular opportunities to participate in a range of meaningful activities that reflected their social interests.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

**Good**



## Is the service well-led?

The service was not always well-led.

Although the provider had established some good governance systems to monitor the quality of the service people received these were not always operated effectively. Consequently, the provider failed to notice a number of omissions on medicines administration records (MARs) where staff had not signed for medicines administered and that information such as employment references were sometimes not included in staff files.

People using the service, their relatives and staff spoke positively about the home's management team and the way Sutton Court Care Centre was run.

The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

**Requires improvement**



# Sutton Court Care Centre

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 October 2015 and was unannounced. It was carried out by a single inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses services for older people living with dementia.

Prior to the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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. We also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with 10 people who lived at the home, five people's family members and five community-based health care professionals, which included a local GP, two nurses, a speech and language therapist and a chiropodist. We also spoke with the home's registered manager, area manager, three nurses and seven care workers. We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at various records that related to people's care, staff and the overall management of the service. This included eight people's care plans, ten medicines administration records (MAR) and ten staff files.

After the inspection we obtained written feedback from social care professional who had recently visited the home to assess the standard of care provided at Sutton Court Care Centre on behalf of the local authority.

# Is the service safe?

## Our findings

The provider took appropriate steps to protect people from abuse and neglect. A person's relative told us, "My [family member] is well looked after by the staff here and is definitely kept safe." The provider had a policy and procedures in place which set out the action staff should take to report any concerns they might have. Other records showed staff had received up to date safeguarding adults training. It was clear from discussions we had with the registered manager and staff that they knew what constituted abuse and neglect, how to recognise these signs and to whom they should report any concerns they might have. The registered manager liaised with the local authority's safeguarding team if they needed any further guidance about how to safeguard people.

Staff were knowledgeable about how to support people displaying behaviours that challenged the service whilst maintaining the person's safety and dignity. Staff worked closely with other health and social care professionals to try and identify triggers to people's behaviour and how they could support the person to prevent the behaviour from occurring.

The provider identified and managed risks appropriately. There were plans in place which identified the potential risks people might face. Staff demonstrated a good understanding of the specific risks each person might face and the support they needed in order to keep them safe. We observed staff supported people during the day having regard to these specific risks so that these were minimised, for example when supporting people to move around the home or to assist people to eat and drink safely. Staff told us any accidents, incidents and allegations of abuse were discussed at their team meetings so that everyone was made aware what had happened and the improvements that were needed. Where new risks had been identified people's records were updated promptly so staff had access to up to date information to ensure people were protected.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with such emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the

home in the event of a fire. Other fire safety records indicated staff regularly participated in fire evacuation drills. Records showed staff had received basic fire safety and first aid courses. Staff demonstrated a good understanding of their fire safety roles and responsibilities.

The premises were well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, emergency lighting, and mobile hoist had been regularly checked and/or serviced in accordance with the manufacturer's guidelines. We saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were sufficient numbers of staff deployed throughout the home to ensure people were kept safe. People said there were enough staff available when they needed them. One person's relative told us, "Always lots of staff around every time I've visit my [family member]." Throughout our inspection we observed staff were always present on all four floors of the home. We observed staff were always prompt to support people when needed or as and when a request for assistance was made. For example, we saw staff responded quickly to people's requests for a drink or assistance to stand. The staff duty rosters showed staffing levels were determined according to the number and dependency levels of the people using the service. One member of staff told us, "There's more than enough staff on duty at any one time."

The provider had established and operated effective recruitment procedures. Staff records showed pre-employment checks were undertaken by the provider to ensure staff had the qualifications, skills and knowledge to support people, and that they were suitable to work at the service. This included checking people's identity, obtaining references from previous employers, checking people's eligibility to work in the UK and completing criminal records checks.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were safely stored in medicines cabinets, trollies and fridges when they were not in use. Each person had their own medicines administration record (MAR) which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. MAR's were completed correctly. Our own checks of medicines in stock confirmed people

## Is the service safe?

were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Staff had been trained to

manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and their competency to continue doing this safely was routinely assessed.



# Is the service effective?

## Our findings

People received care and support from staff who were appropriately trained. People told us staff were competent. A relative told us, “I think staff are very good at their jobs here.” Records showed staff had attended training in topics and areas that were relevant to their work, which included professional accredited dementia courses, such as ‘commitment and respect for people with dementia’ (CARD). Records also showed the registered manager monitored when staff were due to receive refresher training to keep their knowledge and skills up to date, and ensured they completed their required training. Staff spoke positively about the training they had received. One member of staff said the training they had received whilst working at the home was “very precise and targeted”.

Staff were supported by the home’s management team and had sufficient opportunities to review and develop their working practices. Records indicated staff regularly attended individual and group supervision meetings with their line manager and group meetings with their co-workers, which several staff we spoke with confirmed. Staff also told us they had regular opportunities to discuss their learning and development needs and any issues or concerns they might have at these meetings. One member of staff said, “It’s a great place to work. The managers look after us here.” It was clear from records we looked at and comments made by the management team that the process of annually appraising the overall work performance of each member of staff had begun.

Appropriate arrangements were in place to ensure people consented to their care and support before this was provided. Care plans showed information about people’s capacity to make decisions about specific aspects of their care was assessed. This gave staff the information they needed to understand people’s ability to consent to the care and support they received. We saw staff always offered people a choice and respected the decisions they made. Where people were not able to make complex decisions about specific aspects of their care and support, best interests meetings had been held with their relatives and all the relevant health and social care professionals involved in their lives. Staff we spoke with demonstrated a good understanding and awareness of people’s capacity to consent and to make decisions about their care and support.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a care home only deprives someone of their liberty in a safe and correct way, when it was in their best interests and there was no other way to look after them. The registered manager demonstrated a good understanding and awareness of their responsibilities in relation to mental capacity and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff supported people to eat and drink sufficient amounts. People told us the food they were offered at the home was usually “very good” and that they were always given a choice of what they could eat at mealtimes. Typical feedback we received included, “The food is lovely here”, “Chef’s very obliging. If you want something different, you can have it” and “If you have to have a hospital appointment and get back late, they’ll keep your meals for you”. People’s relatives were equally complimentary about the quality and variety of the meals provided in the home. One relative said, “I’ve never actually tasted the food, but the meals always look fine to me.” Throughout our inspection we observed staff offering people hot and cold drinks at regular intervals.

People’s nutrition and dietary needs had been assessed and were regularly reviewed. People’s nutritional needs were assessed by staff as part of the initial planning of their care and support. Care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was detailed guidance for staff on how this should be met. For example, some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods. Staff demonstrated a good awareness of people’s special dietary requirements and the support they needed. Staff closely monitored and recorded the dietary intake of people identified at risk on a daily basis, which ensured they had all the information they needed to determine whether or not they were eating and drinking sufficient amounts to remain hydrated and well.

People were supported by staff to maintain their health. Records showed staff recorded and monitored daily information about people’s general health and wellbeing.

## Is the service effective?

Care plans contained important information about the support they needed to access healthcare services such as the GP, district nurse, dentist and chiropodist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. Where there was a concern about an individual we noted prompt action was taken by staff to ensure appropriate advice and support was sought from the relevant health care professionals. This was confirmed by visiting health

care professionals we spoke with. Typical feedback we received from them included, "Staff are good at referring people to us as soon as their health begins to deteriorate", "The nurses often ask me for advice about a particular residents health care needs, especially if they have significantly changed" and "staff are quick to call us if they have concerns about a particular client and always act upon my recommendations".

# Is the service caring?

## Our findings

People spoke positively about the home and were enthusiastic about the kindness and professionalism shown by the staff who worked there. People typically described staff as “kind” and “caring”. Comments we received included, “I like it best of all the places I’ve been”, “The people are nice...everything’s nice” and “This place is like a home from home for my [family member]”.

Throughout our inspection we conversations between staff and people living at the home were characterised by respect, warmth and compassion. We observed staff were alert and quick to assist people in a caring and timely way when individuals had become anxious or unwell. For example, we saw a member of staff take their time to comfort someone who said they were feeling unwell and gently ask them what the matter was. The member of staff stayed with this individual until they said they felt better and looked more settled. During lunch we saw when staff supported people who needed assistance to eat and drink they always sat at the same level and talked with them throughout the meal.

Feedback we received from visiting health care professionals was equally complimentary about the standard of care and support provided at the home. Typical feedback we received included, “I’ve been extremely impressed with the standard of care provided at the home”, “and I can’t fault the home or any of the staff that work at Sutton Court. They [staff] are always professional and friendly” and “I visit the home regularly and have nothing but praise for the caring attitude of staff. They are clearly dedicated to their work and highly motivated”.

Staff ensured people’s right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. One person told us they had been given a key to lock their bedroom door after they had told staff they were concerned that anyone could wonder in their room without their permission. We observed staff ask this individual who was sitting in a communal area at the time for their permission to unlock their bedroom and clean it. We also observed staff always knocked on people’s bedroom doors and asked for their permission to enter before doing so. Staff told us about the various ways they

supported people to maintain their privacy and dignity. This included ensuring people’s bedroom doors were kept closed when staff were supporting people with their personal care.

People were supported to maintain relationships with people that mattered to them. People’s relatives told us they were kept updated about any changes to their family member’s health and wellbeing. One person’s relative said they were free to visit their family member whenever they wanted and were not aware of any restrictions on visiting times. Care plans identified all the people involved in a person’s life and who mattered to them.

People were supported to express their views regarding how their needs should be met. People told us they felt able to make decisions about what happened to them and could choose what time they got up, went to bed, what they wore, what they ate and what activities they participated each day. One person gave us a good example of how the service had taken account of their views expressed at a house meeting and made the changes they had wanted to the weekly menus. They told us, “I said can’t we have something like peaches and custard now and again for dessert and the next day we had stewed apples and custard for pudding, which was lovely.”

People were encouraged to be as independent as they could be, although most people were highly dependent on the care and support they received from staff with day-to-day activities and tasks. Records showed prompts and guidance for staff, where this was appropriate on how to encourage people’s independence as much as possible. For example, we saw people who were unable to use traditional cups, plates and cutlery were provided with specially adapted cups, plates and cutlery which they found easier to pick up, hold and use. This enabled them to drink and eat with minimal assistance from staff.

When people were nearing the end of their life they received compassionate and supportive care. People told us they had been able to take part in discussions with staff about the end of life care they wished to receive. We saw what people had decided about how they wanted to be supported with regards to their end of life care was reflected in their care plan. Records indicated staff had received end of life care training, which was confirmed by discussions we had with several staff and the registered manager. The registered manager also told us they were in

## Is the service caring?

the process of being accredited by the Gold Standards Framework (GSF) for end of life care. Progress made by the service to achieve this aim will be reviewed at the home's next inspection.

# Is the service responsive?

## Our findings

People's care plans were detailed and informative. Care plans we looked at reflected people's individual needs, abilities, preferences and the level of support they should receive from staff to stay safe and have their needs met. These plans also included photographs of the person, additional information about people's background and life history, and the names of people who were important in their lives. Care plans provided staff with clear guidance on each person's individual care needs. One member of staff told us, "I think care plans we use here give me most of the information I need to know about people that live at Sutton Court so we're able to look after them properly."

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. People told us they were encouraged by staff to be involved in reviewing their care plan. The relatives of two people using the service told us they were invited to attend regular meetings with the manager and staff who looked after their family members. We saw care plans were regularly updated by staff to reflect any changes in people's needs or circumstances. This helped to ensure care plans remained accurate and current. Staff told us they ensured any changes in a person's care plan was promptly shared with the management team and senior nurses, particularly where changes to people's needs were identified. A formal annual review was also carried out of each person's care and support needs.

People were supported to pursue activities and interests that were important to them. Relatives told us their family members could engage in a range of activities at the home. One relative said, "The home has an activities coordinator who's always organising something for people to do if they want to." Another relative told us, "They sometimes have a

sing-along here, which my [family member] enjoys, although they just like to listen." Care plans reflected people's specific social interests and hobbies people enjoyed. During our inspection we observed several people playing chess and various board games with each other and staff. We also saw a variety of newspapers were delivered daily to the home. There was a detailed calendar of activities available to advise people of what had been planned. Regular planned activities included massage and gentle exercise classes, bingo, board games, sing-alongs, movie nights, and art and craft sessions. Staff told us activities at the home were planned and led by the activities coordinator.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People's relatives told us they were confident that any issues or concerns they had about the care and support their family members received would be dealt with appropriately by the home's management team. One person's relative said, "I have no complaints. If I had complaints, I'd tell someone", while another person's relative commented, "Staff are on the ball if there's any problem. Not that there are really any issues here." The provider's complaints procedure detailed how people's complaints would be dealt with and we saw copies of this procedure displayed in the home. This ensured people knew what to do if they wished to make a complaint or were unhappy about the service provided at the home.

We looked at the way complaints had been dealt with and noted the home's management team had carried out a full investigation into any issues and then provided people with a detailed response. This included providing people with details of any actions that would be taken to ensure the issues were dealt with to the individual's satisfaction, including making an apology if this was needed.

# Is the service well-led?

## Our findings

The governance systems and processes the provider had established to monitor the quality of the service people using the service received was not always operated effectively. For example, we found six omissions on ten medication administration record (MARs) sheets we looked at where staff had failed to correctly sign for medicines they had administered, which the providers quality monitoring of medicines processes had failed to identify. The provider's quality monitoring systems had also failed to notice that some staff files did not include all the information they should. The management team and office based staff found it difficult to access all the information we requested quickly, such as staffs employment references Disclosure and Barring Service (DBS) checks. This was because this information had been misfiled in the wrong folder or filing cabinet. We discussed these quality monitoring issues with the registered manager who told us they had recently recruited a new deputy manager who would be responsible for overseeing the home's governance systems and ensuring they were operated more effectively in the future.

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

These failings notwithstanding some aspects of the provider's governance systems were operated effectively. Records indicated there were checks in place that covered most key aspects of the service such as the care and support people received, accuracy of people's care plans, cleanliness and hygiene, health and safety, and staffing arrangements including current levels in the home, recruitment procedures and staff training and support. We saw the registered manager had developed action plans and made the necessary improvements where any issues or recommendations had been made by the area manager or other senior staff who were responsible for carry out these internal audits. The registered manager told us they and other senior staff also carried out checks of the home environment and observed the care and support provided by staff on a daily basis.

People using the service and their relatives gave us positive feedback about the home and felt it was well run. They told us the home was well managed and that people received good quality care. They said the home's management team were approachable, open and willing to listen if they ever had any concerns or issues. One person's relative said, "The manager is so helpful."

The registered manager ensured there was an open and transparent culture within the service. People told us the service encouraged them to share their views and ideas about how the home could be improved through regular group meetings with their fellow service users, managers and staff and annual satisfaction surveys. As a result of these meetings and surveys the service took on board people's responses and views and responded appropriately. Two people gave us good examples of changes they had wanted to make to the food menu and furniture in their bedrooms, and how these had taken place. In addition, people's views about the care they received was taken into account as part of their annual care plan review.

The service had a management team with clear responsibilities and lines of accountability. Records showed regular discussions took place between managers, nurses and other staff on how the service was achieving its objectives in meeting the needs of people using the service. It was also clear from discussions we had with staff that they felt the home had an effective management structure in place. Staff told us they were supported by the home's management team to express their views. One member of staff told us, "The managers are very supportive and do listen to us."

The registered manager demonstrated a good understanding and awareness of their role and responsibilities particularly with regard CQC registration requirements and their legal obligation to submit notifications of incidents or safeguarding concerns about people using the service. Our records showed the service submitted notifications to CQC promptly and appropriately.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not operate effective quality assurance systems and processes to ensure information and records they must keep were always accurately maintained and accessible.</p> <p>Regulation 17(2)(c)</p>