Somerset Care Limited

Moorhaven

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Moorhaven is a residential care home which is registered to provide personal care and accommodation to up to 54 people. The home specialises in the care of older people. At the time of the inspection 52 people were living at the home.

With the exception of four bedrooms, all accommodation is on one level which is split into smaller 'suites.' Each suite has a communal area with a small kitchen.

People's experience of using this service and what we found
People lived in a home where the provider had systems to monitor and audit the quality of the service people received. However, these systems had not always been effective in identifying shortfalls. A breach of regulations was identified because concerns highlighted at this inspection had not been identified and addressed by the provider's own quality assurance systems.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Improvements were needed to make sure people's legal rights were fully protected. Some people at the home were living with dementia and may have been unable to give informed consent to some aspects of their care. Assessments of people's capacity to make specific decisions had not been carried out and therefore best interests decisions had not been completed. This is a breach of regulations.

The administration and recording of prescribed creams and lotions needed to be improved to make sure their effectiveness could be monitored to promote people's well- being.

We have made a recommendation about the management of prescribed creams and lotions.

People who had the mental capacity to make decisions were always asked for their consent before they received their care.

People felt safe at the home and with the staff who supported them. People looked relaxed and comfortable. Staff were friendly and polite.

People had access to healthcare professionals to meet their individual needs. Staff monitored people's health and well-being and worked in partnership with other professionals to make sure their needs were met.

People were able to follow their own routines and staff respected people's privacy and encouraged their

independence. People told us they were able to choose when they got up, when they went to bed and how they spent their day.

People felt well cared for at the home. One person said, "I was apprehensive about moving here but I don't regret making the move. I feel well looked after." A visiting relative commented, "We have been generally pleased. [Person's name] is smiling and happy."

People were able to have visitors at anytime and were able to meet their visitors in communal areas or in the privacy of their rooms. Some people had made friends with other people at the home and told us how much they enjoyed the company.

People lived in a home where the provider and management team were open and approachable. They used feedback from people to influence changes and to make improvements. People told us they could talk to staff or managers about anything and when they raised concerns they were dealt with promptly.

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 Good (published 15 August 2017.)

Why we inspected
This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from 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. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Moorhaven

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
This inspection was carried out by one 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
Moorhaven is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We looked at all the information we have received from and about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
We spoke with 17 people who used the service and with three relatives about their experience of the care provided. We spoke with seven members of the care staff team and the activity worker. The registered manager was not available at the time of the inspection, but the deputy manager and operations manager were available throughout.

We reviewed a range of records. This included five people's care records and a sample of medication records. We viewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including minutes of meetings and health and safety records were viewed.

Requires Improvement

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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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

● Improvements were needed in how prescribed lotions and creams were recorded and monitored. A number of people were prescribed regular creams and lotions, but their application was not always recorded when administered to people. Each person who was prescribed these had a chart in their room showing where the creams should be applied. Some staff signed a paper sheet in the person's room when they assisted the person and some staff recorded in the person's electronic running records. However, we found a number of instances where creams had not been recorded in either place. This meant the effectiveness of prescribed creams and lotions could not be monitored to promote people's well-being, as there was no way of seeing when they had been applied.

● Prescribed creams and lotions were not always dated when opened. We found several creams in use which did not have an opened or use by date recorded on them. We also found two containers of prescribed creams in use which were dated but were past their best before dates. This meant people were at risk of receiving creams which may not be at their most effective.

We recommend the provider reviews their policy, and carries out regular audits, on how prescribed creams and lotions are administered and recorded.

● People were supported to take prescribed medicines by competent staff. Only senior staff who had received specific training, and had their competency assessed annually, administered medicines to people. Prescribed lotions and creams were administered by care staff who had not had their competency assessed. People told us they were happy with how their medicines were administered. One person told us, "I only take one tablet. They give it to me in the morning with a glass of water."

● Some people were prescribed medicines, such as pain relief, on an 'as required' basis. We saw people were offered these medicines and were able to accept or refuse them. This helped to make sure people remained comfortable and pain free.

Assessing risk, safety monitoring and management

● Individual risks to people were identified and measures were put in place to minimise risks. However, these risk assessments were not always recorded in people's care plans. For example, two people regularly went out without staff support. One person had a risk assessment which included taking a mobile phone and a card with the home's contact details on. This helped to make sure they could make contact with staff if they got into difficulty. However the other person did not have a recorded risk assessment. Following our

feedback this was put in place before the end of the inspection.
● Care that people received was not always supported by robust risk assessments to make sure the least restrictive options were being used. For example, one person's initial assessment stated they did not wish to be checked by staff overnight. However, records showed they were being checked regularly overnight due to a number of falls from their bed. There was no recorded risk assessment to identify which other measures had been considered, although discussions with staff demonstrated they were looking into alternatives with the person.
● People lived in an environment which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system and all lifting equipment.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment
● People told us they felt safe at the home. Interactions between people and staff were pleasant and friendly and people looked very relaxed with the staff who supported them. One person said, "I feel quite safe." Another person said, "I feel very safe. All [staff] kind and I'm very comfortable."
● Risks of abuse to people were minimised because the provider had systems which helped to protect people. This included a thorough recruitment process and training for staff on how to recognise and report concerns. Staff were confident that any concerns reported would be fully investigated to make sure people were safe.
● Where people had raised concerns about their care, or staff attitude, these were addressed by the provider. For example, minutes of residents' meetings showed people had raised concerns about specific staff. These had been dealt with by the provider's supervision and disciplinary policies.
● People were supported by adequate numbers of staff to keep them safe and meet their physical needs. Most people told us staff responded promptly if they called for assistance. One person said, "If you ring the bell they will come." During the inspection we did not hear bells ringing for extended periods of time which showed people received help promptly when they requested it.

Preventing and controlling infection
● Risks to people from the spread of infection were minimised because staff followed safe practices. Staff had received training in infection control and had access to personal protective equipment such as disposable gloves and aprons.
● People lived in a home where any concerns about infection control were dealt with to prevent re-occurrence. One instance of poor infection control practice had been reported and this was being addressed with the staff member concerned.

Learning lessons when things go wrong
● People benefitted from a registered manager and provider who used incidents to learn and improve practice. For example, where a medication error involving district nursing staff had occurred, this had led to a change in practice. There had been no re-occurrence since the change had been made.
● The provider had systems in place to collect and analyse information regarding incidents, falls and infections. Any trends identified were highlighted and any lessons to be learnt were shared with the staff team and wider organisation if appropriate.

Requires Improvement

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 good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- Improvements were needed to make sure people's legal rights were fully protected. Some people at the home were living with dementia and may have been unable to give informed consent to some aspects of their care. Assessments of people's capacity to make specific decisions had not been carried out and therefore best interests decisions had not been completed.
- Staff had received training about the Mental Capacity Act and had some understanding of the legislation but were not always sure how to put it into practice. They had carried out capacity assessments where they felt people needed to be cared for under DoLS procedures but did not carry out capacity assessments for other aspects of people's care, such as taking prescribed medicines. This meant there was no evidence to show that other people had been consulted with, or that decisions had been made in people's best interests.

The lack of knowledge and good practice regarding the Mental Capacity Act 2005 and its' code of practice is a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People who were able to give consent to their care and support told us staff always asked if they were happy to be helped. One person told us, "They ask, like can we wash you?"

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

● People had their needs assessed before they moved to the home. However, staff told us these were not always reflective of people's needs. For example, one person's assessment said they were 'Independently mobile with aids' and 'Able to transfer independently.' When we met this person, they were being supported by staff with a wheelchair and assisted to transfer using a stand aid with staff input. Staff said their level of mobility had been the same when they moved into the home.

● People received care in accordance with their needs and wishes because staff knew them well and how they liked to be cared for. One person said, "Staff are very good, they know what I like." Another person told us, "I feel very well cared for."

● Each person had a care plan which set out their needs and how they wished to be supported. Staff used handover meetings to keep up to date with changes in people's needs or wishes. One member of staff told us, "The care plan tells me everything I need to know."

Staff support: induction, training, skills and experience

● Staff underwent an induction programme when they started work at the home. For staff who were new to care they completed the Care Certificate. The Care Certificate is a nationally recognised training programme. This helped to ensure staff had the basic skills to provide safe care to people.

● People were supported by a staff team who received training and support to enable them to provide effective care. Staff told us they were happy with the training provided and said they could ask for additional training if they felt they needed it. People had confidence in the staff who supported them. One person told us, "They're trained to do the job. Very competent."

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

● Since the last inspection the home has moved the lunch time meals to the suites rather than the large communal dining room. This provided a small and homely environment for people to eat in.

● People were complimentary about the food provided at the home. Comments included; "The meals are very nice. I have put on over a stone in weight. There are two choices. Usually one of them pleases" and "Meals are very good. Always a choice."

● People received support and encouragement to eat their meals. We saw lunch being served in all areas of the home. Staff discreetly helped people when they required it and offered several choices to people who were reluctant to eat.

● People had access to hot and cold drinks throughout the day. There were jugs of cold drinks in people's rooms and in communal areas. Staff provided hot drinks at set times and on request. One person said, "We get plenty of tea and coffee. No shortage on that front."

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

● People had access to a range of healthcare professionals according to their individual needs. Records showed, and people confirmed to us, people were seen by healthcare professionals including, doctors, community nurses, opticians and chiropodists. One person said, "They get the doctor to you if you need it. Staff take you to hospital appointments."

● Staff sought advice and worked with other professionals to make sure people's needs were met. For example, where people were assessed as being at high risk of pressure damage to their skin, staff worked with community nurses to make sure people had the equipment and treatment they needed.
● The provider was aware of the importance of good oral health for people. A full audit of people's needs and support had been carried out and the findings had been shared at a team meeting. This had included making sure new toothbrushes were purchased when needed. The deputy manager shared with us that they were having difficulty sourcing dentists in the local area for people who were not registered with a dentist when they moved to the home. They were continuing to try to find dentists.

Adapting service, design, decoration to meet people's needs
● Since the last inspection the home had undergone a full refurbishment programme which was in its' final stage at the time of the inspection. All suites had been redecorated and new furniture had been purchased. Staff said people at the home had had some involvement in choosing colours and pictures.
● People lived in a home where all areas were accessible and there was equipment, such as grab rails, level access showers and assisted bathing facilities, to promote independence.

Good

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 were cared for by staff who were kind and caring. During the inspection we saw, and heard, staff interacted with people in a friendly and polite manner. One person told us, "Staff are kind and very sympathetic." Another person said, "Staff are always kind and patient. They're lovely with you."
- People felt comfortable and at home. One person said, "It's a comfortable atmosphere. You can laze around and make yourself at home." Another person told us, "I wouldn't change it for anything. I am very happy here."
- Staff showed kindness and compassion to people. One person told us about when they had first moved in. They said, "I was getting forgetful so couldn't manage at home. When I came here I felt lost to begin with. Staff and people have been very reassuring and now I feel settled."
- People's individual beliefs and lifestyles were respected. People were able to continue to practice their faith. Some people told us they valued church services held at the home and visits from religious representatives of their choosing. One person told us about a visitor from their local church and said, "He comes to your room. I enjoy talking to him."
- The provider was committed to providing a service which did not discriminate against people or staff. All staff received training in equality and diversity and we were told the home welcomed people regardless of disability, religion, culture, sexuality or race. One member of staff said, "We want everyone to be welcomed and cared for. Everyone is an individual."

Respecting and promoting people's privacy, dignity and independence

- People felt their privacy was respected. We were told that staff were always considerate when they assisted people with personal care. One person told us how staff assisted them with personal care. They said, "The carer pulls the curtains and the door is shut." Another person said, "They are very gentle and respectful."
- Staff were respectful of people and their needs. Before lunch we saw a member of staff discreetly go to a person to ask if they needed the bathroom before they ate. This conversation could not be overheard by anyone else which helped to promote the person's dignity.
- People were encouraged to be as independent as possible. When staff assisted people, they did not rush them. When they walked with people, to ensure their safety, they did so at the person's own pace. This helped people to take the time they needed to be independent.
- People were able to make choices about the gender of the person who supported them with intimate

personal care. One person's care plan showed the person had expressed a preference about the gender of the person who assisted them with bathing. When we looked at their daily records we saw this choice had been respected.

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

● People felt involved in decisions about their care and support. One person said, "They always ask what you want." A visiting relative told us communication was good and staff asked for their views.

● People and their relatives had opportunities to be involved in decisions about the home. There were meetings for people and for relatives. This helped to keep people up to date with changes and enable them to make suggestions. One visiting relative said about the meetings, "I find them friendly and constructive. It's interesting to hear updates."

Good

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

- People were able to follow their own routines and make choices about how they spent their time. One person told us, "I get up whenever I fancy. I feel free. Nobody tells us what to do."
- People felt they could make choices about most aspects of their care and support. However, some people said they would like the opportunity to have more baths or showers than they were offered. One person said, "I would like to have a shower every day." Another person told us, "I don't get as many baths as I would like. Only about twice a week. I used to have one at least three times a week. I have asked, but they have not got more frequent."
- Each person had a care plan which gave details about their previous lifestyles and the people and things that were important to them. This helped to ensure staff could provide care in accordance with their preferences.
- Staff knew people well and how they liked to be supported. People were cared for in small suites which meant staff members got to know people well. One member of staff told us, "The small units really work, they are more like family living. Because you only have a few people you get to know them and how they are."

End of life care and support

- People's care plans gave information about some of their end of life preferences. This included whether they would want to be cared for in hospital, or remain at Moorhaven, if they became very unwell. The registered manager told us in their provider information return (PIR) that this was an area they wanted to improve upon.
- Staff worked with other professionals to make sure people received a good standard of care at the end of their lives. When people were at the end of their lives staff ensured pain relief was available to maintain their comfort and dignity.
- Relatives of people who had died at the home praised staff for the care they had given their loved ones. One relative had written to staff thanking them for their "Love and kindness." Another had written, "Even on their last day their favourite music was playing."

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.

● People's communication needs were assessed and met. The provider told us they were able to provide information to people in a variety of formats and languages. One person who was visually impaired told us how staff explained things to them to make sure they were kept up to date.

● The staff had begun to use pictures to help some people to make choices. They had created a picture menu and were looking at ways this could be improved to make sure it was accessible to all.

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

● There was an open visiting policy within the home which enabled people to stay in touch with friends and family. Everyone we asked said their visitors were always made welcome. People told us they could meet visitors in their own rooms or in communal areas.

● People had made friends with other people who lived at the home which helped them to avoid social isolation. During the inspection we saw people sitting and chatting together. One person told us, "I think the lovely thing here is the company." Two people who were sat together said they liked to have a walk around together every morning.

● There were some organised activities, but people felt these had declined. One person said, "There's no activities at the moment. It's a bit boring." Another person said, "It's a pleasant place to live but there's nothing going on." We discussed this with the deputy manager who said that two new activity workers had been employed and so this was an area that would be improved.

● People had opportunities to go out. Some people went out without staff support, other people with family and friends or with staff from the home. The provider used an organisation called Oomph (our organisation makes people happy) to support people with outings. The organisation provided a mini bus and driver. On the day of the inspection two people went out to a local museum.

● The home had made links with a local school and people enjoyed shared activities and friendships with visiting children. These had included a shared Christmas dinner and a trip to the seaside. The group of children who visited the home had won the Princes Trust South West award for community impact. This was because of the links and friendships with people at Moorhaven.

Improving care quality in response to complaints or concerns

● The provider welcomed complaints and concerns from people and used them to examine working practices and make improvements. One visiting relative said they had shared concerns with a member of staff and improvements had been made immediately.

● People felt comfortable to raise concerns or complaints. One person said, "If things are wrong they put them right." Another person told us, "You can always talk with staff or go to the office." During the inspection we saw several people went into the office to talk with staff and managers.

Requires Improvement

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 Good. At this inspection this key question has deteriorated 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.

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

- The provider had systems which monitored the standards of care people received and their safety. There were regular audits of practice and health and safety checks. However, these audits had not identified issues we found with the recording of risk assessments and administration of prescribed creams and lotions.
- People's legal rights were not always promoted because the provider's systems had not identified shortfalls in the staff knowledge and practice in relation to the Mental Capacity Act.
- Improvements were needed to ensure people's care plans were reflective of their up to date needs. For example, one person had been provided with pressure relieving equipment and a tumble mattress, but this was not recorded in the care plan.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. This placed people at increased risk of harm. This is a breach of regulation 17. (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks to people were minimised because the provider ensured safety checks were carried out in house and by outside contractors. Equipment was regularly serviced and inspected to promote people's safety.

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; Continuous learning and improving care

- The registered manager and provider were open and transparent. The registered manager had notified the Care Quality Commission and other appropriate agencies of significant incidents. People and relatives said the management of the home was open and approachable. People and visiting relatives said they could discuss issues with any member of the management team.
- The provider was committed to improving the quality of the service offered to people. The registered manager was not present at the inspection, but the deputy manager and operations manager were open and responsive to feedback from the inspection. Before the end of the inspection they had started to identify how improvements could be made.

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

● The registered manager walked around the home everyday to make sure people had opportunities to chat to them and share any suggestions or concerns. One person said about the registered manager, "She comes around every morning."

● People were happy with the care and support they received. One person said, "I was apprehensive about moving here but I don't regret making the move. I feel well looked after." A visiting relative commented, "We have been generally pleased. [Person's name] is smiling and happy."

● People received their care and support from staff who treated people as individuals. Staff knew people well which enabled them to provide care that was tailored to their individual needs and wishes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● Staff had built links with community groups including local schools. There were also strong links with religious representatives which enabled people to continue to practice their faith.

● The staff worked in partnership with other professionals to make sure people received the care and treatment they required. Staff told us they had good relationships with other professionals in the local area.

● The provider had a number of ways to seek people's views. This included formal themed conversations and meetings and more informal chats with people.

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 11 HSCA RA Regulations 2014 Need for consent People's legal rights were not always protected because the provider was not acting in accordance with the Mental Capacity Act 2005 Regulation 11 (2) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service provided to people were not robust enough to demonstrate good governance. Regulation 17 (1) (2) (a) (b) (c)