

Lann-Glayo Care Limited

Derwent House

Inspection report

206-208 Lightwood Road
Stoke-on-trent
ST3 4JZ

Tel: 01782599844

Date of inspection visit:
11 May 2022
17 May 2022
31 May 2022

Date of publication:
27 July 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Derwent House is a residential care home providing personal care for people who have a learning disability.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 13 people; 12 people were being supported at the time of our inspection. People had their own bedrooms, some with en suites. There was a communal kitchen, bathroom/shower facilities and lounge/dining rooms spaces.

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

Right Support

The service gave people care and support in an environment that needed improvements to the décor and hygiene levels in some areas. However, people had a choice about their living environment and were able to personalise their rooms. The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Although improvements were needed in one specific area about using public transport. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful life. Staff supported people to take part in activities and pursue their interests in their local area. People were able to go on holiday and engage in meaningful activities. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Care

Some improvements were needed to specific training, however overall, the service had enough appropriately skilled staff to meet people's needs and keep them safe. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right culture

Some improvements were needed to how people were referred to in their care plans to ensure language was appropriate. Staff knew and understood people well and were responsive, supporting their aspirations

to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People felt able to raise concerns and felt the management team were approachable. Staff also felt supported in their role and felt able to raise concerns if necessary.

The provider acknowledged at the beginning of the inspection that they were aware the home needed updating and significant investment.

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

Rating at last inspection and update

This service was registered with us on 13 May 2020 and this is the first inspection. The last rating for the service under the previous provider was Requires Improvement, published on 21 December 2019.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to the condition of the property, quality assurance systems and people's consent.

Please see the action we have told the provider to take at the end of this 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Derwent House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The 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 care services.

Service and service type

Derwent House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Derwent House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed the information we held about the service. We asked the local authority and Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and seven relatives about their experience of the care provided. We spoke with five members of staff including the provider, the registered manager, senior care workers and care workers.

We reviewed a range of records. This included two people's care records in detail plus we also looked at specific aspects of other people's care records where we had identified risk and reviewed medicine records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including quality audits, incidents and building safety records. We had a video call with the registered manager and deputy manager after our site visit in order to seek clarification and to validate evidence found. We looked at training data and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Medicines were generally managed safely, although some improvements were needed.
- People told us they received their medicines. One person said, "I have medicine. The staff help me with it. It's okay."
- Medicines which needed refrigeration were not always stored appropriately. The medicines fridge had consistently been going over the recommended maximum temperature of 8C, but no action had been noted as taken. This had been ongoing for several months. Medicines were being stored in there and going over the recommended maximum temperature could alter their efficacy. No one had come to any harm as a result of this. Following our feedback the registered manager told us the fridge was back to the normal temperature range.
- Some improvements were needed to the way medicines were recorded; medicines were signed for when given, however some medicines had been covered over with stickers and written over. This meant there was not always an audit trail when medicines had been changed and there was an increased possibility of errors. Following our feedback the registered manager liaised with their pharmacy to have records updated.
- People were supported to take their own medicines when they wanted to. Staff received training to administer medicines.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Due to the age of the service, which had not been fully refurbished recently, surfaces were broken or tarnished so they could not be kept hygienically clean. Some cosmetic work was planned to improve surfaces.
- We were somewhat assured that the provider was using PPE effectively and safely. Whilst staff wore masks and aprons and gloves when necessary, some staff wore stoned rings or bracelets which could pose an infection control risk.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to maintain their relationships with family and friends. Generally, there were not many visitors to the service due to people's choices. People tended to go out of the home to visit family and friends at their homes or in the community.

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

- People were protected from abuse and felt safe. One person said, "I'm happy here I feel safe and secure and the staff are very helpful."
- Staff were aware of different types of abuse, how to recognise abuse and their responsibility to report concerns; both internally to the registered manager or to other external organisations.
- The registered manager was also aware of their responsibility to report and investigate concerns and we saw appropriate referrals had been made.
- Lessons had been learned when things had gone wrong. There had been an example where there had been an incident in the home and through investigation, it had been determined that there could have been improvements with how it was dealt with. The registered manager put measures in place to reduce the risk of a reoccurrence.

Assessing risk, safety monitoring and management

- People felt safe and were supported to remain safe.
- One person said, "I feel safe. I've got friends here and the staff help me with things." Another person said, "Staff are very good. I feel safe with them because they help me."
- Plans and risk assessments were in place to help protect people, such as in relation to their health conditions or how they liked to spend their time. People were also supported with positive risk taking, such as drinking alcohol where they chose to.

Staffing and recruitment

- There were enough staff to support people so they did not have to wait for support. One person said, "Staff are always there to help."
- We observed people being supported when needed. The registered manager had recognised when people needed additional support and had arranged reviews with other organisations, in order to increase staffing levels when needed. Staff felt this had improved how well they could support people.
- Staff were recruited safely. Checks were made on their suitability to support people who used the service, such as checks on employment history and criminal records checks.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The communal areas of the home were not always well maintained and could not be kept hygienically clean (despite staff cleaning), this meant the environment was not promoting people's dignity.. One staff member said, "It [the home] needs redecorating. It's disgusting." Another staff member said, "It needs brightening up."
- The décor was damaged and worn in places, including walls and skirting boards in communal areas. Light pull cords and shower mats in some bathrooms were dirty.
- Bathrooms often had black mould, which is not hygienic or dignified for people to use.
- The provider had already recognised this was an area they needed to address, however people had been left using areas of the home in some unhygienic and undignified conditions for a prolonged period of time.

This constitutes a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this, people told us they liked their rooms and people did not raise concerns about the poor condition of the home. One person said, "My room was painted, new carpet everything and my own bathroom." Another person said, "My room is very nice with all my things and it has a shower, toilet and a sink."

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.

- People were supported to be independent and make decisions, however this had been affected by the COVID-19 pandemic. People's access to the community had reduced due to government restrictions, which had affected people's confidence in using public transport. Despite restrictions now being lifted and people accessing the community again, the registered manager still did not feel people should use public transport.
- Several people and relatives raised this as an issue with us, as they would like to use public transport again. One relative said, "[My relative] has not been allowed to go on a bus. It's having enough staff to teach them again, but they don't get that support. [My relative] should have more freedom. I think my relative is being unnecessarily restricted." Another relative said, "I'm not happy my relative still can't use the local bus - they used to go out independently." The restriction of its use and people's decisions in relation to this had not been risk assessed and there was no documented rationale as to why it was restricted for people.
- We asked the registered manager about this and they said, "We haven't said they can't [use public transport], we just they prefer for them not to." People would need support to begin using it again to regain their confidence and independence to use public transport, but this had not been facilitated. Therefore, people were being restricted in this area against their choice. Despite this, people had still been able to access the community in other ways, such as going for walks or using taxis.
- DoLS had been applied for if restrictions were in place. However, for one person their mental capacity had not been assessed prior to this application being made. For the same person one of their restrictions was not included on their DoLS application, so this could not be considered by the appropriate assessor. Therefore, the registered manager had not followed the principles of the MCA and had not included all restrictions.
- There was CCTV installed in some communal areas. People's ability to consent to this had not been checked. It has been installed for a prolonged period of time and the appropriateness of its use had not been reviewed.
- Some staff were also unaware of the MCA and DoLS so they were not able to give us a simple explanation of what it was. Other staff were aware of it.

This constitutes a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not received specific training about learning disabilities. The registered manager explained this was being introduced with some new online training they were bringing in, however was not yet embedded.
- Despite this, there was a stable staff team, so staff knew people well. People felt positively about how they were supported by staff. One person said, "The staff are very kind and helpful and I think they do a good job."
- Staff had received training in other areas such as safeguarding, infection control, equality and diversity and fire safety, for example.

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

- People were able to choose their food and drinks and were enthusiastic about the menu they developed as a group. People were engaged in meal planning and supported to cook each day, if they wanted to.
- One person said, "The food is good and there is plenty of choice. There is a menu but people can ask for what they want. The fridge and freezer are full of food. We all have a chance to pick a tea and cook a meal." Another person said, "The food is lovely. There is a menu each day."
- Relatives felt people were well supported in relation to food. One relative said, "My relative is well fed. People plan menus together as a group and there is choice. If there is something they don't like, they can have whatever they want."

- There was plenty of food and drink available in the home which people could access independently.

Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had access to other health professionals and were engaged in managing and being aware of their health and wellbeing.
- People were able to openly discuss their health conditions with us and were generally fully aware of appointments and the involvement of medical support. Those who were able, were supported to manage their own health conditions.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff interacted with people in a kind and dignified way. However, the culture in the service did not always promote dignified care. For example; the registered manager and staff had not considered the display of some care records on people's doors as potentially being undignified. Two people's care records used uncaring terminology to describe people, which would not promote those people to have a positive view of themselves.
- People were not living in an environment which promoted their dignity.
- People were not always being supported to access their community independently in a way they chose, due to restrictions on using public transport. This did not demonstrate people were consistently supported in a way that protected their dignity and promoted their independence.
- Despite this, people felt supported to be independent in other ways. One person said, "I like being independent. I go out walking and watch TV. I am quite happy here." Another person said, "I get up, pick what I want to wear, and the staff help me."
- People explained to us how they were encouraged to do their own washing and cleaning, where possible. One person said, "I clean my room with help of the staff. I wash my clothes on a Monday. I fill up the washing machine." Another person said, "I help with hoovering and I help with the dishwasher sometimes."
- Staff explained, "I ask the person if they want help with anything, but if they can do it themselves, let them. If they can't, then help them." Staff were also able to explain how they would maintain people's dignity whilst be supported with personal care, for example.

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

- People were well treated and had clearly developed good relationships with staff. One person said, "I love living here, I feel very comfortable and the staff are always there to help." Another person commented, "They are very nice to me. They don't shout at me."
- Other comments included, "They treat me very nicely. I am pleased with the way they help me" and, "The staff are good with me when I have a shower. They treat me properly and no I am not embarrassed."
- Relatives confirmed people were well-treated. One relative said, "My relative always wants to go back to the home, which is worth a million pounds to me."
- We observed friendly, familiar and kind interactions between people and staff.

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

- People could choose how they spent their time, and were engaged in monitoring and dealing with their own health needs.

- One person said, "Get up and go bed when I want. I get up anytime." Another person said, "I can do what I want but the staff help me." Another person commented, "I love it here and the staff are okay. They [staff] let you do what you want."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 involved in developing their own care plans setting goals they wanted to achieve. Some people wanted to go through their care plans with the inspector and were fully aware these plans were in place.
- Relatives also felt positively about the service. One relative said, "The home is run like a family environment and that is really important it is not regimental; I do feel it is so caring and staff treat my relative as their own; it is so nice."
- As there was a stable staff team, people had continuity of care and could build positive relationships with staff. People had a named key worker who they could go to and who supported them with the goal setting.
- Staff knew people well, including their likes and dislikes, their aspirations, as well as their health needs.

Meeting people's communication needs

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

- Staff interacted with people in a way which suited the person.
- People's care plans were also accessible. Many people had written their own plans, so they would be able to understand these.
- For people who may not be able to read, they were still aware of their plans and contributed to these. The registered manager also explained they knew people's communication needs and staff would sit and go through a person's plan with them if they could not read it for themselves.

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

- People were supported to partake in a range of activities of their choice. People were also supported to undertake volunteering roles which people attended independently in the community.
- People told us about the variety of activities in the home. One person told us, "I like watching TV in the lounge or my room and walking. There is bingo, and films and we have parties." Another person told us, "We have games night and DVD and Films. We have music and karaoke. I like going out for a walk."
- Other people told us of activities such as arts and crafts, dancing, board games nights. We observed people choosing how they spent their time and freely going out into the community when they wanted.
- People were asked about what they would like to do. People told us about, and we saw evidence of, regular meetings to discuss activities and the service.

- People were excited during our visit as they were looking forward to a holiday in the UK. People were being supported to prepare for this.
- People had regular access to their family and friends and there were no restrictions to visits inside or outside of the home.

Improving care quality in response to complaints or concerns

- People felt able to discuss their concerns if they needed to. One person said, "If I need anything I speak to [registered manager] or the other staff." Another person said, "No, I don't have to complain about anything because I like it here. If I did, I would speak to [key worker] or [registered manager]."
- Relatives also felt able to raise concerns, if needed. One relative said, "I have discussed some issues with the registered manager in the past and they always been really nice and helpful. I have had some open and honest discussions with them."
- There was a complaints policy openly displayed for people to read. However, this contained old information and had not been updated for a significant period of time. Following our feedback, this was addressed. There were also easy read versions of this displayed.

End of life care and support

- No one was needing end of life care at the time of our inspection. People had been given the opportunity to discuss and plan their end of life choices such as their preferences after they had passed away, however some people had chosen not to partake in this, which was their choice.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- Whilst new training was being introduced, the registered manager and staff had not completed any additional training regarding learning disabilities. The registered manager had worked at the service for a long time, knew people well and had experience of supporting people with learning disabilities. However, new practices and approaches have developed during that time and it is important to keep up to date with the latest best practice.
- The registered manager was not aware of the 'Right support, right care, right culture' guidance which guides services in supporting people with a learning disability and/or autism. It is important to be aware of this in order to ensure the service remained up to date with current best practice so care and support can develop over time. This guidance was shared with them following our inspection.
- Systems in place had failed to recognise when improvements were needed in some documentation. Two people's care plans did not always refer to those people in an appropriate manner and phrases used were not always appropriate. This was indicative of training needing to be updated and more person-centred.
- Some mental capacity assessments had not been completed and reviews of restrictions had also not always been completed, as necessary, and the registered manager had failed to recognise this and systems in place had failed to recognise these omissions.
- The safety of the building was checked, such as gas and electrical checks, however the water hygiene checks needed to be updated and the provider had failed to identify this.

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

- The provider was aware and honest about the fact the home needed refurbishment. Some plans were in place to redecorate some areas, but larger-scale plans were needed to renovate some areas.
- Notifications were submitted as required. Notifications are events the provider has to tell us about, such as safeguarding concerns or serious injuries.

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

- People felt positive about the registered manager and staff team. One person told us, "[Registered manager] is nice I just like them. I can speak to them anytime." Another person said, "[Registered manager] is very good and easy to talk to."

- People had built good relationships with each other, enjoyed spending time together and got on well with the staff. One person said, "It's brilliant it's like one big family to be honest."
- People were engaged in the service and in planning their own care. There were regular meetings to decide menu choices and activities.
- Relatives also felt they could approach the registered manager. One relative said, "I can always contact the registered manager if I have any concerns."

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

- The registered manager was aware of their duty of candour responsibility. They said, "It is being open and honest and not hiding anything, report things to the right people, such as safeguarding. I'd be telling CQC, I would talk to the person, their family. We would talk to staff too."
- A relative told us about an incident, they were satisfied with how the staff dealt with it and they were kept informed.

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

- People were supported to feed back about their care and support. One person said, "We have had questionnaires and my carer helps me fill it in." Another person said, "Residents meetings are about activities. They [staff] listen to me."
- Staff felt supported in their role and felt positive about the registered manager. One staff member said, "The registered manager is really nice, they do their job and does what they need to do. I could go to them." There were also team meetings to discuss the service.
- People's equality characteristics had been considered, such as whether they wished to practice a religion or pursue a relationship.

Working in partnership with others

- The service worked in partnership with other organisations and health professionals to ensure people were supported.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People's ability to consent and decisions about people's care and support had not always been reviewed or checked appropriately. Some people felt restricted and had not been supported to become less restricted.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>Some areas of the property were in poor condition and not properly maintained and required refurbishment or replacement which had been ongoing for a prolonged period of time.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems had not always been effective at monitoring or identifying areas for improvement within the service.</p>