

Four Seasons Homes No.4 Limited

Marquis Court (Tudor House) Care 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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 19 and 23 November 2015 and was unannounced. At the last inspection on 22 December 2014 the provider was not meeting the legal requirements. We judged there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 including safe care and treatment, assessing and monitoring the quality of the service, consent to care and treatment and staffing. We asked the provider to make improvements and they sent us an

action plan, which said that the legal requirements would be met by the end of June 2015. We found that some improvements had been made, but further improvements were still required.

Marquis Court (Tudor House) is registered to provide care and treatment for up to 52 people who may have Dementia, require nursing and residential care and who may have physical disabilities. At the time of our inspection there were 44 people living at the home.

Summary of findings

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

The provider had made improvements and recruited more staff. The provider determined staffing levels by assessing people's needs but some of these assessments were not up to date and staffing numbers were not varied to take into account the busiest times of the day. This meant staffing levels were not being reviewed appropriately to ensure there were enough staff available to meet people's needs at all times.

Staff received an induction and ongoing support which enabled them to meet the needs of the people they were caring for. Most of the time we saw that staff were kind and caring but we saw examples where staff did not respond to support people because they were busy with other tasks.

People's needs were assessed and reviewed on a regular basis to ensure they remained relevant but improvements were needed to ensure people's views about how they wanted to receive their care were responded to. People were offered opportunities to take part in social activities but improvements were needed to ensure people were supported to follow interests that met their individual preferences. People were supported to maintain the relationships which were important to them.

Staff understood how people might be at risk of abuse and knew how to take action to protect people. There

were systems and processes in place to protect people from the risk of harm. We found that improvements had been made to the management of medicines and people received their medicines as prescribed. However, further improvements were needed to ensure unwanted medicines were disposed of safely in line with legal requirements.

Further improvements were needed to ensure the systems to assess and monitor the quality and safety of the service were effective in identifying shortfalls and driving continuous improvement. People and their relatives knew how to make a complaint and were encouraged to express their views about the service and where appropriate, changes were made in response to their feedback.

Improvements had been made to ensure the registered manager and staff acted in accordance with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments and best interests records had been completed to show how people who were unable to make important decisions had been supported to do so. Appropriate referrals had been made for DoLS approvals where people needed to be deprived of their liberty in their best interest.

People received food and drink that met their nutritional needs and received support from other healthcare professionals to maintain their day to day health.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

Summary of findings

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.

Further improvements were needed to ensure there were enough staff available to meet people's needs at all times and to ensure legal requirements around medicines disposal were followed. Improvements had been made to ensure people received their medicines as prescribed. Risks to people's health and wellbeing were identified and staff followed plans to keep people safe. Staff understood how people might be at risk of abuse and how to raise their concerns.

Requires improvement



Is the service effective?

The service was effective.

Improvements had been made and staff received induction training and ongoing support to help them meet the needs of the people they cared for. Staff acted in accordance with the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People's nutritional needs were met and they were supported to access health care professionals when necessary.

Good



Is the service caring?

The service was caring.

Most people told us the staff were caring and treated them with respect and we observed staff had positive relationships with people and their relatives. People chose how they spent their day and their privacy and dignity was respected. People were encouraged to maintain their independence.

Good



Is the service responsive?

The service was not consistently responsive.

Most people were happy with the care they received but some people felt their views about how they would like to receive support were not responded to. People were not always asked about their personal preferences around how they would like to be supported to engage in social activities. People knew how to make a complaint and felt confident their concerns would be addressed.

Requires improvement



Is the service well-led?

The service was not consistently well led.

Requires improvement



Summary of findings

Further improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People and their relatives were asked for their feedback on the service and the registered manager took action to make improvements were necessary. Staff told us they felt supported by the registered manager.

Marquis Court (Tudor House) Care Home

Detailed findings

Background to this inspection

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

The inspection took place on 19 and 23 November and was unannounced. The inspection team included three inspectors and a specialist advisor who had experience of working in nursing and residential care homes.

We reviewed the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public which raised concerns about the management of medicines and staff practice. As a result of this information we involved a specialist advisor who had experience in the management of medicines and clinical governance.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks

the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with 16 people who used the service, four relatives, seven care staff, the activities co-ordinator, the registered manager and a member of the administrative staff. We did this to gain views about the care and to ensure that the required standards were being met. We observed care and support being delivered in communal areas and observed how people were supported to eat and drink at lunchtime to understand people's experience of care. Some people were not able to give us their views in detail because of their complex needs. We completed the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and if they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at eight people's care records to see how their care and support was planned and delivered. We reviewed three staff files to ensure that suitable recruitment procedures were in place. We looked at the training records to see if staff had the skills to meet people's individual care needs. We reviewed checks the registered manager and provider undertook to monitor the quality and safety of the service.

Is the service safe?

Our findings

At the last inspection in December 2014, the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because there were not enough suitably trained staff to keep people safe. At this inspection we found the provider had recruited more staff and no longer relied on agency nurses which meant that people received consistent care and support from staff who knew their needs. Most of the people we spoke with told us the staff were very busy and at times they had to wait for support. One person told us, “I have to wait a bit to go to the bathroom sometimes. This morning they are short staffed. The carer made me comfortable until they could get me dressed later. I don’t usually have to wait long if I press the buzzer”. Another person said, “We definitely need more staff, they are rushing about trying to help people, there are only two carers on this floor sometimes, it’s not enough”.

We spent time observing in the communal lounges and saw that at times, staff were not always available to meet people’s needs and keep them safe. We saw that at times staff were busy with tasks and did not always respond when people asked for their assistance. One person was upset because they couldn’t find their new glasses. Staff were busy making drinks and did not respond to the person’s distress or try to reassure them. The activities co-ordinator came over to talk with the person and we later saw they were wearing their glasses. There were no call bells in the lounge and we saw people who needed assistance to mobilise trying to get up without support. One person called out to a member of staff passing by when another person tried to get up unaided. The person told us, “Usually there is a member of staff in the nurse’s office opposite who we can call for but there is nobody there at the moment. Sometimes one of us who is more mobile has to go and look for a member of staff”. We saw another person getting up because they wanted to go to the bathroom. The activities co-ordinator said, “Sit down, you will fall, I will get someone”. A carer came and asked them to wait whilst they got another member of staff. The person said, “You are just like the others, say you are getting someone, then don’t come back”. We observed that call bells were not always answered promptly and at lunch-time we saw that people who needed support to eat their meals had to wait until a member of staff was available to assist them.

Staff we spoke with told us mornings were very busy and they sometimes struggled to provide support to people when they needed it. One member of staff told us, “We could do with more staff in the morning, sometimes we are still trying to get people washed and dressed at lunchtime”. Some staff told us they were able to meet people’s needs at other times of the day providing they had full staff. The service was a staff member short on the day of our inspection and the registered manager had taken action to cover this shortage and arranged for a member of staff to cover from the provider’s other home. We asked the registered manager how staffing levels were planned at the home. They showed us the system they used, which calculated the number of staff needed based on people’s dependency levels. Staff rotas showed that the recommended staffing numbers were being maintained but there was no consideration given to varying the number of staff on duty at different times of the day, for example having an additional member of staff for the busiest time. The registered manager told us seven people had been referred for a review of their needs to determine if they needed nursing care and they were waiting for assessments to be carried out by community nursing staff. This showed the dependency tool being used was effective and meant that staffing levels were not being reviewed appropriately to ensure people’s needs were met at all times.

This meant there was a continuous breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People did not always receive their medicines when they needed them and medicines were not stored in accordance with legal requirements. At this inspection, we found the required improvements had been made. One person told us, “The staff do a good job, they never miss my medicines”. We observed staff administering medicines correctly and records we looked at confirmed that medicines were administered as prescribed. We found that improvements had been made to ensure medicines were stored securely but further improvement was needed to ensure medicines ready for disposal were stored safely. We saw that there were several containers awaiting disposal which were not being stored in a tamper proof cupboard in accordance with the Misuse of Drugs Act 1971.

Is the service safe?

At the last inspection, the provider was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risk of acquiring an infection because staff did not follow infection control procedures. At this inspection, we found the provider had effective systems in place which included daily checks of the environment and monthly audits to ensure people were protected by the prevention and control of infection.

People and their relatives told us they were well looked after and felt safe at the home. One person told us, “Everything is okay here, there are no problems”. Another said, “I don’t worry about anything”. Risks to people’s safety were identified and assessed and care plans we looked at had risk management plans in place for all aspects of people’s care. Where people needed support to mobilise safely, plans were in place which detailed the equipment needed and the number of staff needed to keep the person safe. We observed staff followed the plans, for example when repositioning people in their chairs to prevent damage to their skin. We saw that care plans were reviewed when people’s needs changed to ensure they continued to reflect the care and support people needed.

Staff we spoke with had received training in safeguarding and could tell us about the different types of abuse and what action they would take if they suspected someone was at risk of being abused. One member of staff told us, “I would go straight to the nurse on duty or the manager if I was worried about anybody”. Staff told us they had telephone numbers for the local safeguarding team and CQC and we saw information about safeguarding was displayed in home. We had received notifications from the registered manager when safeguarding concerns were raised at the home. This showed the registered manager and staff understood their responsibilities to keep people safe from harm.

Staff told us and records confirmed that the provider carried out recruitment checks which included requesting and checking character references and carrying out checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This meant the provider followed procedures to ensure staff were suitable to work in a caring environment which minimised risks to people’s safety.

Is the service effective?

Our findings

At our last inspection in December 2014, the provider's induction procedures were not effective in ensuring staff were suitably skilled to undertake their role. At this inspection, we found improvements had been made. Staff we spoke with told us they had received training to enable them to learn the skills needed to care for people effectively, such as safe moving and handling. They told us they were assigned a mentor and shadowed them to get to know people's needs before working independently. One member of staff told us, "You get a mentor when you start but all the staff help you anyway". Staff told us they received ongoing training and support to fulfil their role and were observed to check their practice. One member of staff told us, "The senior checks us to make sure we are doing things safely. Another member of staff told us they received training that was specific to the needs of people they cared for, "The training is good, I have found it very useful, particularly around supporting people with their nutritional needs and caring for people who are at risk of pressure damage". The registered manager told us a new training system had been introduced by the provider to ensure staff received the training deemed appropriate for their role. We saw that this was monitored and staff received updates in a variety of areas which were relevant to the care of the people in the home.

Staff told us they received supervision every two months which gave them an opportunity to discuss any problems and to receive feedback on their performance. One member of staff told us, "The manager asks if I'm happy and we discuss any problems or issues I have. We talk about any training I need, I'm always keen to learn something new". This showed staff were supported to fulfil their role effectively.

At the last inspection, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified that people's rights to make important decisions were not being protected. Staff were unsure about the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements to ensure where appropriate, decisions are made in people's best interests when they are unable to do this for themselves. At this inspection, staff we spoke with demonstrated an improved knowledge of the

act. One member of staff told us, "We always ask people and give choices. Where people can't make decisions, we do things in their best interest". We saw staff offering people choices at lunchtime and asking people for consent before supporting them to move. One person told us, "The staff always ask first before they start to move me". A relative told us, "Staff will prompt [Name of person] to make decisions, for example what drink they would like. They always encourage them, even though they sometimes can't make choices". Records showed that where people lacked capacity, assessments had been carried out and best interest decisions were documented to show how decisions had been reached.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made applications when it was necessary to deprive a person of their liberty to keep them safe. We saw that approval had been received for one person and assessments were awaited for the other applications. This demonstrated the registered manager understood their responsibility to comply with the legislation.

Most of the people we spoke with told us they had a choice of meals and the food was well cooked and well presented. However, people told us they would like more variety. One person said, "I had to ask for an alternative yesterday because I didn't like the choices. The registered manager told us they had consulted with people about this and were about to introduce a new winter menu. We saw that people had a choice of food at breakfast and at lunchtime there was a choice of main meal and dessert. We observed one person requested a cheese and onion sandwich as an alternative and saw this was provided.

People had their dietary needs assessed and specialist diets were provided where required, for example for people with diabetes. Staff knew about people's dietary needs and where people were at risk of malnutrition and dehydration, we saw staff recorded and monitored their food and drink intake to ensure they ate and drank sufficient amounts to maintain their health. We saw that people had their weight monitored and were referred to the GP and dietician if there was a concern about weight loss.

Is the service effective?

We saw that people had their day to day health needs met and were supported to maintain good health. One person told us, "The staff are good at contacting professionals and looking after my health. I've had a blood test this morning". Another person said, "Staff are thorough, they call the doctor if needs be". Staff sought advice from health professionals when people's physical and mental health

needs changed and people's care plans recorded referrals to and visits from other professionals including the GP, district nurse and community psychiatric nurse. Relatives told us they were kept informed when a referral had been made. One relative told us, "[Name of person] used to suffer from sore skin. Staff got advice and apply creams to keep it in good condition".

Is the service caring?

Our findings

Most people told us they were happy living at the home and said the staff were caring and treated them with respect. One person said, “I’m happy here, the staff are very nice”. Another person said, “Some of the staff are marvellous, nothing is too much trouble”. We observed interactions that showed staff had positive, caring relationships with people and their relatives. We saw that people were at ease with staff and chatted about everyday things such as the news and things that were planned at the home. A member of staff told us, “I like my job, I enjoy spending time with residents”.

People told us staff respected their privacy. One person said, “Staff always shut the door when doing my personal care and I always feel comfortable”. A relative told us, “Staff treat my relative with dignity and respect when they deliver personal care”. We saw staff knocked on people’s doors and waited to be asked in. Staff helped people maintain people’s their appearance by helping people clean their hands and mouths after they had eaten if they were unable to do this for themselves. This demonstrated staff promoted people’s dignity.

People told us they could choose how they spent their day and we saw that people had formed close friendships at the home. We saw people sitting together chatting and

laughing. One person told us, “We like to have a laugh”. Another person said, “Lovely company in here”. People told us they chose what time to get up and go to bed and could choose to stay in their room if they wished. A member of staff told us, “It’s people’s choice, if they don’t want to get out of bed, they don’t have to”. Another said, “Sometimes, people just like to be on their own and we respect that”.

People were encouraged to do things for themselves to maintain their independence. One person told us, “I always wash my top half and then the staff help me with the rest”. Another person told us, “I like to help clear the dining room after meals. I know staff appreciate my help”.

People were involved in making decisions about their care, for example some people had expressed a wish to administer creams to maintain their skin in good condition. People’s relatives told us they were involved when people were unable to make decisions for themselves. A relative told us, “I have a copy of the care plan and they keep me informed about any concerns”.

People were supported to keep in touch with people that were important to them. Visitors were encouraged to come in whenever they wanted and we saw that staff were welcoming and friendly towards them. A relative told us, “I always feel like we are in [Name’s] own home, not a care home”.

Is the service responsive?

Our findings

We found the provider had not addressed the concerns raised at the last inspection, which identified that the provider did not always respond to people's individual needs. We saw that people's needs were assessed and reviewed monthly to ensure they remained relevant. Most of the people we spoke with told us they were happy with the care they received but some felt their views about how they would like to receive support were not responded to. For example, one person told us they used to like to have a shower every day when they were able to do this for themselves. They told us, "We agreed that I would have a shower twice a week but this isn't happening and I'm lucky if I get one once a week". We spoke with staff and checked the records which showed the person usually had one shower a week and only had one twice a week occasionally. This meant the person was not receiving support in the way they wanted.

Another person had a pressure relieving cushion to help avoid damage to their skin. They told us they had asked for it to be replaced because it was bowed at the bottom and wasn't comfortable. The cushion had been checked by the housekeeper, who was responsible for monitoring the condition of mattresses and pressure cushions. The person told us the housekeeper had told them that it did not require replacement but had not alerted the care staff to check if advice needed to be sought from the professional who recommended the cushion. We spoke to a senior member of staff about this who told us they would contact the occupational therapist for advice.

We found variations in the social and recreational support provided to people. The home employed an activities co-ordinator who supported people to engage in activities such as bingo and quizzes and to attend a local church luncheon club. We saw that people who were more

independent were supported to follow their hobbies and interests. One person told us they loved gardening and had a greenhouse at the home. They showed us the pots and tubs they had planted for the summer. However, some people were not happy with the activities at the home. One person said, "There's not enough going on and I haven't been asked about my preferences for social activities". The registered manager told us they had listened to the feedback from people about this and were introducing new care plans that incorporated people's social needs. This would ensure people were supported to participate in recreational pursuits that met their preferences and level of ability. We saw that people's relatives were being invited to attend review meetings and would be encouraged to contribute information to a "Map of Life" to record information about people's lives prior to moving into the home. Their preferences for social and leisure support would be recorded in a plan called "My choices".

There was a complaints procedure at the home. One person told us they had experienced delays in getting their complaint resolved but they had been satisfied with the outcome. We asked the registered manager about this and they told us the delay had occurred because the complaint had not been dealt with by the previous manager before they had left. They told us they had responded as soon as they had started working at the service but it had taken some time to investigate all their concerns. Records showed that an investigation had been carried out which included a meeting with the family to ensure their concerns were fully addressed. People told us they would feel comfortable raising any concerns with the registered manager if they needed to. One person said, "I would go to the manager with any complaint. I feel confident it would be addressed". Records confirmed the registered manager logged and responded to complaints received in a timely manner.

Is the service well-led?

Our findings

At our last inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the systems in place to assess and monitor the quality and safety at the home were not always effective. At this inspection, we found the required improvements had been made around infection control management but further improvements were required in medicines management to ensure they were effective in identifying shortfalls and driving continuous improvement.

We saw that medicines audits were carried out on a regular basis and an action plan was in place to address the concerns identified. However, we found that the audit had not identified that risk assessments were not always carried out when people self-administered creams and lotions. We also saw that where assessments had been carried out, they had not been reviewed in accordance with the provider's policy to ensure the self-administration decision remained appropriate. We found that errors on records relating to medicines that needed to be stored securely had not been identified. The document completed by staff to enable the handover of these medicines was inaccurate and did not correspond with the medicines register, which was correct. The same document did not record the exact time each medicine was checked in accordance with good practice.

We reviewed the provider's procedures for managing accidents and incidents and found that they did not always take action to ensure lessons were learnt. We reviewed records relating to a medicines incident. We saw that a supervision meeting had been held with the member of staff involved but there was no evidence that any further investigation had been carried out or any action taken. The incident highlighted the need for a system to monitor the status of the nurses' registrations with the Nursing & Midwifery Council (NMC). Nurses are required to renew their registration annually with the NMC. We saw checks carried out by the registered manager did not involve following up any conditions placed on nurses' practice, which meant no action was being taken to identify and mitigate any risks to people.

We spoke with the registered manager about information we had received following an incident at the home which raised concerns about staff practice regarding the

administration of medicines. We discussed this with the registered manager who told us they were not aware of the issue. We saw that the professional who raised the concern had recorded the incident in the person's daily record but this had not been reported to the registered manager or recorded on the provider's record system. This demonstrated that the systems in place did not always support the provider to drive improvement.

The above evidence demonstrates a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At the last inspection there was no registered manager at the service. A new manager had been appointed in April 2015 and had now registered with us. We saw they were developing the management team and had recently recruited a deputy manager and clinical lead. They understood their responsibilities and notified us of important events that occur in the service promptly. People we spoke with were positive about the registered manager and told us improvements had been made since their appointment. One person told us, "The manager is good, the best one we've had. They told us things would improve and we've had our rooms decorated and new carpets laid". A relative told us, "They are making efforts to improve things". An open and inclusive atmosphere was promoted which encouraged people and their relatives to share their views on the way the home was run. Residents and relatives meetings were held and an annual satisfaction survey was sent out. People we spoke with told us they felt able to raise issues at residents meetings but did not always receive feedback on any action the registered manager was taking. For example, they told us they had asked for a smoking shelter to be provided but had heard nothing further about it. The registered manager told us the shelter had been authorised. They had recognised the need to keep people informed on the outcome of feedback they raised and had arranged for a "You said, we did" board to be displayed in the home. Visitors were also invited to give their feedback via an electronic system in the home's reception, which alerted the manager when feedback was received. We saw that the provider had acted on concerns raised about the food at the home and had consulted with people to introduce a new menu. This showed the provider used people's feedback to make improvements to the service.

Is the service well-led?

Staff told us they felt supported by the registered manager and felt able to raise any concerns with them. One member of staff told us, “The manager is supportive, any problems you can go to her”. Staff were aware of the whistleblowing procedures and told us they felt confident they would be taken seriously if they raised concerns. One member of staff said, “The manager is firm but fair”. Staff told us they

had meetings with the manager which gave them an opportunity to discuss changes in the home that affected them. Staff were encouraged to develop their skills by becoming champions to promote good practice and improve the quality of care people received in areas such as moving and handling, nutrition and safeguarding.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider had not ensured there were enough suitably trained staff available to meet people's needs at all times.

Regulation 18(1)

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider's systems and process were not operated effectively to assess, monitor and improve the quality and safety of the services provided.

Regulation 17(1)(2)