

Bange Nursing Homes Limited

Bange Nursing Homes Limited t/a Bradley House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bange Nursing Homes Limited t/a Bradley House Nursing Home (known as 'Bradley House' by the people who live there) is a nursing home providing personal and nursing care to 29 older people some of whom were living with dementia at the time of the inspection. The home accommodates up to 34 people in one adapted building.

People's experience of using this service and what we found

We found management of medicines at the home continued to be inconsistent and unsafe. Auditing systems in respect of medicines continued to be ineffective and had failed to address key concerns regarding the safe management of medicines. Documentation to support the safe use of medicines was sometimes inaccurate and incomplete.

Although we identified continued concerns around the safe management of medicines and good governance, we identified other key areas in which improvements had been embedded and sustained. We found improvements to the environment, training and recruitment practices had been made.

People were provided with assistance when required with their meals. During the inspection we identified one person's meal diary did not always indicate if their meals had been made to the correct consistency as per the Speech and Language Therapist (SaLT) recommendations. We raised this matter with the registered manager who provided us with assurances that this person's meals were being prepared correctly and acknowledged there was an issue with the recording keeping from staff.

Staff were recruited safely; they received regular support and training. New staff were provided with an induction which provided them with the relevant knowledge and skills for their roles. There were sufficient numbers of trained staff to support people safely.

People told us they felt safe and enjoyed life in the home. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care and support was flexible and tailored to people's needs. People were able to have some control over their preferred routines. Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risks to people's health and safety where possible.

We observed many caring and positive interactions between staff and people throughout the inspection. Staff had formed genuine relationships with people, knew them well and were seen to be consistently caring and respectful towards people and their wishes.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home

where people could move around freely as they wished.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 April 2019) and there were three breaches of the regulation in respect of medicines, safe recruitment and good governance. At this inspection we found improvements had been made in certain areas. However, we have found evidence that the provider still needs to make further improvements.

Enforcement

At our last inspection we served warning notices for Regulations 12 and 17. Although improvements had been made in certain areas, we continued to find incontinences in the way people's medicines were managed and audited. At this inspection we have served requirement notices for Regulations 12 and 17. We will also be holding a provider meeting along with the local authority to seek assurances in relation to the safe management of medicines.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Bange Nursing Homes Limited t/a Bradley House Nursing Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors, a medicines 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 this type of care service.

Service and service type

Bradley House 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information we had received through our ongoing monitoring of the service and feedback we received from the local authority and the community infection control team. The provider was not asked to complete a provider

information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people living at Bradley House and seven people's relatives about their experience of the care provided. We spoke with nine members of staff including, the registered manager, the owner of the home (the provider), the clinical lead, three care staff, two nurses and the activities co-ordinator. 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 reviewed records relating to the care people were receiving and the management of a care home. This included, three care plans, training and supervision records, audits, records of servicing and maintenance and a sample of policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection in February 2019 we found medicines were not always managed safely. When audits were done they did not evidence that medicines were always administered as prescribed or could be properly accounted for. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some but not all required improvements had been made and the provider continued to be in breach of regulation 12.

- People could not have some of their prescribed medicines because there was no stock available in the home for them. If doses of medicines are missed it puts that person's health at risk of harm.
- People did not always have written guidance in place for staff to follow when they were prescribed medicines to be given "when required". When guidance was in place it lacked detail.
- Staff failed to record if doses of "when required" medicines such as pain relief were effective. This meant that there was a failure to monitor people's health. There was no practical, personalised information available to guide nurses how to give people medicines who were assessed as needing them to be given covertly.
- There were limited records about the use of prescribed thickeners, so the records did not always show if people had had their fluids thickened safely.
- When doses of medicines were changed, nurses continued to give the old dose which meant that the prescribers directions were not followed properly.
- People were at risk of being given doses of medicines too close together or at the wrong times because there were no systems in place to make sure this did not happen.
- People who needed to be given medicines at specified times were not given them on time which placed their health at risk. One person was prescribed an antibiotic ointment that was given for longer than the course without consultation with the prescriber.

We found no evidence that people had been harmed however, systems were either not in place nor robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At the last inspection in February 2019 we found risks associated with the premises, such as the regulation of

water temperatures to reduce the risks associated with scalding were not effectively managed. Fire drills were also completed inconsistently. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- The provider had assessed risks relating to the premises and equipment. We found the service had invested in a new external legionella risk assessment, which had identified a number of areas connected to the water systems that needed to be addressed. We met with one of the directors of the home who provided a clear action plan detailing the works that had already been undertaken and tasks that were due to soon be completed. We were assured the works that were considered a priority had already been addressed.
- We found the service had also addressed the high-water temperatures in people's bedrooms as previously some hot water taps exceeded 44°C. The director and maintenance person were also due to undertake specific legionella training to ensure going forward they were competent to manage the water systems at the home, such as annual servicing of the thermostatic mixing valves (TMVs).
- At this inspection we found the service had addressed our previous concerns about the lack of fire drills. Since our last inspection the service had undertaken three comprehensive fire drills, which also included the night staff. This meant staff would now be familiar with the operation of the emergency fire action plan in the event of an emergency.
- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was specific guidance in place for staff to follow to reduce this risk.
- Risk assessments were up to date and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

At the last inspection in February 2019 we found one staff member had not been recruited safely in line with the requirements of Regulation 19 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3. At this inspection we found improvements had been made.

- The provider took appropriate measures to ensure robust pre-employment checks were undertaken to ensure only suitable staff were employed at Bradley House.
- Staff files contained, for example, two satisfactory references, photographic identification, completed application form and a Disclosure and Barring Services (DBS) check. A DBS is a criminal record check employers undertake to make safer recruitment decisions.
- People and their relatives felt there were enough staff to meet their needs in a timely manner. One person's relative told us, "They don't seem to be short of staff. If my [name] wants something she gets it without waiting." Another relative said, "All the staff seem to know what they are doing. I don't think they are short of staff."
- Staff told us they felt there were sufficient staff to meet people's needs. One staff member said, "As a staff team we work very well together and I feel we have enough staff." We received positive feedback from all the staff we spoke with. Staff rotas showed that staffing levels was consistent.

Preventing and controlling infection

- Staff were provided with personal protective equipment to prevent the spread of infection and there were up to date policies and procedures in place for them to follow.
- During our tour of the home we found it was visibly clean and tidy. However, we continued to find an unpleasant odour that seemed to be concentrated around the main entrance area of the home. At the last inspection the provider had replaced the carpet with vinyl flooring, which was much more infection control friendly, but this was still not entirely eradicating the odour. In discussion with the registered manager we

were advised they were in the process of reviewing the cleaning schedules and provided assurances they were working hard to fully eradicate this odour.

- We viewed the local authority infection control audit which was undertaken in July 2019, which gave the home an overall score of 90% compliance. This audit recommended installation of mechanical facilities for decontamination. This was an area the home was considering.
- We found the management team undertook monthly infection control audits and detailed cleaning schedules were in place that included tasks for the night staff.

Learning lessons when things go wrong and systems and processes to safeguard people from the risk of abuse

- Staff made records of any accidents or incidents which the registered manager then investigated. We saw the registered manager noted any lessons learned from incidents, and that they had taken steps to improve the safety of the service.
- The registered manager monitored accidents and incidents for any themes or trends, which might indicate they could make changes to improve the safety of the service.
- People were safe and protected from the risk of harm. People told us they felt safe living in the service. One relative told us, "I usually go home feeling quite relaxed. It makes me feel much better knowing he [name] is in a safe place. He seems settled, so I worry less."
- Staff could describe different types of abuse and tell us how they would recognise these. Staff were able to tell us the actions they would take to report concerns.
- The registered manager described how previous incidents had been investigated and reported to the local safeguarding team as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At the last inspection in February 2019 we found aspects of the training systems were not appropriately managed, as we found a number of key courses were overdue for a small number of the staff team. At this inspection we found improvements had been made and the outstanding training had been completed.
- We saw an ongoing schedule of training was in place, to ensure staff kept up to date with good practice. All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
- The service had introduced a new initiative and introduced staff roles as 'champions' in specified areas of care. This included champions for end of life care, nutrition and hydration and oral hygiene.
- Staff told us they received regular supervision and appraisal, which they found useful. Records showed staff received feedback on their performance in supervision and that the manager checked their understanding in relation to key responsibilities for their roles.

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

- People had a comprehensive assessment of their needs before they went to live at the service. This was to make sure people's needs could be fully met and that they were happy with the support that was available. The assessment included understanding people's backgrounds, histories and what was important to them.
- Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. The assessments process considered people's compatibility with other people using the service.

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

- People's nutritional needs were supported. People and their relatives told us they enjoyed the meals and there was always a choice. One relative remarked, "The chef is good. The food is nice, I have tasted it myself."
- Where people were at risk of malnutrition, meals were fortified to reduce risk. People nursed in bed had access to drinks throughout the day and, where there was an identified risk, people's fluid intake was monitored.
- We observed the meal time experience on three households during the inspection and saw that people were supported to eat and drink where needed through encouragement from staff. People were offered a choice of different plates of food to make it easier for them to make a choice.
- Where people needed modified diets to reduce the risk of choking, we found people's care plans accurately reflected these needs. However, during the inspection we identified one person's meal diary did

not always indicate if their meals had been made to the correct consistency as per the Speech and Language Therapist (SaLT) recommendations. We raised this matter with the registered manager who provided us with assurances that this person was having the correct consistency meals and felt this was a recording issue. The registered manager confirmed all staff will receive diet and fluids refresher training and meals dairies will be reviewed weekly by the management team for accuracy.

- The chef had information about people's modified diets, preferences dislikes, allergies, and cultural dietary needs.

Supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- Care plans identified people's health needs with guidance for staff on how to support them. Care plans showed staff made appropriate and timely referrals to health professionals such as the GP, podiatrist, dentist or optician, when needed.
- People told us they were supported to maintain their health and that staff were quick to respond if they saw any decline in their well-being. One person told us, "If I am unwell the carers will always get my doctor out to see me."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- Staff we spoke with were knowledgeable the Mental Capacity Act and were committed to ensuring people were involved in their care and support.
- Mental capacity assessments for separate decisions about people's health care and support needs had been completed. Where people lacked capacity to make decisions for themselves, best interests' decisions were also recorded to help ensure they received support in the least restrictive way possible.

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

- The environment was suitably maintained and adapted, where needed, to meet people's needs. There were accessible toilets and bathrooms throughout the home with hand rails. There was appropriate signage and lift access to all floors.
- The provider was undertaking a continued programme of redecoration. Over the past two inspection we found this has steadily taken place. The home had been decorated throughout using dementia friendly plain colour schemes. People's bedrooms were easily identified to aid orientation using different colours.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives spoke positively of the care and consideration shown by staff. One relative remarked, "[Person] has been here for three months. They [care staff] look after him well. The atmosphere and staff are very good. They help you when you want them."
- We saw caring interactions between staff and people throughout the inspection. For example, we observed one care worker spending a considerable amount of time with a person who was refusing to eat their lunch time meal. The staff member was gentle and spoke at a slow pace, reassuring them and chatting about the person's interest. After a short time, the person felt comfortable and began to eat their lunch.
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. There were regular church services, so people could practice their chosen faith.
- All staff we encountered spoke about people with warmth, respect and positive regard. People told us staff were always friendly and welcoming. During our visit we witnessed staff and managers greeting people by name and taking a genuine interest in them.

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

- People were able to express their views and be involved in their care. People and relatives confirmed they were involved in making decisions about their care. "I have a chat with them sometimes. I feel I can go to them and to the nurses."
- We saw staff offering choices to people throughout the inspection. For example, people chose where to sit, what time to get up and where to have their meals. People had freedom to move around the home and spend time as they wished.
- Staff were able to describe how they gave people information to help them make their own choices.

Respecting and promoting people's privacy, dignity and independence

- During our observations we found staff were respectful of people's privacy and dignity.
- We saw staff closed doors and curtains to maintain people's privacy when providing care. We also observed staff speaking with people in a quiet, calm manner which promoted their privacy. One person said, "Everyone, without fail, knocks on my flat [bedroom] door and call out before coming in."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- The provider continued to use their electronic care planning system and staff were competent in recording information. The system reflected the support people received.
- Care plan documents were reviewed regularly to ensure records were up to date and in line with people's preferences, choice and current needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available to people who used the service and was in a format which they could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to avoid social isolation. There was a schedule of planned activities. During the inspection we observed activities such as bowls and skittles.
- The service had employed a full-time activities coordinator to develop the activities provided. Activities available involved in a variety of one to one and group activities including singing and dancing, exercises, arts and crafts, games, themed parties and professional entertainers visiting.
- The provider created a reminiscence room with old style furniture. This provided a stimulating environment for individuals who lived with dementia. Staff also confirmed they had time to sit and chat with people. A staff member commented, "I love this room as its very relaxed and you can tell people living here feel relaxed with the environment."

Improving care quality in response to complaints or concerns

- Complaints had been appropriately managed in line with the provider's procedure. They were managed in a timely manner and an apology given where appropriate.

End of life care and support

- The service was not supporting anyone receiving end of life care at the time of the inspection. People had end of life support plans in place in advance which were appropriate and detailed people's choices and wishes.
- The service would involve the palliative care team for advice if appropriate. The service also followed the nationally recognised 'Six Steps' programme which encouraged the provision of high-quality end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found the systems and processes for monitoring the quality of the service needed further development to ensure people's safety and welfare were consistently assessed, monitored and managed. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found whilst some improvements had been made, the provider remained in breach of regulation 17

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

- Auditing systems for the safe management of medicines were not always effective. The provider had a range of audits to reflect on the quality of care and when improvements were required.
- The provider had been supported by external commissioners, but had failed to implement and develop internal systems to oversee the quality of the service, in particular medicines management.
- We found no auditing processes in place to ensure people's dietary records were fully reviewed to ensure people on special diets were receiving the correct consistency. The registered manager provided us with assurances people's dietary charts would, in the future, be reviewed for consistency.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safely being managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were knowledgeable about their working roles and responsibilities. They said the service was well managed. Staff turnover in the home was low. This meant people were supported by staff who knew them well.
- The registered manager felt supported in their role and had the resources they needed whenever they requested them from the provider.
- The ratings from the previous inspection were displayed as required under legislation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and was open and honest with people, relatives and staff.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We found continuous learning and improvements to care were inconsistent. Whilst the provider had failed to learn from past inspections and make improvements to medicines processes, they had worked hard to develop and embed a person-centred culture within the home. Prior to this inspection we spoke to a member of the local authority commissioning team who told us they had seen positive changes within the home over the past year.
- People told us they liked living at Bradley House. People attended regular resident meetings where their views and opinions were sought. We saw easy read formats of minutes which reflected what people had said or indicated. These ideas were then actioned where needed, such as different activities on offer and plans put in place to ensure people achieved what they wished.
- Staff told us the management team were approachable and effective. One member of staff told us, "Communication with the managers is very good. We are always receiving regular updates."

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

- People had the opportunity to provide feedback through an annual survey. This recent survey highlighted that the home will continue with the on-going refurbishment of Bradley House. We were informed by the clinical lead that at a recent residents and family meeting the service had offered free dementia awareness training to people's family members to help them better understand dementia.
- Staff felt able to raise concerns and were listened to. Staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported, and this was evident during the inspection.

Continuous learning and improving care

- The management team completed several audits to ensure the service was maintained at the standard expected from the provider. Audits included areas such as the environment, medication, care documentation, staff records, infection control and accident analysis. Where actions were required we saw action plans were devised and issues were addressed. However, as noted in this report audits connected to medicines were ineffective at highlighting the shortfalls.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required.
- The registered manager took on board issues raised by other services such as local authority contracts and commissioning and clinical commissioning group. And used such feedback to improve the quality.

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
Treatment of disease, disorder or injury	We found no evidence that people had been harmed however, systems were not robust enough to demonstrate medicines were safely being managed. This placed people at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems in place to monitor and improve the quality and safety of the service were not effectively implemented.