

The Fountain care Management Ltd

Nettleton Manor Nursing Home

Inspection report

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Date of inspection visit:
04 September 2019

Date of publication:
21 November 2019

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

Nettleton Manor 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. It provides accommodation for older people including people living with dementia. The home can accommodate up to 43 people. At the time of our inspection there were 33 people living in the home.

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

There was a process in place to carry out quality checks. These were carried out on a regular basis however the provider had failed to act when issues had been identified.

Some areas in the home were not clean, and the environment was not consistently adapted to support people living with dementia. Staff understood how to prevent and manage infections.

There was enough staff to support people. Appropriate employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Arrangements were in place to safeguard people against harm. People said they felt safe.

People enjoyed the meals and their dietary needs were catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care. People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

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.

People had good health care support from external professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. People had access to a range of activities and leisure pursuits.

We saw evidence of caring relationships between staff and people who lived at the home. Staff were aware of people's life history and preferences and used this information to develop relationships. People felt well cared for by staff. Care records were personalised and were regularly reviewed.

The provider had displayed the latest CQC rating at the home. When required notifications had been completed to inform us of events and incidents.

More information is in the detailed findings below.

Rating at last inspection

The last rating for this service was Requires improvement (published 10 July 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

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

Follow up

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. 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?

The service was not consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not consistently effective

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not consistently well led

Details are in our well led findings below.

Requires Improvement ●

Nettleton Manor 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by an 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

Nettleton Manor 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 service had a manager registered with the Care Quality Commission in post. A registered manager and 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. We inspected the service on 4 September 2019.

What we did

Prior to the inspection we examined information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

The provider had completed a Provider Information Return. This is information we require providers to send

us at least once annually 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 two people who lived at the service three relatives, four care staff, a nurse, the registered manager and a director. We looked at four people's care records in detail and records that related to how the service was managed including staffing, training, medicines and quality assurance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection the provider had failed to ensure risks to people's health and safety were always communicated to staff which had resulted in an incident. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had remained '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.

Preventing and controlling infection

- Infection control systems were not effective. The home's July 2019 infection control audit identified that hard floors were not cleaned regularly. We observed in four bathroom areas floors were marked and appeared dirty. Action had not been taken to address this. We also found two items of assisted toilet equipment which were not clean and stained with organic matter and slipper pans stained with urine. This issue had also been identified in both the home's July and August 2019 infection control audits, but processes had not been put in place to prevent this issue reoccurring. We found a stained radiator cover in a bedroom. This had been identified as requiring replacement in January 2019 in an environmental audit carried out by the home, but had not been actioned. There was a risk of cross infection.
- The home was not consistently clean. There was an unpleasant odour in both the upstairs and downstairs areas. Some of the internal doors were dirty, for example a door was heavily marked with fingerprint marks. We found cracked and broken surfaces in some bathroom areas which were a reservoir for infection.
- People were at risk of harming themselves. We saw the door to the cupboard where chemicals for cleaning were kept was left unlocked from 11am to 14 30pm. The cupboard was in an open area and people could have accessed the materials in the cupboard and caused harm to themselves or others. We looked at the home's July 2019 health and safety audit and found this had been identified as an issue, however action had not been taken to ensure this would not happen again.

The provider failed to ensure premises were safe and fit for purpose. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff told us that they were trained in the use of PPE and that they had external trainers brought in to teach them about changes in infection control procedures and regulations. We also observed staff washing their hands on a regular basis to reduce the risk of cross infection. Staff were aware of the special precautions that needed to be taken in the case of an infection outbreak.

Assessing risk, safety monitoring and management

- We found that risks to people's individual safety had been assessed. Risk assessments were in place and

these told the staff about the risks for each person and how to manage and minimise these risks. Staff used nationally recognised tools to assess the needs of people who lived at the service.

- People's needs had been assessed and their care given in a way that suited their needs, without placing unnecessary restrictions on them.
- Where people utilised specific equipment to assist them with their care appropriate checks were made regularly to ensure it was safe.
- Plans were in place to assist people on an individual basis in the event of an emergency such as fire.

Using medicines safely

- Where allergies were recorded we found two occasions when they did not match those recorded on the medicine front sheets. There was a risk people could receive medicines they were allergic to.
- When administering medicines staff explained what medicines were for and ensured they were given according to people's preferences.
- Written guidance was in place to enable staff to safely administer medicines which were prescribed to be given 'as required' (PRN).
- Medicines which required specialist arrangements for storage were stored correctly.
- Medicine records contained photographs of people to reduce the risk of medicines being given to the wrong person.
- Staff told us they had received training about medicines and had been observed when administering medicines to ensure they had the correct skills.

Staffing and recruitment

- At this inspection we found there were enough staff available to meet the needs of people. A relative told us, "I feel that my relative is safe because the staff look after him well." A person said, "I am very well looked after here, and I feel safe and secure."
- People received care in a timely manner and according to their care plans. A relative told us, "If I ring the buzzer during a visit the staff come very quickly, there is never an issue with people attending to my relative straight away." We observed staff responding to people in a timely manner.
- The registered persons had undertaken the necessary employment checks for new staff. These measures were important to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service. This included checks with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home.
- We spoke with staff about the protection of vulnerable people. Staff knew the procedures to follow and where to access information if they suspected bad practise or observed altercations with people who used the service. They told us they had received safeguarding training. Records showed that care staff had completed training.
- Where incidents had occurred the registered manager and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record accidents and near misses. Arrangements to analyse these so that the registered manager could establish how and why they had occurred, were also in place. Learning from any incidents or events was shared with staff, so they could work together to minimise risk.

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 deteriorated to 'Requires improvement'. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Arrangements were not consistently in place to assist people with orientation around the home. For example, there were few signs in words and pictures to assist people in finding their way around. Bedroom doors were numbered and had labels with people's names on but did not have any significant details so that people could identify their bedrooms for example pictures or memory boxes. Memory boxes contain items and photographs of things which were important to people to help them to recognise their rooms. We spoke with the registered manager about this and they told us there were plans in place to address this.
- There were areas of the home which required redecoration, replacement and repair. Some issues had been identified and a plan for improvement was in place. We saw two ceiling lights did not have lamp shades and towels and flannels in bathroom and bedroom areas were observed to be very thin and worn and in need of replacement. Since our inspection the provider has told us they have addressed these issues.
- People's bedrooms were personalised and where people required specific equipment to assist them with their care this was in place. Records detailed when checks had been made to ensure equipment was in working order.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- We found the service was acting within the principles of the MCA. Records showed that when people lacked mental capacity to make specific complex decisions a decision in people's best interests had been put in place. However, where people were unable to consent, we found two occasions when the provider had not ensured records detailed where relatives had legal responsibility or not to make decisions on people's behalf.

- Staff had a good understanding of MCA and DoLS and had made appropriate referrals to the Local Authority. People's capacity to make day to day to day decisions had been assessed and documented which ensured they received appropriate support. Staff demonstrated an awareness of these assessments and what areas people needed more support with when making some more complex decisions.
- We found where DoLS were in place conditions were being met.

Staff support: induction, training, skills and experience

- Staff had had access to regular updates on topics such as first aid and moving and handling to ensure their skills were up to date to provide effective and safe care. However we found despite training staff had not followed best practice in some areas for example, infection control to ensure the environment was clean. Staff we spoke with were knowledgeable about their roles and responsibilities for caring and supporting people who lived at the home. They told us they felt they had the skills for providing care to people.
- Supervisions had taken place on both an individual and group basis. These were important because they provided staff with the opportunity to review their performance and training needs.
- An induction process was in place and this was in line with the National Care Certificate for new staff. The National Care Certificate sets out common induction standards for social care staff and provides a framework to train staff to an acceptable standard.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes. Most people and relatives said they had been involved in discussions about their care plans.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

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

- People were given a choice at lunchtime, to assist them to make a choice they were shown photographs of the meal and staff supported them in using these. One person said, "Every morning the staff ask me what I would like to eat. There is always a choice of two main courses and two puddings, and they will cook something like a jacket potato and filling if you fancy something different."
- Staff were familiar with people's needs and likes and dislikes. Where people required adapted cutlery and plates, to help them eat independently, these were available, and we observed them in use during meal times.
- Where people had specific dietary requirements, arrangements were in place to ensure people received this. A relative said, "My relative has a soft diet and it is always prepared well and looks attractive." Another told us, "It is little things that are important; they know that my relative likes rice pudding and if they blend it, they know he can cope with it and that he can manage a sponge pudding if he has lots of custard."

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed people who lived at the service had access to health professionals, to ensure their on-going health and well-being. Records showed that staff were proactive in their approach and made referrals to health professionals in a timely manner. For example, a person told us, "I needed to see a doctor last week and the staff were very good at getting one to come out." Another said, "The GP is only in the next village and seems to be here every Friday."

Supporting people to live healthier lives, access healthcare services and support

- Records confirmed that people received the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dieticians.
- Where people had specific health needs for example diabetes, care plans reflected this and detailed how to meet these needs.

- Care records included oral health assessments and we observed people had access to a community dental service if required.

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 our last inspection people were not always treated with respect and dignity. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question had improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- We found people's dignity was respected. For example, one person was assisted with their meal. The staff member constantly provided support and gently encouraged the person to eat. They checked the person was happy and asked, "Is that nice, are you enjoying your meal? Would you like a drink?"
- Staff protected people's dignity. A relative told us, "I stay with the staff sometimes when they are helping my [family member] to wash. They are very kind and considerate and always tell them what they are doing before they do it and check for signs that they are okay. They are encouraging if they resist care and are always very attentive and respectful."
- Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept securely, and computer records were password protected so that they could only be accessed by authorised members of staff.

Ensuring people are well treated and supported; equality and diversity

- People were involved in their care planning and expressing their wishes about their care. Staff interacted positively with people who used the service. For example, when supporting a person to move staff checked they were happy and explained what they were going to do.
- We observed staff knew how to care for people who needed support to prevent any distress. For example, a member of staff told us about a person who enjoyed a particular activity and became anxious if they were unable to complete this. We observed at lunchtime they preferred not to go to the dining room but complete their activity. Staff supported them with this and later provided nutrition.
- A relative told us, "My [family member] has dementia and the staff understand them very well. [Family member] will often talk about going home and the staff just go with the flow, reassuring [family member] so that they don't get upset"
- Staff understood the importance of promoting equality and diversity and people were treated as individuals when care was being provided and respected by staff. For example, vegetarian meals were available at each mealtime.

- The provider recognised the importance of appropriately supporting people if they identified as gay, lesbian, bisexual and transgender. A policy to guide staff was in place and staff were aware of this. Where people had expressed a preference in the gender of carers this was detailed in care records and adhered to where possible.

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

- People were supported to express their views and be involved in making decisions about their care and treatment as far as possible. For example, the home worked closely with the local GP service but where people wanted to remain with their own GP the registered manager made arrangements to facilitate this.
- Staff gave each person appropriate care and respect while considering what they wanted. For example, a person told us, "I get to make my own decisions. I usually get up early to get washed and dressed, but some mornings if I fancy a bath or shower the staff will always help me to have one. I just have to say."
- Most people had family, friends or representatives who could support them to express their preferences. People also had access to advocacy resources. Advocates are independent of the service and can support people to make decisions and communicate their wishes.

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs had been assessed and care plans had been regularly reviewed and updated to reflect people's changing needs. For example, a person's needs had changed following a hospital admission and we saw the care record had been amended to reflect this.

- People were involved in developing their care plans. A person told us, "I have a care plan and the staff go through it and discuss it with me" Another person said, "A care plan is in place and if the staff want to change any part of it, they have a discussion with me; they discussed a DNAR with me for example." A relative told us, "I have discussed my relative's care plan with the staff and signed it. I feel included in the plan of care and it is reviewed regularly"

- Where turn charts were in place to ensure people were supported to maintain their skin integrity we observed the recommended frequency was maintained.

- Care records included areas such as; supporting people with their personal care, eating and drinking, keeping the person healthy and safe, supporting the person with activities and their likes and dislikes.

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 had access to hobbies and activities during the week. A relative told us, "I have seen a lot of activities going on and the staff always put a list up in my relative's room, although he often chooses not to get involved but the staff understand that."

- A plan of activities was displayed in the entrance to the home in written and pictorial format. On the day of inspection, we observed the activity coordinator playing a game of soft darts with people on an individual basis in the morning and a musical session took place in the afternoon. A coffee morning was arranged for the end of the month in addition to a Halloween fancy dress day, bonfire party, Christmas fair and Christmas party.

- People were supported to access the community. Five people had recently been taken on a day out to the seaside and the activities coordinator reported that further trips were being planned to a garden centre, farm centre and museum. The registered manager told us they were trying increase contact with the wider community and had recently met with the local vicar to arrange a weekly visit and service. The local school had also visited during Harvest Festival and Christmas.

- A weekly newsletter was produced to keep people and their relatives informed about activities and what was happening in the home.

- Staff were aware of people's past experiences and used their knowledge to make a more comfortable environment for people. For example, a member of staff had brought a musical instrument for a person to play. They told us the person used to play as a profession and they were trying to encourage them to play again.

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.

- Care plans included information about how to communicate with people. For example, a person had suffered a stroke and the care plan detailed the difficulties the person experienced and how to support them with this.

Improving care quality in response to complaints or concerns

- There were arrangements to ensure that people's concerns and complaints were listened and responded to, to improve the quality of care. At the time of our inspection there were no ongoing complaints.
- A policy for dealing with complaints was in place and available to people and their relatives.

End of life care and support

- The provider had arrangements in place to support people at the end of their life if required. Where appropriate records detailed people's wishes in the event of a deterioration of their condition. In addition, care records detailed whether people had funeral plans in place and what their wishes were in the event of their death. For example, a person had expressed a wish to have their family with them at the end of their life and this was detailed in their care record.
- Medicines were stocked and arrangements in place for people who may require these at the end of their life to ensure they were comfortable and pain free.

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.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- This service has been rated requires improvement for the last three consecutive inspections. At our inspection in February 2017, May 2018, and this inspection in September 2019, the rating has been requires improvement. This means the provider has failed to take appropriate and timely action to improve the quality of the service to raise the overall rating to 'Good'.
- The provider had failed to ensure that action was taken when issues had been identified. For example, issues relating to infection control and health and safety had been identified at audit, but actions had not been taken to address the issues and prevent them reoccurring.
- Quality checks had failed to identify some of the issues we found on inspection, for example, discrepancies in recording of allergies in medicine records and failure to complete checks. For example, we found documentation relating to the daily cleaning of toilet areas had not been completed since 31 August 2019.
- Staff had taken on lead roles however these had not proven effective in some areas for example, infection control and health and safety. Issues relating to infection control and health and safety had been identified but these had not been resolved.
- The provider had failed to address issues regarding the fabric of the building and infection control. We found these had been identified at audit and meetings but action to resolve the issues had not been taken. A person told us that one of the radiators in his room was not working and he had reported this several months ago, but no one had repaired it.
- The provider had failed to ensure best practice guidance in relation to infection control and health and safety was followed.

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

- The service had an open culture. Staff told us the registered manager was supportive and they felt able to raise issues. A new management team had been put in place to address issues raised at previous inspections. and provide support to staff.
- The provider had notified CQC of accidents and incidents as required.
- The service had a manager registered with the Care Quality Commission in post.

- The previous inspection ratings poster was displayed in the home. At the time of inspection a website was not available.
- A system was in place to monitor and analyse accidents and incidents. The information allowed the registered manager to have oversight of logged incidents. This assisted with making changes to improve the quality of the service.

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

- There were methods of engagement for people who lived in the service and their relatives. Meetings were organised for people and their relatives. In addition, surveys had been carried out including a survey to ascertain what meals people would like. A relative told us, "The manager does hold regular meetings and relatives were given a survey to complete earlier this year. They do ask our opinions." One person told us, "There are regular surveys and recently some suggestions were made about the meals and changes were made so I know that they (the staff) take notice."
- Staff were engaged in discussions and the registered manager had put arrangements in place to facilitate this. Including regular staff meetings. A staff member told us if they were unable to attend these the registered manager always fed back to staff.
- Staff told us the registered manager was open and visible and they felt involved in the running of the home.

Working in partnership with others

- The registered manager worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways how to improve people's quality of life. For example, the home worked with two GP practices to ensure people had choice about how their medical needs were met.
- Working relationships had been developed with other professionals, for example, the GP and local pharmacist, to access advice and support. The home had recently changed their arrangements for pharmacy and we observed this decision had been taken in partnership with a GP practice and had improved the arrangements for medicines.

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 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The provider failed to ensure premises were safe and fit for purpose
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had failed to put in place effective systems and processes to improve the quality of care
Treatment of disease, disorder or injury	