

Hillersdon Court

Hillersdon Court

Inspection report

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Date of inspection visit:
10 January 2017
11 January 2017

Date of publication:
17 March 2017

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection of Hillersdon Court took place on 10 and 11 January 2017 and was unannounced.

Hillersdon Court provides accommodation for up to twenty older people, some of whom are living with dementia. At the time of our inspection there were 18 people living at the service. People had varying levels of care and support needs. Some people were independent with regards to their mobility and others required assistance with all aspects of their care. The home was on two floors with seven bedrooms on the ground floor and 11 bedrooms on the first floor. The ground floor also included a kitchen, the dining room, a communal lounge with access to the garden and an office.

There was a registered manager at the home. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Throughout our inspection, people spoke positively about the home. Comments included, "We are happy living here." and, "The staff are very caring and patient to everyone in the home." Although staff and managers knew people well and had a good understanding of their individual needs and choices the lack of consistent recording of information meant people's records did not always reflect the care they required or received. People's individual risk assessments and care plans were person-centred and reviewed monthly however these were not always updated to ensure that people received care based on their current needs.

Aspects of medicine management needed to be improved. There was no guidance for staff to understand where to apply topical creams and a lack of clear person centred PRN guidance to ensure that people only received these medicines when they needed them.

People told us they felt safe living at Hillersdon Court. There were sufficient levels of staff to protect people's health, safety and welfare. The provider had recently increased staffing levels based on the increased dependency of people's needs.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. Staff encouraged and supported people to eat and drink well. One person said, "I thoroughly enjoy the food here."

Staff knew the individual personalities of people they supported. We saw staff were kind, compassionate and patient and promoted people's privacy, dignity and choice. People were encouraged to be as independent as possible and we saw friendly and genuine relationships had developed between people and staff. A staff member told us, "We know the residents like family. I love working here."

Training schedules confirmed staff had received training in safeguarding adults at risk. Staff knew how to

identify if people were at risk of abuse or harm and knew what to do to ensure they were protected. Staff had received regular supervisions with their manager to discuss additional training needs and development and annual appraisals.

Robust recruitment and selection procedures were in place and appropriate checks had been completed before staff began work. Staff received an induction followed by a week of shadowing experienced staff.

People's health and wellbeing was monitored and staff regularly liaised with healthcare professionals for advice and guidance. A healthcare professional told us, "They are very responsive and proactive. If they have any concerns they are on the phone straight away."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place. The registered manager was familiar with the processes involved in the application for a DoLS, and had made the necessary applications to the authorising authority. Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure decisions were made in the person's best interests although these had not always been recorded.

People's friends and family were made welcome and relatives spoke positively about Hillersdon Court. One visitor told us, "People are well cared for and we always receive a warm welcome from staff."

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 consistently safe.

Aspects of medicine management needed to be improved.
Information for 'as required' medicines did not contain sufficient detail to ensure they were administered appropriately.
Appropriate medicines guidance was not in place for all people.

Staffing levels were sufficient to keep people in the service safe.

Checks had been completed on staff to ensure they were suitable and safe to work with people at risk.

Staff had a clear understanding of the procedures in place to safeguard people from abuse.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training and regular supervisions to carry out their role.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

People were provided with food and drink which supported them to maintain a healthy diet.

People were supported to have access to healthcare professionals when they needed it.

Staff understood people's health needs and responded when those needs changed.

Good ●

Is the service caring?

The service was caring.

Staff had a good understanding of the history, likes, preferences

Good ●

and needs of the people who used the service.

Staff communicated effectively with every person using the service.

Staff had built a rapport with people and treated them with kindness and respect.

Confidential information was held securely and there were policies and procedures to protect people's confidentiality.

Is the service responsive?

The service was responsive.

People decided how they spent their time, and a range of activities were provided depending on people's preferences.

Concerns and complaints were responded to appropriately.

Good ●

Is the service well-led?

The service was not consistently well-led.

People's records did not consistently include the information about the care people needed or received.

Incidents and accidents were documented but not always analysed to identify trends to prevent reoccurrence.

Quality Assurance systems were in place but these were not always effective.

The home had a registered manager who provided clear leadership and support.

Requires Improvement ●

Hillersdon Court

Detailed findings

Background to this inspection

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

This inspection took place on 10 and 11 January 2017 and was unannounced. The inspection team consisted of two inspectors.

We focused on speaking with people who lived in the home, speaking with staff and observing how people were cared for. As some people had difficulties in verbal communication we spent time observing to see the interactions between people and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were unable to talk to us.

We looked at care documentation and reviewed records which related to the running of the service. We looked at five care plans and five staff files, staff training records and quality assurance documentation to support our findings. We looked at records that related to how the home was managed. We also 'pathway tracked' people living at Hillersdon Court. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at all areas of the home including people's bedrooms, bathrooms, lounges and dining area. During our inspection we spoke with three people who live at Hillersdon Court, three relatives, seven staff and the registered manager. We also spoke with two visiting health care professionals including a district nurse and a local GP.

Before our inspection we reviewed the information we held about the service, including notifications. A notification is information about important events which the provider is required by law to tell us about. We also looked at information which had been shared with us by the local authority and members of the public.

Due to technical problems a Provider Information Return (PIR) was not sent to this provider. 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.

The service was last inspected in July 2015 and was rated overall as 'requires improvement'.

Is the service safe?

Our findings

People said they felt safe living at Hillersdon Court. One person told us, "I feel safe here. The staff are always looking out for me." Visitors to the home told us they felt their relatives were safe. One relative said, "My mum has felt safe and settled since she has been here." Another relative told us, "To know my husband is here is a big safety blanket. It is so reassuring for me."

However, we found aspects of the service were not consistently safe.

Aspects of medicine administration needed to be improved. Some people required topical creams to be applied. Staff completed the medicine administration record (MAR) to show the cream had been applied, but these had not been fully completed and did not demonstrate people had received their creams as prescribed. There were no body maps in place to show where to apply the cream and therefore staff had not demonstrated creams had been applied as prescribed. One member of staff told us, "I know where to apply the creams for residents but I don't record where it is applied." One person told us, "I get my medicines properly, they know what they are doing."

Some people required care in relation to a health related condition such as diabetes. Although staff understood people well, the care plans did not contain enough information to ensure people's health needs were met appropriately. For one person living with diabetes there was no information about their normal blood sugar level or what staff needed to do if blood sugar levels were high or low including what symptoms the person might present. Staff had good knowledge of people's health conditions and what medicines they required but some MAR charts were not detailed or person centred. This meant the person could be at risk of not receiving the appropriate support or treatment because staff did not have the necessary guidance to recognise and respond if the person was unwell.

There was a lack of clear person centred guidance about as required (PRN) medicines. PRN medicines are only given when people require them and not given routinely for example for pain relief or anxiety. There was no information why these medicines had been prescribed and when they would be needed. Some people had been prescribed a dosage of one or two tablets and there was no information to demonstrate what dosage should be given. It was not clear what should be given and the reason for giving it. Staff told us that it was not always clear from the MAR charts why some PRN medicines were required. We raised this with the registered manager as an area that needs to be improved. Staff did not have clear guidance on the use of PRN medicines which meant that people may not receive the medicines they have been prescribed when they needed them.

We recommend you seek further guidance from an appropriate body such as the National Institute for Health Care Excellence (NICE) on Managing Medicine in care Homes.

Medicines were stored in two lockable trollies which were not left unattended when in use. MAR charts were not signed until medicines had been taken by the person. Medicines were ordered, stored and disposed of safely and only given to people by senior care workers who had received medicine training. We checked that

medicines were ordered appropriately and those which were out of date or no longer needed were disposed of safely. People had an individualised MAR chart which included a photograph of the person and any allergies. We observed when people were given their medicines and they were given safely. Staff had a good understanding of people and the medicines they required, however a lack of guidance meant the service did not consistently follow safe practice. We raised these above issues with the registered manager as areas that needed to be improved. The impact on people was reduced because staff knew them well however there was still a risk they may not receive the consistent care they needed to keep them safe.

There were enough staff to provide care to people. Staffing levels matched what was planned on the staff rota system. There were four care workers and a senior care worker in the mornings with two care workers and a senior in the afternoon and at night. The registered manager told us, "I consider dependency levels on a day to day basis as it can change so quickly." A staff member told us, "There are busy times but there are sufficient staff. I get time to sit down and talk to the residents which I really enjoy." The registered manager told us, "I have recently increased the staffing levels in the mornings as it can get busy and I constantly monitor the changing needs of the residents." In addition to care staff there was a cook, a laundry person, cleaning staff and a maintenance person employed at the home. One staff member told us, "We work well as a team as every day is different but I enjoy the challenge and make sure that residents have everything they need." One visitor said, "My husband likes to walk around the home but I know he is well supported here." We saw that staff responded quickly to the needs of people and call bells were answered promptly.

Care plans showed each person had been assessed by the registered manager before they moved into the home and potential risks identified. People's care documentation contained assessments such as risk of falls, nutrition and moving and handling. Nutritional assessments for one person stated they should be weighed weekly. We saw this had not been done. This meant the person may be at risk and the lack of recording their weight could delay referrals to other health care professionals. We raised this with the registered manager as an area that needs to be improved. Risk assessments provided specific guidance for staff on how to manage risks, for example what equipment would be required. These had been reviewed on a monthly basis.

Staff had received safeguarding training and knew who to contact if they needed to report abuse. They gave us examples of potentially abusive care and were able to talk about the steps they would take to respond to it. One staff member told us, "The most important thing is people's welfare and protecting them from harm and abuse." Another staff member said, "I would report any abuse to the manager and head of care." A policy on safeguarding was available in the office for staff to refer to if they required.

Staff files included relevant checks on staff suitability including a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured that only suitable people worked at Hillersdon Court.

All staff had received fire safety training and a fire safety policy and evacuation plan was in place. A fire risk assessment had been carried out in March 2016. Fire alarm tests were carried out weekly and staff knew where to assemble when the alarms sounded. The service completed part and full evacuations regularly and there were regular checks completed on fire safety equipment. We reviewed people's personal evacuation plans (PEEPs) which identified the support people required during an evacuation.

People were cared for in an environment that was safe and clean. There was ongoing redecoration and maintenance and the registered manager was aware of what work was required to ensure the home was well maintained. People were able to move safely around the home with walking aids and the floors and corridors were clear of obstruction. Regular health and safety checks ensured people's safety was

maintained. There were regular servicing contracts in place including checks on the lift, gas, moving and handling equipment and electrical appliances. The Portable Appliances Test (PAT) was completed in May 2016. Maintenance was carried out regularly with additional checks completed on the call system, pressure mats and water temperatures.

Is the service effective?

Our findings

People told us the staff gave them the care they needed. One person told us, "The staff are very nice and I have no complaints about the care they provide." A relative said, "The staff know what they are doing and that makes me feel reassured." People told us that they felt their needs were met and that staff were well trained.

Staff received training in safeguarding, moving and handling, fire safety, infection control and first aid. They completed an induction when they started working at Hillersdon Court and 'shadowed' experienced members of staff until they were competent to work unsupervised. The shadow shifts were reviewed by the manager who told us, "The induction may take a few days or over a week depending on whether they already have experience in providing care." One member of staff told us, "I really enjoyed the induction. I don't think you can ever have enough training so I have now registered to complete my NVQ Level 2 in Health and Social Care."

Staff also received specific training to meet people's needs, for example dementia care, diabetes and challenging behaviour. One staff member told us, "I completed the person centred care training last year which was really interesting. I learned a lot." Staff we spoke to and observed demonstrated a good understanding of dignity and dementia. Staff were patient and kind in their interactions with people. For example a member of staff sat and spoke patiently to a person about their life history.

Staff received an annual appraisal and supervisions every three months to ensure they had the necessary knowledge to provide appropriate care and monitor the effectiveness of the training that they had completed. Staff told us that the supervisions were a good reminder of best practices and ensured that they were carrying out their role effectively. One member of staff told us, "My supervision was really useful. It makes you think about your job as a whole role."

People told us they liked the food at Hillersdon Court. One person said, "I am very fussy about my food but they always find me something usually a sandwich." The head cook told us, "Although we have a four weekly menu we ask the residents every day what they would like to eat. We offer choices and if we have it, we'll cook it. We also have specific dietary needs such as diet controlled diabetes which we cater for which is based on the dietician's advice." Documentation showed peoples' individual nutritional needs including preferences, the use of plate guards and portion sizes. Where required staff recorded how much people had to eat and drink to ensure they were not at risk of malnutrition or dehydration. Where concerns were identified people had been referred to appropriate healthcare professionals for advice. Staff asked people for feedback about the meal they had eaten and recorded it in a daily notes book.

We observed the lunch time meal service on both days of our inspection. People either ate in their rooms or the dining room. On both days the majority of people ate in the dining room. People who chose to eat in the dining room ate independently with some support. Staff ensured that people were positioned comfortably at their table and interacted in a respectful and supportive manner. There was a seating plan showing where people preferred to be seated and the day's menu choice on a notice board on the dining room wall.

People were provided with enough to eat and drink. They were offered breakfast, lunch, afternoon tea and dinner. People were regularly offered drinks, fruit and snacks throughout the day. People were able to have their breakfast when they chose. A member of staff told us, "People have their own routines but it is up to the residents when they want to get up. Some people prefer to have breakfast and other meals in their rooms. Every day can be different."

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 so that they can 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Policies and procedures were available to staff on the MCA and DoLS. These provided staff with guidance regarding their roles and responsibilities under the legislation. One staff member told us, "We have residents who have full capacity and some that don't. It is important to ensure that people who have capacity are able to make whatever choices they want as long as we highlight any risks to them about their decision." However, this information had not always been recorded. Staff were trained in the principles of the MCA and DoLS and were able to describe the basic principles of the MCA. Staff sought consent from people before they helped them move around, before they helped with personal care and with eating their meals.

Staff demonstrated they had knowledge and understanding of how to support people to maintain good health. People had been referred to a range of health care professionals, these included district nurses, dieticians and local GPs who visited the service regularly. Healthcare professional visits were recorded in people's care plans.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. Staff understood people's individual needs well and had built up a good rapport. People and their relatives said they were satisfied with the care and support they received. One person said, "I stay in my room a lot but staff are always popping in to make sure I'm alright. The staff are very kind to me." A relative told us, "They evaluate my husband's whole care which is second to none. They do their absolute best all the time. They are compassionate and understanding." Another relative said, "I can't praise it highly enough." Our observations confirmed that staff were caring in their attitude to the people they supported.

There was a calm and relaxed atmosphere at Hillersdon Court. A staff member told us, "I know the residents and their families really well. It is a very small and personal home." Another staff member told us, "Every day is challenging in different ways and it is so enjoyable." People were supported to spend their day as they chose. Interactions and conversations between staff and people were positive and there was friendly chat and good humour.

Staff were aware of the importance of providing the right level of support to ensure that people's needs were met, but also to enable them to do as much for themselves as possible. We saw staff encouraging people with walking aids to move to different parts of the building safely. Staff were patient and took time to support them if necessary. People were appropriately dressed and well presented with comfortable clothing and footwear. The registered manager told us, "The residents have good relationships with the staff and I have a really good team."

Staffs always knocked on people's doors before entering and were consistently discreet when offering to provide personal care to people. Staff were able to give us examples of ways of protecting people's dignity, such as covering the person with a towel when undressing for a bath and closing doors and curtains to maintain privacy when giving personal care. Staff told us that people were given baths and showers when they wanted them. A member of staff told us, "The bath sheet shows us whether residents want a bath or shower and what time of day they want it. It's their choice." We looked at the daily records of three people which confirmed that people were given baths and showers when they wanted them. For example one person had refused a shower so was given a full body wash.

Staff were knowledgeable about individual personalities of people they cared for and supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection. One staff member said, "One of the people I provide care to is a bit of a challenge. She can do things herself but she chooses not to. I have to encourage her to get out of bed sometimes. I understand her moods and we get along really well." Another member of staff told us, "I know all the residents pretty well. One person I care for is on a fluid chart so I am always making sure that they have sufficient to drink and make a note of how much they have drunk through the day." When staff were attending people they worked at the person's own pace and did not rush them. We observed a member of staff attending to one person; they took their time and were patient. They did not leave the person until they were sure their needs had been met. Staff chatted with people whilst providing support.

Care records were stored securely in a locked office area. Confidential information including personnel files were kept secure and there were policies and procedures to protect people's confidentiality.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and were always made to feel welcome. A relative said, "We can visit whenever we like. There are no restrictions and we always receive a warm welcome from staff." Another relative told us, "I visit most days and I can phone any time of day."

Is the service responsive?

Our findings

Visitors told us their relatives received care that met their needs. One visitor told us, "My relative can be difficult at times and they deal with it very professionally. They have managed to get his diabetes under control which is a great result."

People's needs had been assessed before they moved into the home. There was also a one month's trial period before permanent residency was agreed. This was to ensure their needs and choices could be met. Relatives said they were involved in discussions about the planning of people's care and felt able to talk to the staff about this at any time. One relative said, "I am fully aware of the care plan and have discussed my husband's care with staff and the manager frequently."

Each person had a care plan which contained information about personal care, health and social well-being, mobility and mental health in addition to a continence and nutritional risk assessment. We were told that assessments and care plans were completed with the person, and where appropriate, their representative. Personalised information about individual daily routines was recorded for example what time people liked to get up and what equipment would be required for mobility. Some people had completed 'Life Story' books which detailed various aspects of their social background. One person's life history provided insight as to why they now displayed behaviours that may challenge. Guidance was available to staff on how to deal with this behaviour respectfully and appropriately.

There was a timetable of weekly activities on display in the dining room. These activities included armchair exercise, memory cards, hand massage, bingo, reminiscence, cake decorating, flower arranging and word games. On both days of the inspection we observed staff actively involved in various activities with people including nail and hair care, singing and armchair exercises. The armchair exercises were thoroughly enjoyed by people and the member of staff running the activity. We noted that the activities or menus were not in a pictorial format which could help people who lived with dementia.

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. A member of staff told us, "It's important to respect people's choices and if some people prefer to remain in their rooms we do check that they are OK on a regular basis." People were informed about the activities available and encouraged to participate. Another member of staff said, "Not all of the residents want to participate but all of them love singing." There was good interaction seen from staff as they supported people with activities throughout the home.

A complaints and concerns policy and procedure was available. The complaints log showed there had been no formal complaints in the last 12 months. There were two concerns raised in November 2016 which were acknowledged, investigated and dealt with appropriately.

A relative's survey had been completed in April 2016 which provided some positive comments including, "The staff are all amazing and we are grateful to you all", "staff have a kind, attentive and gentle attitude" and "it's a homely place and my mum feels settled and safe."

Is the service well-led?

Our findings

Whilst we received positive comments from people we found Hillersdon Court was not consistently well-led. We found some care plans did not currently contain all the information staff needed to support people. This did not significantly impact on people because staff had a good understanding of their needs. However, there was a risk if there was a new person moved into the home or agency staff may not have the information they needed to provide consistent care.

Care plans did not include all the information required to reflect the care people required and received. Where people displayed behaviours that may challenge not all care plans contained the information staff needed to ensure people were supported consistently. Where people lacked capacity there was no information about how they could make decisions or who could make these on their behalf. One care plan stated the person's family had 'given permission' about a particular decision. There was no evidence the family were able to give permission on the person's behalf. The registered manager explained the process undertaken to make this decision which demonstrated this had been done in the person's best interest but this had not been recorded.

Quality assurance audits were undertaken but these were not always effective. Care plan audits were completed every three months. One care plan had been audited in October 2016, we saw areas that needed further work had been addressed. However, this person needed to be weighed weekly and there was no evidence they had been weighed since 30 November 2016. The audit had not identified that care plans did not contain all the information needed when people displayed behaviours that may challenge. They also had not identified the lack of information in relation to supporting one person with diabetes.

Where areas for improvement had been identified these had not been addressed. The medication audits had identified issues relating to PRN medicines and the missing signatures on MAR charts for creams but there was no written outcome of what action had been taken to address the issues. We identified these areas still required action.

The accident and incident records were recorded with a note of any immediate action taken for example a fall which happened in December 2016 was documented and as a result a floor mat was put in place. Although a falls analysis was completed for each individual there was no system to identify patterns and trends of incidents and accidents across the service. There was no information about what actions had been taken to prevent reoccurrences. We found the provider had failed to ensure there were effective systems and processes to assess and monitor the quality of the services provided and had failed to ensure people's records were accurate and complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was an open and positive culture at the home, the registered manager and head of care worked at the home each day. They were visible around the home and knew people and staff well. Staff were aware of their individual roles and responsibilities and knew who to contact if they had any concerns. They were updated about people's care and support needs during handovers at the start and end of each shift. Staff

were regularly updated by colleagues throughout the day.

The registered manager worked with staff to provide a good service. We were told by staff that the registered manager was supportive and approachable. One member of staff told us, "The manager is great. She will deal with the situation. She is 'hands on' and will get involved." Another member of staff told us, "If I need something the manager will always make time for me." A relative said, "I have no complaints but I am confident that the registered manager would sort things out if I did."

Staff meetings were held every two to three months for both day and night staff. Staff told us that these were helpful and provided them with an update on issues about the service and gave them feedback about what they were doing well and areas which needed improvement.

Staff surveys were completed annually and the latest survey was completed in April 2016. Staff were asked whether people at Hillersdon Court were treated with dignity and respect, were given choices, were offered enough activities and whether communication was good. Comments were positive and included, "residents are happy and well cared for", "I feel the home is one of the best in the area for kindness, professionalism and care" and "I always have great support and could not ask for a better manager."

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 17 HSCA RA Regulations 2014 Good governance We found the provider had failed to ensure there were effective systems and processes to assess and monitor the quality of the services provided and had failed to ensure people's records were accurate and complete. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.