

Somerset Care Limited

Sydenham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Sydenham House is registered to provide accommodation with personal care for up to 49 people. When we visited, 43 people lived there, however four people were in hospital.

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

People were supported by staff that were caring and treated them with dignity and respect. Feedback we received from people and their relatives about care provision and staff was positive. We made observations that people were relaxed in the company of staff.

Governance systems included internal and provider level audits and regular checks of the environment and service to ensure people received good care. We found these systems were not always fully effective in driving improvement. Whilst it was not evident this had any significant impact on people, it did not evidence a fully effective governance system was in operation and placed people at risk.

Not all risks in relation to the management of medicines were managed safely and this placed people at risk. We reviewed the plans in place to support people safely from the building during an evacuation. Some of these were either inaccurate or not completed, placing people at risk. We found for one person who had a specific medical condition a care plan on the management of the condition had not been completed. The service management and some staff were not aware of this person's condition.

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. However, the policies and systems in the service had not ensured that all of the people who were deprived of their liberty were done so with the appropriate legal authority.

Staff had received safeguarding training and the service had appropriate safeguarding systems and processes. Staff we spoke with were knowledgeable about when and how to report safeguarding concerns. There were effective systems that ensured the service and environment were safe.

People were supported by staff who received regular training and had the skills and knowledge to meet their needs. Staff told us they were well supported by the service management and commented positively on the service leadership. The service worked together with a range of healthcare professionals to support people where needed.

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. There was evidence that where needed, the service supported people to communicate and understand through the use of pictorial aids.

People's concerns and complaints were listened to and responded to. People and their relatives commented positively about the service management and the quality of care provided. People spoke positively about the activity provision within the service, and there were a number of links between the local community and Sydenham House.

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

Rating at last inspection:

The last rating for this service was Good (published May 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

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 and 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 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 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 always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Sydenham 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. 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:

This inspection was completed by two Inspectors 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:

Sydenham House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The previous registered manager had deregistered in August 2019. There was a manager in post who was a registered manager at one of the providers other locations and was in the process of changing their registration to become the registered manager of Sydenham House.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with 10 people who lived at the service and four people's relatives. We also spoke with 11 members of staff. This included the registered manager, administrative and care staff. We also spoke with an area manager and a member of the providers quality support team during feedback. We reviewed a range of records. This included some people's care records and medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the service to validate evidence found. We contacted an additional four members of staff and three healthcare professionals who have had contact with the service to gain their views. We received feedback from three staff and one professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed or not receive care in line with their assessed needs.

Using medicines safely

- People received their medicines as prescribed. However, we identified not all current practice within the service fully protected people from risks associated with medicines.
- Some people were prescribed medicines to be taken 'when required' such as paracetamol for pain relief. There were no protocols in place on the electronic medicines system showing when these medicines should be administered, the amount of be administered and the maximum permitted daily dosage. This placed people at risk.
- We reviewed the storage of topical creams. The recording of some of the opened and discard dates on the topical creams were inaccurate. One person's eye drops had a discard date recorded as being one calendar month from the date of opening, which was in excess of the manufacturer's storage guidance of 28 days.
- Some people at the service used paraffin based topical creams which can become flammable when exposed to an ignition source such as flame, cigarette or heater. There were no risk assessments in place for people placing them at risk.
- People's medicines were stored in their private rooms and within a dedicated treatment room. There were systems to monitor the temperatures of the treatment room and fridge, however there was no system to monitor the temperatures of people's rooms. This did not ensure storage of their medicines was in accordance with manufacturers guidance to ensure they remained effective.
- Following the inspection, the service management sent us documents relating to the recording of room temperatures detailing a system recently introduced. The record submitted evidenced the temperature of the room was in excess of the recommended storage temperature with no evidence of action being taken to mitigate the risk associated with this.

Assessing risk, safety monitoring and management

- Whilst we found that people were cared for at the service, we found inaccurate or incomplete records relating to some people placed them at risk.
- We reviewed examples of people's risk management in relation to falls, skin breakdown and nutrition. However, for one person who had a specific medical condition there was no care plan in place on how to identify or manage the condition. The person was placed further at risk as the service manager and staff we spoke with were unaware of the condition.
- We reviewed the records in place to ensure people were supported safely out of the building in the event of an emergency evacuation. These records were not accurate and did not reflect the current occupancy of the service. There were records in place for people no longer living at the service and no records for seven

people who were currently receiving care. This placed people at risk.

- There were systems to monitor the service environment and equipment was maintained. Records were kept of regular health and safety checks. We identified that an audit to ensure window restrictors were safe and working correctly was overdue.

Whilst we did not find significant impact to people, current medicines practice and inaccurate records presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- There was a system for the service management to monitor reported incidents and accidents, however we found this was not always fully completed.
- Records showed that following an accident or incident, details of the incident or accident were reported by staff and recorded on internal governance systems.
- An analysis of accidents and incidents was undertaken to identify any patterns or trends. The governance system produced an analysis identifying trends such a type of incident, the time and severity.
- As part of the learning process, the service manager would undertake a review of the incident to establish any further risk measures were needed, if any duty of candour was required and to produce an action plan if needed.
- It was evident that 10 incident records out of the 11 recorded since 17 November 2019 had overdue actions. This may impact on staff learning from incidents and any required changes being identified to minimise risks.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe at the service and with the staff that provided their care. We asked people what made them feel safe. One person told us, "Its small and friendly and it's not a hospital." Another person said, "[I've] never felt unsafe living here."
- Relatives also said they felt people were safe at the service. One person's relative we spoke with said, "She is safe and well looked after. No complaints."
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding.
- Staff were knowledgeable about how to raise concerns and gave examples of situations or previous experiences when raising a safeguarding concern was required.
- The provider had safeguarding policies in place for staff to access and follow should they be required. There were systems that monitored safeguarding referrals made.

Staffing and recruitment

- Although mainly positive, we received some mixed feedback from people and their relatives about the staffing levels at the service.
- One person we spoke with when asked if there was enough staff told us, "Yes, seems to be very good." Another person said, "Press the buzzer and staff come straight away."
- Staff we spoke with did not raise any concerns around staffing levels and some commented on how there had recently been an increase of staff within the service.
- The service used a dependency assessment tool to calculate staffing levels. We saw this had been used effectively. For example, staffing numbers had been adjusted based on occupancy levels changing.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean.
- Staff wore protective clothing such as gloves and aprons. There were hand gels situated throughout the service and signage to support people, staff and visitors with effective handwashing.
- The service had dedicated housekeeping staff to maintain the service environment.
- The dedicated staff used cleaning schedules in some areas of the service. Environmental audits were completed to monitor the cleanliness of the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment 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 set within authorisations were being met.

- There was no effective system to monitor DoLS applications, authorisations, conditions or expiry dates. There presented a risk people could be unlawfully deprived of their liberty.
- All three previously authorised DoLS had expired. There was evidence that two had been reapplied for, however the service management had not identified that the third person's DoLS had expired in October 2019.
- Whilst there was no evidence of impact to the person, it meant there was no legal framework currently in place to lawfully deprive the person of their liberty.
- Where a Lasting Power of Attorney was in place, the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.
- People we spoke with told us that staff sought their consent prior to care interventions. We also saw supporting records had been signed by people in relation to photographs being taken and where restraints such as lap belts were used to aid people in staying safe.

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

- At the time of the inspection there were no people receiving any specialist nutritional support. The service management told us there were no people currently at significant risk of malnutrition.
- People's support needs were recorded; however, we found an example of where records had not been

updated promptly. Within one person's care records, the person had been identified during a provider level audit undertaken in November 2019 as requiring assistance, but this was not been recorded in their care plan. An action was set for the person's care plan to be updated by the service management, but this had not yet been completed. This meant the person may not have received the required level of support.

- People and their relatives commented positively on the food provided at the service. Most of the feedback we received about the standard of food was very positive.
- Comments from people included, "Very good. Nicely cooked. Plenty of choice." Another person commented, "[It is] excellent, well cooked."
- Staff were observed supporting people to eat throughout the inspection. During meal times people who required support received the level of care they required. Staff were heard saying, "Would you like me to cut up your food" to see if people wished for support.
- People were supported with hydration. We observed people were continually offered drinks throughout the day and snacks were also available for people.

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

- People were assessed prior to moving into the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care delivery planning was recorded.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet. People at the service felt respected by staff.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. The provider enabled staff to access and undertake a continual training programme.
- People we spoke with, and their relatives, all felt staff had the required level of knowledge and ability to support them.
- Staff told us about the types of subjects they received training in and we reviewed the training matrix sent in by the service management. We received mixed feedback about the new online training platform now used by the provider.
- Staff confirmed they received regular supervision to discuss their performance and to discuss any training or employment goals. Annual appraisals were completed, and staff had the opportunity to self-evaluate their performance and set future objectives.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were additional communal areas that people could use – we saw people using the communal areas during the inspection. There was a passenger lift in operation to support people to access the first floor.
- Some areas of the service, including empty bedrooms, had recently been renovated. The service management told us there were plans for additional renovation.

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

- People had access to a variety of healthcare services and professionals according to their needs. Records and care plans supported this.
- People were registered with a GP and records showed the service regularly escalated health concerns

when required.

- People said that when required they were supported to see healthcare professionals. Comments included, "No problem. Staff will sort it out for me." Another person told us, "I just mention it to staff [wanting to see their GP], and they arrange it."
- A healthcare professional who provided feedback on the service spoke positively and did not raise any concerns.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect and involved as partners in their care.

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

- Staff were positive about the people they supported, and they wanted to achieve positive outcomes.
- We asked people if they felt staff were caring and received positive feedback. One person commented they were, "Brilliant staff." Another person told us, "They make me laugh, all kind and helpful."
- A relative we spoke with told us, "Staff have been brilliant. Manager and staff can't fault any of them." Another relative said, "Staff friendly, welcoming. Nice atmosphere."
- We observed friendly and caring interactions between staff and people living at the service. People received the level of support they required and looked at ease with staff.
- The service had received positive feedback on a national website. An extract from a comment posted in September 2019 read, "Myself and my family are impressed at the genuine care and attention that my Dad receives from the staff and carers. It is clear to see that his health, hygiene, safety and wellbeing is a priority as it is with all residents."
- Compliment cards sent to the service echoed the website feedback. One card read, "Thank you all for what you did for Mum."

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

- People we spoke with told us they received care how they wished, but nobody we spoke with was able to tell us about their care plan.
- When we spoke with people the feedback was positive. One person when asked if they received care as they preferred said, "Yes, they do what I want." Another said, "They will do things for me if I ask them."
- When we discussed care plans with people nobody was able to tell us about being involved in care planning to meet their needs. People and their relatives said they were unaware of care plans and nobody could recall being involved in any reviews. The provider was about to launch a new scheme in the service to ensure people were more actively involved.
- Throughout the inspection people were involved in choice about how they spent their day and time at the service. For example, we heard staff offering people choices around meals, drinks and activities.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- People fed back positively about privacy, dignity and independence. One person commented to us, "Staff

knock on the door before entering. They are very thoughtful. They keep me covered when possible." Another person said, "[They] always knock on the door. Couldn't be any better in my opinion."

- People said staff encouraged their independence but would always support them when needed. One person told us, "[They] let me do things. But, for example, if I want to go downstairs, they bring a chair." Another said, "I have good days and bad days. Staff help me if I need it."
- Information about people was kept safe and secure. We did highlight to the service management that the current arrangement with the position of the computers used by staff to update care records could result in information being seen by a third party.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time. Relatives were positive about the service and visiting, with one saying, "When I visit, always a pot of tea and biscuits."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

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

- Care plans were person specific and contained information unique to the person. Records within care plans showed information was reviewed, but as highlighted in the 'Caring' section of this report people were unable to tell us they were involved.
- Care records had historical information about people to support staff in learning about them. Information such as life achievements, family and other things important to people were recorded.
- Staff we spoke with knew people well and we observed personalised observations.
- People we spoke with felt care was personalised and they were involved. People told us that staff knew them well and that they felt their care was personalised.
- A healthcare professional we received feedback from felt the service were responsive to people's needs.

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 the opportunity to be involved in activities. The service had three dedicated activity co-ordinators. There was an activity board for the month outside dining room which was Christmas themed for December.
- People we spoke with told us they had the choice to attend any activities but if they decided not to attend this was respected. They commented that they were always made aware of what activities were going on.
- People told us activities such as quizzes, bingo, music and singing, a guitarist and visits from the local pre-school children were among the range of things they could be involved in. Additionally, baking and trips out in a minibus once a month were available.
- Most people were positive about the activities and what they could be involved in. One commented, "I look on the board. One of the carers comes around and tells us. I like the guitarist, singing and dancing."
- On the day of the inspection, in the morning people were making Christmas decorations and one member of staff was writing Christmas cards with somebody. In the afternoon, there was a visit by the local playgroup. The children were taken to see those people who remained in their rooms.

Meeting people's communication needs

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

- People's individual communication needs were assessed and recorded within their care plans in line with the AIS.
- Pictures of the meals being served at the service were available to support people in making choices.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People felt confident they would be listened to. One person said, "If I had a problem, I could tell anyone, and they would pass it on."
- There were records held of any formal complaints made and these evidenced that they had been addressed in line with policy.

End of life care and support

- Care records evidenced that people had a Treatment Escalation Plan (TEP) in place. These showed matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- An end of life care record we reviewed showed the person's preferences for who they would like present, what would support them to comfortable and what personal items they wished to have with them. Further development of other end of life care plans was to be undertaken at the service.
- We found that where people were at the end of their lives, relatives or people close to the person had been supported to be with the person within the service environment.

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 now deteriorated to Requires Improvement.

The service management and leadership was consistent. However, governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

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

- There was a range of service and provider level audits in operation to monitor the health, safety and welfare of people who used the service. However, the current governance arrangements had failed to ensure identified actions were completed.
- Medicines governance was not effective. The service currently undertook weekly and monthly audits of medicines. Despite this, the current audit framework had not identified the risks evidenced at this inspection.
- Internal governance systems to monitor Deprivation of Liberty Safeguards (DoLS) were not evident. A provider level audit had identified concerns around DoLS management in August 2019 but there was no further evaluation to ensure that set actions had been completed by the service management.
- The risks identified by the inspection team in relation to nutritional support plans not being updated and accident or incident completion had been identified at provider level. However, the absence of an effective method to close the audit cycle at provider level had resulted in these matters still not being completed by service management.
- Failure to complete appropriate emergency evacuation plans had not been identified by service level governance. Provider level auditing evidenced concerns around this in November 2019, however no effective action had been taken by the service management to reduce the identified risk.

Whilst we did not find significant impact to people as a result, current governance arrangements placed the health, safety and welfare of people at the service at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had clearly displayed the current rating at the service location and on their website in line with regulatory requirements.
- Staff we spoke with were happy in their role and understood the management structure of the service and their own role within that structure.

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

- People and relatives were positive about the service management. All of the feedback we received was

positive. When asked about the current management one person said, "I think it's absolutely brilliant."

- We asked people if they had the opportunity to express their opinion on how the service was run and we received mixed feedback.
- Some people told us there had been previous resident meetings and others were unaware of them. One person said, "Don't know, never heard of them." Another person when asked about them said, "Yes, I go to them not very often. Two-way conversation about activities and what's happening in the home."
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. Relatives felt the service were open with them.

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

- People felt involved in choices about their daily living at the service. We made observations to support this.
- Staff confirmed they felt involved and supported. All of the staff we spoke with commented positively on feeling involved at the service and spoke very positively about the service management. One said, "[The] Manager is brilliant, she's got an open door." Another said, "She walks around the home, if I need anything I can go to her."
- A survey of people was due to be sent in January 2020 to give people, their relatives or representatives the opportunity to feedback their views of the service.
- Staff we spoke with felt able to contribute to the running of the service and some commented that the registered manager was always available. There were staff meetings held to communicate matters.
- Staff we contacted all told us they would be comfortable to recommend the service as a place to live to their own family and people they knew.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence. However as detailed in our 'Safe' section of this report these had not always been completed timely.
- The service management had community links through a monthly service with the local church and the local Salvation Army. The local school and nursery also attend the service as we observed on the day of our inspection.
- A business contingency plan to ensure the service continued to be operationally effective in the event of an emergency such as power or gas loss was in place.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people. The feedback we received from a healthcare professional did not raise concern.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks were identified and mitigated. Medicines management was not consistently safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective governance to identify and manage risks relating to people's care and safety.