

Spring Mount Specialist Care Home Limited

Spring Mount

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 4 December 2018 and 7 January 2019 and was unannounced on both days.

Spring Mount is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 25 people and specialises in the care of people living with dementia. The home offers care to younger people living with dementia. At the time of our inspection there were 22 people using the service.

Following the last inspection in September 2016 the overall rating for the service was 'good'. During this inspection we found improvements were needed and the overall rating has changed to 'requires improvement'.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt the service was safe. However, we found risks to people's safety and welfare were not always managed effectively.

We found the home was clean and free of unpleasant odours. However, we found the registered providers quality monitoring systems had not been effective in identifying and dealing with risks such as those posed by radiators with hot surface temperatures.

There was an ongoing programme of refurbishment and some evidence the needs of people living with dementia had been taken into consideration. For example, the grounds were secure and people could go outside whenever they wanted. However, we found there was scope for improvement and made a recommendation about this.

People's medicines were not always managed safely.

There were enough staff and safe recruitment procedures were followed. This helped to protect people from the risk of being supported by staff unsuitable to work in a care setting. Staff received training for their roles and told us they felt supported by the management team.

People told us the food was good.

People were not always supported effectively to access the full range of NHS services. We made a recommendation about this.

We found the service was acting in people's best interests but this was not always reflected in their care records. Similarly, we found that although people's relatives told us they were consulted about care this was not evidenced in the records. We found people's care plans were not always up to date and accurate. However, staff could tell us about people's current needs.

The service aimed to provide an enabling environment where people living with dementia were supported without the use of tranquilising or sedating medication. We observed many positive interactions between staff and people who used the service. However, we also saw examples of interactions which did not promote people's privacy and dignity.

People were supported to take part in a range of activities inside and outside the home. However, some people felt this was an area which could be improved.

People spoke positively about the management team. They told us they felt confident any concerns they raised would be dealt with and said they would not hesitate to recommend the service to family or friends.

However, we found the registered providers systems for monitoring the quality and safety of the services provided were not always operated effectively. The management team acted quickly to address the concerns we identified during our inspection. From our discussions we were assured they were committed to making the required improvements to ensure people experienced consistently good outcomes.

We found the provider was in breach of two regulations. These were Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risks to people's safety and welfare were not always managed properly.

People's medicines were not always managed safely.

There were enough staff to meet people's needs.

The home was clean, tidy and odour free.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People said the food was good.

The service was acting in people's best interests but this was not always reflected in the records.

Improvements were needed to the way people were supported to meet their health care needs.

Staff were trained and supported to carry out their duties.

The grounds were secure and accessible to people. There was an ongoing programme of refurbishment. More could be done to create a dementia friendly environment.

Requires Improvement ●

Is the service caring?

The service was not consistently caring.

We observed a lot of positive interactions between staff and people who used the service.

However, we observed some practices which did not promote people's privacy and dignity.

Requires Improvement ●

People were supported to maintain their independence and there were no restrictions on visiting.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not always up to date and person centred.

People were not supported to plan for their end of life care.

People were supported to take part in a range of activities, some people felt this was an area which could be improved.

People told us they felt confident any concerns they raised would be dealt with.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Quality monitoring and assurances systems were not always operated effectively.

The management team were clearly committed to providing good quality care and responded quickly to address the shortfalls we found during the inspection.

People and staff spoke positively about the management team and relatives told us they would have no hesitation in recommending the home to friends and family.

Requires Improvement ●

Spring Mount

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.

The inspection took place on 4 December 2018 and 7 January 2019 and was unannounced on both days. The inspection was carried out by two adult social care inspectors.

During the inspection we spoke with two people who used the service and two visitors. We observed people being supported in the communal areas and observed the meal service at lunch time. We spoke with the registered managers, the providers, the training co-ordinator and two care workers.

We looked at a three peoples care records and a selection of medication records. We looked at staff records such as training records and recruitment files and looked at records relating to the management of the home which included maintenance records and meeting notes.

Before the inspection, we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. The provider had completed a Provider Information Return (PIR). The PIR is a document, which gives the provider the opportunity to tell us about the service.

Is the service safe?

Our findings

There was a risk people would not always receive safe care and treatment. We observed one person was transferred from a wheelchair into an easy chair by two staff who used a moving and handling belt. Staff told us this person's ability to take their own weight varied. We were concerned the use of the moving and handling belt might not have been appropriate. The provider advised us following the inspection the person's care plan stated, "the person is weight bearing most of the time, but this is variable, and to be assessed before each manoeuvre, when not, mobile hoist to be used." However, our observations showed staff had not followed the plan on this occasion.

We observed another staff member pull a person who used the service out of an armchair by their hands. We asked them about this and they told us the person should be supported by two staff but said the other staff were busy in the dining room. We spoke to the registered manager and registered provider about this and they assured us it would be dealt with. Following their inspection they confirmed appropriate action had been taken.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection the registered manager told us they had arranged to do additional training so they could be sure the correct equipment was being used to move people safely.

Medicines were not always stored, managed and administered safely. The senior care workers took responsibility for administering medicines and they told us they had received training. However, when we checked the training records of the senior care worker who was administering medicines on the first day of our inspection, we found their training was out of date. We observed them giving some lunchtime medicines and found they were not signing the medication administration records (MARs) immediately after giving people their medicines.

There were no records of competency assessments checks on staff administering medicines. The registered manager told us they observed staff from time to time but did not carry out formal assessments. National Institute for Health and Care Excellence (NICE) guidance states "Care home providers should ensure that all care home staff have an annual review of knowledge, skills and competencies relating to managing and administering medicines." On the second day of our inspection the registered manager confirmed competency checks had been implemented.

One person had been prescribed medicine for the treatment of epilepsy. The records showed this had not been available for a period of 16 days in November 2018. Another person had been prescribed special milkshakes by a dietician, to be given three times a day. The MARs charts showed there had been 19 occasions when these had not been available.

One person had been prescribed antifungal medication but no details of where this should have been applied had been recorded.

One person had been prescribed tablets to manage pain. Their records showed there should have been 14 tablets in stock. When we checked the balance, there were 18 tablets. We asked the senior care worker about this and they could provide no explanation of why there were more tablets than there should have been.

Medicines were not stored safely. The keys to the controlled medicine cabinet were left in the medicines cupboard and not held by the person in charge. This practice was discussed with the senior care assistant and keys were removed.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection we found the provider had started to address these issues. The senior care worker had updated their medicines training and the registered manager had started to carry out and record medicines competency assessments.

When we looked around the home we found the radiators in the conservatory were very hot to touch, they had been fitted with metal guards which were retaining the heat. In people's bedrooms we found the radiators did not have guards fitted and were very hot to the touch. The registered provider acted promptly to address this. On the second day of our inspection we found the radiators and radiator guards in the conservatory had been replaced and the registered provider was in the process of arranging for radiator guards to be fitted in the bedrooms.

Although fire drills were recorded there were no details of which members of staff had taken part. In addition, the fire drills were recorded as taking place during the day. The registered manager confirmed fire drills had not been carried out with the night staff.

These issues had not been identified by the registered providers systems for monitoring the quality and safety of the service. We concluded the registered providers quality monitoring systems were not being operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other maintenance records were up to date, these included the gas safety certificate and electrical wiring certificate. Regular checks were carried out on the fire safety systems and there was a sprinkler system on the first floor. Personal emergency evacuation plans were in place which showed the help people would need in the event of an emergency.

The home was clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

A visitor told us they felt their relative was safe at Spring Mount and said staff contacted them if their relative was not well. A care worker told us they would report any concerns to the registered manager or contact the Bradford safeguarding team directly.

There had been three safeguarding alerts about the service in 2018. The registered manager told us the safeguarding concerns had highlighted the importance of maintaining good working relationships and effective communication with visiting health care professionals.

The training records showed staff had received training on safeguarding. Safeguarding was discussed at staff meetings which helped to make sure staff understood their responsibilities.

There were enough staff on duty to care for people safely and keep the home clean. A visitor told us they felt there were generally enough staff. The registered provider told us they did not use a formal dependency assessment tool to determine safe staffing levels. They said they worked on the staffing based on the needs of people who used the service. Typically, there were five care staff on duty between 8am and 4pm. They were supported by the registered manager, a housekeeper, a laundry assistant, a maintenance person and two catering staff. Between 4pm and 10pm there were usually three care workers on duty supported by catering staff until 5.30pm. Overnight, there were two care workers. The home did not employ separate activities staff, this role was carried out by care workers. The registered manager was not usually included in the staff numbers but said they helped where needed and sometimes worked as a senior to cover absence. The registered manager was on call outside of office hours.

Safe recruitment procedures continued to be followed. This helped to protect people from the risk of being supported by staff unsuitable to work in a care setting.

Accident and incidents were recorded and analysed by the registered manager to look for trends or patterns. Their analysis had not identified any trends or patterns. When we reviewed the accident forms we found there was not always enough detail recorded about the actions taken following the accident/incident. We discussed this with the registered manager and they said they would address this.

Is the service effective?

Our findings

People said the food was good. One person had lost weight and staff were recording what they were having to eat and drink. On the first day of the inspection a district nurse reported to staff the person was dehydrated and advised they had given them 400mls of fluid.

The fluid charts for two days showed the person had not been given a drink between 2:00am and 9:00am. We asked a senior care worker about this and they told us sometimes the person would not take fluids. There was nothing in the care plan regarding this.

The records of the same person's food intake were not detailed enough to give a clear picture of what they had eaten. For example, on 2 December 2018 the diet recorded was, two teaspoons of porridge for breakfast, two "teaspoons of main" for lunch and "half main, quarter pudding" for tea and 100mls milkshake.

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

This person had been prescribed milk shakes by the dietician to supplement their diet. These had not been available on 19 occasions and were still not available on the first day of our inspection. A senior care worker told us the cooks had been making their own shakes during this time.

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.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. We asked the registered manager who had authorised DoLS in place and they did not know. We had to look through each care file in to establish who had a current DoLS in place.

No capacity assessments had been completed to establish if people were able to consent to their care and treatment. Some people lacked capacity, however, there was no evidence best interest decisions had been made involving, for example, families and healthcare professionals to make sure decisions about their care

and support had been made appropriately.

The registered manager did not have oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. They told us one relative had a LPA but they did not know what it was for. They had not seen the document to assure themselves of its authenticity. Therefore, in the event of a person becoming incapable of making a decision in relation to care and welfare or finances the service would not know who their attorney would be to approach for best interest decisions. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare.

From our observations we were satisfied the service was acting in people's best interests however this was not reflected in the records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were needed to the way people were supported to meet their health care needs. In one person's care file we saw staff needed to assist them to clean their teeth twice a day. They had lived at the service for over six years, but the care file did not have any details of if or when they had been seen by a dentist. A care worker told us if a dentist was needed the registered manager would make the referral. The registered manager told us the person had not been seen by a dentist and their relative would tell them if this was necessary. Poor oral health can affect people's ability to eat, speak and socialise. We recommend the registered persons look at the National Institute for Health and Care Excellence (NICE) guidance 'Improving oral health for adults in care homes.'

A senior care worker told us they would contact GPs, district nurses and opticians if needed. A visitor told us they thought people's healthcare needs were met as GPs and district nurses were always in and out. A district nurse told us they felt staff contacted them appropriately.

The registered manager told us they had completed 'hospital passports' for everyone living in the home. The passports contained important information about people's needs and preferences and were designed to ensure the continuity of effective care in the event of people having to go into hospital. At the time of our inspection the registered manager was in the process of implementing the Red Bag scheme. The Red Bag is an NHS England initiative designed to improve communication between care homes and hospitals and thereby improve people's experiences as they transfer between services.

People's needs were assessed before they started to use the service. A visitor told us they had been supported to visit the home with their relative on several occasions before their relative moved in. This gave the home the opportunity to assess the person's needs and gave people the opportunity to find out if the home was the right one for them.

Staff were trained and supported to carry out their duties. The training matrix showed most staff were up to date with training. The exception being a small number of staff who were not up to date with medicines training. Training covered safe working practices such as infection control, first aid and food safety. Moving and handling training was delivered in two sessions covering knowledge and practical skills. Other training covered topics such as safeguarding, the Mental Capacity Act, falls prevention, customer services, autism awareness, dementia, person centred care and palliative care. Most staff had achieved a National Vocations Qualification at level 2 or 3 in care. New staff who did not have a qualification in care were supported to complete the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Staff told us training opportunities were good and there was plenty of training on offer.

The registered manager and registered provider told us a lot of staff support and supervision was done informally. They said this was possible because it was a small home which meant the registered provider and registered manager had regular contact with all the staff team. Formal supervisions did take place, particularly for new staff. Staff told us they felt supported in their roles. Annual appraisals were also completed which looked at staff performance and development over the year.

The ground floor of the home had recently been refurbished and further improvements were planned. The home was designed to make it easy for people to move around freely and there were several doors leading to the gardens which we saw people using throughout the day. The grounds were secure to keep people safe.

The toilets had blue doors but there was no other signage to help people find their way around or for example identify their own bedrooms. We recommend the provider carry out an assessment of the environment using a recognised tool such as The Kings Fund "Is Your Care Home Dementia Friendly" assessment tool. This will help to ensure the environment is the best it can be for people living with dementia.

Is the service caring?

Our findings

At our last inspection this domain was rated outstanding. During this inspection, we didn't see strong evidence to demonstrate the registered provider had consistently ensured they continued to meet the exceptional and distinctive characteristics of an outstanding service.

A visitor told us, "They [staff] are wonderful and there is a calm atmosphere in the home."

Historically the service was at the forefront of the drive to eliminate the use of psychotropic medication, (drugs that affect a person's mental state), for people living with dementia. They continue to work the dementia centre at Bradford University and their model of care is based on providing an empowering and supporting environment for people living with dementia.

We observed a lot of positive interactions between staff and people who used the service. People looked at ease and comfortable with staff. Daily routines were flexible and people were supported to spend their time how they wanted. People could walk freely around the home and gardens, going out and coming in via different doors. Throughout the inspection we saw people benefited from this and concluded it contributed to the calm atmosphere within the home.

However, we observed some practices which did not promote people's dignity. At lunchtime on the first day of our inspection one person was eating sponge pudding and custard. A care worker gave them a glass of water, which they poured into their dish and spilt on their clothing. This was not observed by staff. The person then 'drank' the liquid from the bowl, spilling some on the table cover. A care worker removed the dish and glass and returned with some 'wet wipes.' They proceeded to wipe the persons face and hands without speaking to them. They then took the person out of the dining room to the lounge. The care worker did not take the person to change their wet trousers. We discussed this with the registered manager and registered provider who agreed it was not acceptable and assured us it would be dealt with.

We also observed staff sometimes missed opportunities to engage with people. For example, at lunch time we saw one member of staff eating in the kitchenette area in the dining room. They could have helped to make the meal time a more social experience for people by sitting and eating with them. The provider told us it was common practice for staff to eat meals with people who used the service. However, we did not observe this happening during our inspection.

People who used the service were not always treated with dignity and respect. Some people who used the service did not look well cared for. One person had dirty fingernails, another greasy hair and a third person was wearing a broken shoe. Some people using the service chose to smoke cigarettes and there was a smoking shelter outside for them to use. Each time some people wanted a cigarette they came to ask staff for a cigarette and a light. While we acknowledged people needed support to manage the risks associated with smoking this practice was not in keeping with a person-centred approach to care.

People were supported to maintain their independence. For example, two people who used the service

could make their own drinks in the kitchenette independently.

The registered provider told us there were no restrictions of visiting and visitors confirmed this. One visitor told us they always felt very welcome, they added, "I feel like one of the family." They said they were kept well informed about their relative's care.

The registered manager told us there were no meetings for people who used the service and/or relatives. They told us they had a lot of informal discussions with people and their relatives but acknowledged this was not reflected in people's care records.

The registered provider sent survey questionnaires to people's relatives once a year. They had been sent recently and on the first day of our inspection we saw two completed questionnaires. Overall, they showed people were happy with the service.

We looked at whether the service complied with the Equality Act 2010 and how the rights of people with protected characteristics were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. They include discrimination based on age, disability, race, religion or belief and sexuality. Through talking to staff and members of the management team, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

For example, in their PIR the registered provider told us they had widened door frames to make it easier for people with bespoke wheelchairs to get around the home and take part in activities. The registered provider also told us their model of care was inherently inclusive and they listened to how people described their own identity, gender, partners and relationships and reflected their choice of language.

Is the service responsive?

Our findings

People's care plans were not always up to date and person centred. For example, one person had lived at the home for over six years. Their care plan in relation to their dementia referred to the time they were first admitted and had not been updated following review. However, two care workers could tell us about the person's current needs and how they had settled at the home.

A district nurse told us they were visiting to see one person whose urinary catheter was not working as it should be. The person's care plan did not contain any information about the management of this person's catheter. The registered manager agreed this needed to be added to the care plan. This had been done when we returned on the second day.

We concluded this was a shortfall in record keeping which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to use technology where appropriate. For example, the registered manager told us two people who used the service used Skype to keep in contact with family members who did not live nearby. Other people were supported to shop on-line which helped them to maintain their independence.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans were in place to help staff meet their needs.

People were not supported to plan for their end of life care. The registered manager told us the service worked closely with other health care professionals to make sure people received the right care at the end of their lives. However, they acknowledged this was not reflected in people's care records. On the second day of our inspection they had started to address this.

People were offered the opportunity to take part in various activities. Entertainers visited the home regularly and an external organisation delivered a 'music for health' session once a month. The service had a private physiotherapist who visited several times a week. On the second day of our inspection we saw they took some people out for a walk. Other activities included aromatherapy, manicures and board games. The registered manager told us they had a kitchen garden and many people who used the service enjoyed working there. They told us the vegetables were used in the home. Special events were celebrated and staff told us there had been parties for Christmas and New Year which people had enjoyed.

However, one visitor we spoke with said they did not think there were always enough activities for people. This view was shared by another relative who had recently completed a survey questionnaire for the home.

The registered provider had a complaints procedure in place. Two visitors told us if they had any concerns

they would feel able to raise them. The registered manager told us there had not been any complaints since the last inspection.

Compliments were also recorded so that the service knew what they were doing well.

Is the service well-led?

Our findings

Spring Mount is a family run business and has been providing specialist services for people living with dementia for 30 years. The registered manager has been in post since 2010.

Feedback from people and staff was positive. Relatives told us they would have no hesitation in recommending the home to friends and family. One relative told us they had recommended the home.

Systems and processes for monitoring the quality and safety of the services provided were not always operated effectively. During our inspection we identified shortfalls across all the five domains which had not been identified by the registered providers quality monitoring systems. These are detailed throughout the report and related to the safe management of medicines, the safety of the premises, the monitoring of people's dietary intake, the recording of best interest decisions and care planning. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were assured by the fact the management team acknowledged these shortfalls and acted quickly to deal with the concerns we raised during our inspection.

The service had a clear vision which was set out in the Statement of Purpose. The aim of the service was to care for people living with dementia in an active and positive environment without the tranquilising and sedating effects of medication. It was evident from our discussions with the management team they continued to be committed to providing good outcomes for people living with dementia and their relatives.

The registered provider told us they strove for a friendly and informal relationship with people's relatives/representative and encouraged constant feedback. More formal feedback was sought in the form of customer satisfaction questionnaires. The questionnaires were sent once a year and had been sent shortly before the start of our inspection in December 2018. The registered manager told us the results were looked at, acted on and shared with the staff team. However, no formal feedback was given to people on the overall findings or any action taken. The registered manager told us they had in the past used a newsletter to share information with relatives and other stakeholders and hoped to start this again in 2019.

There were regular staff meetings where staff could share their views and where information was shared, for example about changes or developments in the service.

The service worked in partnership with other organisations such as Bradford University. They had recently taken part in a research project looking at falls in care homes. They also had links with a college in Germany and every year they had students on work placements. The registered provider told us people who lived at the home enjoyed spending time with the students.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were at risk of receiving unsafe care and treatment. (1) People's medicines were not always managed safely. (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes for monitoring and assessing the quality and safety of the services provided were not always operated effectively. (1) Accurate and up to date records were not always maintained in respect of each service user. (1)(2)(c)