

W Scott

Ashleigh House

Inspection report

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Sherwood
Nottingham
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Tel: 01159691165

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

What life is like for people using this service:

People's needs were assessed and known risks had been identified this ensure people were fully aware of any risks involved. However, risks arising from the laundry being left unattended and doors left open were not managed effectively. One bathrooms being used a sluice room was not secure. There were also risks to people's health and wellbeing in the outside areas. We found many disused or broken items stored in the garden and car park adjacent to the home, that could cause harm to people.

People living at Ashleigh house felt safe and well looked after by caring compassionate staff. There were sufficient staffing levels to ensure people were cared for safely. However, people could not be assured they would be cared for in a clean environment. This was also raised at the last inspection see the full body of the report for action we have taken.

Medication was managed in a safe way and people received their medicines as prescribed. There was evidence of investigations when things went wrong and lessons learned from outcomes. Staff were fully committed to reporting incidents and concerns.

Care and support was planned and delivered to ensure people received effective care. Staff were knowledgeable about the people and their needs, but we found gaps in the training matrix. We could not tell if staff had completed any recent training or refresher training. The training matrix was not up to date. People had sufficient to eat and drink to ensure they had a nutritious diet and were kept hydrated. Staff provided consistent care where necessary equipment was used to ensure people were independent. The home was not tailored to suit people with Dementia. Areas were not fully adapted to meet people's needs. The outside area was accessed by a ramp, but this was not fit for purpose. There was a thorough approach to planning and coordinating care when people moved to different services. Staff worked within the principles of the Mental Capacity Act.2005.

People were treated with kindness and compassion. There was a visual person-centred culture at the home. People were treated with dignity and respect, which was reflected in all feedback we received from people and their families. Staff had sufficient time to develop relationships and friendships with people they cared for.

People's Communication needs or information they received was not in a format suitable to their needs as required by the Accessible Information Standard.

People experienced positive impact on their health and wellbeing when participating in activities out in the community that were tailored to their needs. People knew how to raise a complaint or concern. People were confident if they had to raise concerns or complaints the manager would act upon their concerns. Staff were aware of people's life history and preferences and they used the information to develop relationships and deliver person centred care. There were systems in place to record and plan people's end of life care, but

these plans were not required at the time of our inspection.

There was no registered manager at the service. The manager told us they were in the process of submitting their application. The registered manager left the service in July 2018. The provider did not have effective systems to monitor the quality and safety of people's care or to ensure timely improvements were made when needed. The manager told us they had plans in place to improve the environment and implement audits and quality monitoring, but not all had been fully implemented. This was also raised at the last inspection. There was an open and transparent culture running throughout the home. The manager submitted notifications required to CQC in a timely manner. More information is in the full report

Rating at last inspection: Requires Improvement (17 August 2017)

About the service: Ashleigh House provides accommodation and personal care for up to 24 older people in the Sherwood area of Nottingham. On the day of our inspection 17 people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. We saw improvements had not been made since the last inspection and the impact on the environment and infection control has meant the rating remains required improvement. This is the second time the service has been rated requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and the environment. Details of action we have asked the provider to take can be found at the end of this report.

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 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Ashleigh 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: One inspector and an expert by experience conducted the inspection. 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: Ashleigh House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager at the service with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced

What we did when preparing for and carrying out this inspection.

We reviewed information we had received about the service since the last inspection. This included the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law when they happen at the service. We also received feedback from the local authority who commission services from the provider. We used all this information to inform our inspection plan.

We spoke with eight people that were using the service and four relatives. We also spoke with the provider's representative, the manager, deputy manager and two support staff.

We looked at five people's care records to check that the care they received matched the information in their records. We reviewed four staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

Some aspects of the service, for example the environment was not always safe and there was an increased risk that people could be harmed.

Preventing and controlling infection.

- People did not live in a clean or hygienic environment. We found four out of six bathrooms were visibly dirty. For example, black mould covered the seal around the shower and bath and shower equipment was rusty. One bathroom was also being used as a sluice room, but this was not kept locked or isolated for this sole use. Appropriate bins were not in place and floor covering was damaged or not suitable for use in a bathroom. This meant it was difficult to keep this clean or dry. Furthermore, out of two toilet cubicles, one was out of order, the other one was leaking, and toilet paper holders were not fit for purpose. All of these areas can harbour dirt and germs as they are not easy to clean. Despite this, there were no hand wash instructions in any of the bathrooms and there was a risk of infection through cross contamination. The provider was not following nationally recognised guidance for cleanliness and infection prevention.

- Staff we spoke with, were aware of recognised guidance for prevention and control measures to help reduce risks to people from an acquired health infection through cross contamination. They wore appropriate personal protective clothing when carrying out people's personal care. However, we observed a staff member carrying out ineffective cleaning during our visit, especially in the bathroom areas. Cleaning schedules were not fit for purpose and there were no clear cleaning routines. Only four staff out of thirteen had received infection control training including hand washing in January 2018. This meant staff were not keeping up with good practice or following infection control guidance.

- We found the laundry rooms were left unattended and unlocked at all times. Access was easy and available for people who use the service. There were chemicals left open, no risk assessments were in place. We spoke to the manager and they told us they would address this. We received an update on the 24 December 2018. Advising us that security measures would be in place by mid-January 2019. We found disused and broken items stored in the garden and car park adjacent to the home. There was a risk people could harm or injure themselves. We requested the provider to clear these areas of hazards by the 21 December 2018, which they did and sent us confirmation that these disused items had been removed and the area had been made safe.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management.

- Detailed risk assessments were in place for individual people who were at risk of falls, choking or any risks they should take. Care plans contained explanations of any control measures staff needed to follow to help keep people safe. For example, if a person was at risk of choking due to swallowing difficulties or from pressure sores, because of their health condition. Where people experienced any stress or anxiety from their health condition, staff responded and followed instructions identified in their care plans.

- The environment was not always well maintained and there was a risk people could be harmed. We found radiator covers broken or coming away from the wall and cupboard doors in the kitchenette were broken or loose. Wallpaper was peeling in some areas of the home. There was a maintenance person who completed water safety checks and fire alarm checks. They had a maintenance book that staff reported issues or request for repairs, but none of the issues we found had been reported. There was a risk people could be harmed.

Systems and processes.

- The provider had safeguarding systems in place to protect people from harm and all staff we spoke with had a good understanding of what they should do to keep people safe and protected from harm. Most staff had received training in this area, however, we found two staff had not received safeguarding training since 2013, which meant they may not follow safeguarding procedures correctly and keep people safe.

- People and their relatives explained how they felt safe. One person said, "I walk round and feel quite safe." Another person said, "I am a lot safer here, as I fell at home. I prefer it here." One relative said, "Yes she's [relation] safe here, she's secure."

Staffing levels.

- There was enough staff for people to be supported and cared for in a timely manner. One person said, "I think there's enough staff, you don't have to wait long." Other people we spoke with felt there was sufficient staff.
- The manager told us they deployed staff based on people's needs, feedback from people and the staff along with care observations they undertook.
- We saw where staff had been recruited and all the relevant employment checks had been undertaken to protect people from unsuitable staff being employed. The provider told us through the Provider Inspection report that they had a robust recruitment process. However, we found there were no interview records kept on staff file, to support the person's offer of employment. This meant the process for staff recruitment was not followed in line with the providers recruitment policy.

Using medicines safely

- Medicines were administered, stored and disposed of safely when required.
- Staff had good knowledge of the provider's policy for the safe administration of people's medicines at the service. People received their medicines when needed and in a timely manner. Medicines administration records (MARs) we looked at were colour coded to help ensure people received their medicines at the right time. People's medicines were clearly recorded in their MAR and we observed staff following procedures to ensure medicines were given safely. This helped to reduce risks for people receiving the wrong medicine.
- People told us they received their medicine at the right times. One person said, "They watch you while you swallow them (medication)" Another person said, "They [Staff] help with my medication and 'put it in my hand and wait' until I swallow it. Staff also help with my eye drops and do it carefully."

Learning lessons when things go wrong

- Health Incidents and accidents were reviewed regularly. There was evidence to show that where there were concerns or lessons to be learned the manager had responded appropriately. The manager gave an example where there had been a verbal altercation between two people. Additional care plan measures were subsequently put in place to help prevent any reoccurrence.

Is the service effective?

Our findings

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.

People's outcomes were not always good. Areas of the home were not suitable for people's needs.

Staff skills, knowledge and experience.

- Staff felt competent in their role. They told us they had received training to help support them in their job. They had completed an induction and told us they had received supervision and appraisals.
- People felt staff knew what they were doing. One person said, "'Quite good staff here" Another person said, "I think staff know what they are doing." Another person said, I would recommend it here without a doubt. The staff are very good."
- We found the training matrix was not up to date, there were gaps in the training. We could not tell the frequency that staff should undertake training, or if they had received timely updates. refresher courses. However, our observation told us staff were competent in their role.
- Following our inspection, the manager told us all staff training files were to be audited and relevant training would be arranged to ensure staff training was in date. The manager also had plans to review the training matrix to identify training completed by staff and recommended the frequency the training should be taken. We received a timescale that this would be completed by.

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

- People's needs were assessed before they came into the home and once they had arrived, they were reassessed to ensure their needs were current and up to date.
- Staff were knowledgeable about people they cared for. Staff applied their knowledge and understanding of the people to ensure they received the best outcomes that reflected their needs.
- Guidance on how staff should support people with their mental health was available and included in people's care plans when required. This enabled staff to provide appropriate care according to people's individual needs. For example, one person liked to collect and hoard items in bags. (The person's care plan told us collecting was part of their condition.) We heard the manager trying to encourage the person to remove some of their collectables from the lounge area by very carefully and gently asking the person, if they would like to relinquish some of the items. The manager was saying things like 'Could we help tidy your bags today?' 'Some of them are empty can they go?'
- The manager told us care plans were under review. They said this was to implement person centred care plans for people, to ensure that their individual needs and preferences informed all elements of their care.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to have sufficient to eat and drink. They were given a choice of what they wanted to eat or drink. Food was well presented and we saw people enjoyed their meal.
- People's dietary needs and preferences were met. People confirmed they were given sufficient to eat and drink. Some people were able to make their own drinks. One person said, "The food is ok, but you get fed up of the same stuff. We get belly pork now and again I really like that." Another person told us staff were always

encouraging them to drink more.

- We observed staff asking residents if they wanted a drink mid-morning. Staff knew each resident and what they would like. We heard staff say things like 'I know you don't like hot drinks, do you want some water?'.
- Staff told us they had time to spend with people at meal times. We observed staff supporting people who required assistance.
- Staff were knowledgeable about people's dietary requirements. They knew who was on a soft or pureed diet and at risk of choking because of swallowing difficulties from their health condition. Where necessary, staff referred to the relevant external health professionals, such as speech and language therapist (SALT) for assessment and advice.
- The manager told us people were weighed at least monthly, but if there were concerns people would be weighed more frequent.
- Ashleigh House had a five-star rating from the food standard agency. This told us the service food hygiene was very good.

Staff providing consistent, effective, timely care.

- People received effective care. Where people required assessment and advice support from healthcare professional this was supported. One person told us the staff called the doctor or nurse, if they were feeling unwell. The person also said, "Someone comes to do my feet." This told us other professional visits took place.
- There was a consistent approach when people had to move between services. The manager told us about a person who needs had changed and how they had made relevant referrals to other professionals. The manager said, "We are now coordinating their move." Family confirmed their relation's needs had changed. They said, staff can deal with [relation], when they do get agitated, but we know they need more care now.

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

- People were involved in decisions about the environment.
- People personalised their bedrooms. The manager told us people were involved in choosing the colour scheme and putting personalised items in their room, for example pictures of family and friends.
- The accommodation was not designed or adapted to meet people's needs. Such as, people who used a wheel chair or were sensory impaired. There was a lack of visible signage to help people with dementia to move around the home independently and a lack of other dementia friendly decoration to support people to recognise their bedrooms. For example, all people's doors were the same colour making it difficult to identify which was their own room or bathroom. Some people's bedroom doors did not show the occupants name, photograph or any relevant images that were meaningful, to help them recognise their room. Information on some bedroom doors identify if the person had a DNAR in place or had dementia, colour coded pictures, such as, a butterfly to identify if they suffered with a condition, such as dementia.
- There was little adaption for people who were visually impaired, to enable them to move around the home independently. However, we did see some work had taken place. On the corner of one table there had been an adaption to highlight the edge of the table. This meant a person who was visually impaired would be able to see where the table edge was.
- An area near an exit was stacked with pictures with broken glass, old mattresses and other items which could be hazardous to some people.
- Outside there was a ramp to the back garden, People in wheelchairs had limited access to the garden area. We spoke with the manager and they told us that people with wheelchairs used another access point. The ramp was hazardous for people unsteady on their feet. The ramp was metal plated which made it difficult for people to walk on during icy or snowy weather. There was a risk people could fall.

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 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. The application procedures for this in care homes and hospitals are 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 were being met.

- People were involved in decisions about their care. Staff ensured they gave people choices and asked their consent before providing care and support. Staff were aware of what they needed to do to ensure decisions were made in the people's best interest.

- Where restrictions had been put in place these were done in the least restrictive way. Care plans were in place to support these decisions. The registered manager worked with the local authority where people were deprived of their liberty to ensure this was authorised and lawful and that they were working within the principles of the MCA.

Is the service caring?

Our findings

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

Ensuring people are well treated and supported.

- People were treated with compassion, kindness and respect. People received care and support from staff who were caring and sensitive to their needs. One person said, "They [Staff] are kind, I know most of them now and they know me. I like this place, they help me if I need it."

Another person told us the staff were kind and friendly they said they would recommend the home because of the staff. One relative told us they were satisfied with the care and support their relative received. They said, staff cheer my relation up, they have solemn moods, but staff lighten these moods by singing and dancing.

- People were supported by staff who knew them well and had a good knowledge about things that were important to them. Staff described peoples likes and dislikes. One member of staff told us about a person's daily routine. They described how the person liked to spend their day. We looked at the persons care plan and found their preferences, likes and dislikes were recorded as they wished to be treated.

- The manager told us people's needs were assessed to ensure they received the appropriate care and support.

- Where people were unable to communicate their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and simple sign language to interpret what people needed.

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

- People were supported to make decisions about their care and treatment. People told us they were involved in their care planning.

- Staff supported people to make decisions about their care. If people needed help deciding then external support was sought. The registered manager told us about people who were supported by the court of protection and how staff signposted people to advocate services should they need to use one. Care files we looked at confirmed when advocates had been used.

Respecting and promoting people's privacy, dignity and independence.

- People were not discriminated in any way and staff showed genuine concern for people they cared for.

- People were supported to maintain and develop relationships. People who required extra support were given it. Such as, one person could not read their Christmas cards, which they had received from family and friends. Staff read the contents of the cards and described the picture on the card then let the person touch and feel the cards, so they were aware of the different textures. One person told us they had a good relationship with staff. They said, "I get on with all of them."

- We observed people were treated with dignity and respect at all times. Staff spoke to people in a calm and respectful manner. One person said, "Staff knock on my bedroom door before they ask to come in."

Is the service responsive?

Our findings

People's needs were not always met. Regulations may or may not have been met.

Personalised care.

- People made choices about their care and treatment. They were often in control and independent, which empowered them to make decisions about their life.
 - People's needs were identified including those related to protected equality and characteristics.
 - People's choices and preferences were met and reviewed on a regular basis, but they did not always have reasonable adjustments made. For example, where appropriate the service did not fully identify, record or share information in suitable formats to help people understand. The provider did not meet the communication needs of some people with disability or sensory loss as required by the Accessible Information Standard.
 - People were not provided with accessible care plan information in suitable formats to meet their needs. Where people were visually impaired they had to rely on staff to read or inform them of events and up-to-date information. We spoke with the manager and they told us they would look at ways of improving this. They said they had been working with the visual impaired society and took on board some of their recommendations, but acknowledged there was more work required and a need for improvement.
 - Staff had received no training on how to support people with sensory impaired disability. One staff told us it would benefit the person if the staff understood their needs more. The manager told us they were aware they needed to improve in this area as people were not fully supported at this time with information suitable for their needs.
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- People had access to activities, such as social events, puppy patting and visiting the local community. One person said, "We go to the pub and sometimes we have lunch." Another person said, "We are going to a party this afternoon." Another person told us children from the local school had recently visit the home and singing carols for people. Staff told us they felt people had enough to do. One staff said, "We do movement to music, paint people's nails if they want us to. The manager and provider's representative told us they wished to improve increase involvement with the local community and were looking at different options available, including taking people on outings.

Improving care quality in response to complaints or concerns.

- People and their relatives knew how to feedback to the management team about their experiences of care and support. The service provided different ways for people to share their views. For example, through care surveys, questionnaires and resident meetings.
- People were confident, if they raised a concern or a complaint this would be dealt with and responded to in a timely manner. One person said, "I have no concerns or complaints, I trust the staff completely to deal with it if I did. We saw all complaints received had been dealt with.

End of life care and support.

- There were systems in place to record people's end of life wishes, but no one was receiving end of life care at the time of the inspection. Staff told us people had DNAR's in place. We saw discussions had taken place and where people had agreed a copy was saved on their care plan. Where required there was appropriate

Anticipatory medicines were in place for one person to ensure they were comfortable at the end of their life.

Is the service well-led?

Our findings

The provider (Leadership and management) did not consistently assure the quality and safety of people's care. (high quality care).

Managers and staff were clear about their roles, but had not always follow quality performance, risks and regulatory requirements.

- At our last inspection the provider did not ensure effective systems were in place to monitor and improve the service or were effective to identify and address areas of improvement. At this inspection we found there had been no improvement and quality monitoring systems had not been fully implemented, so we could not tell if they would be effective. The new manager in post had not implemented the quality assurance systems to identify and address areas for improvement. They shared their forward planning with us.
- The provider had not completed any audits to help them identify and drive care and service improvements. There were limited assurance regarding the monitoring and improvement of the service to make sure it was safe. The providers governance systems were ineffective as they did not identify or ensure proactive service improvements when needed. For example, the environment inside and outside the home was not constantly monitored.

Medicine management had been reviewed on a daily basis, however there was no formalised audit completed to review the medicines storage, reoccurring medicine errors and ongoing medicine management.

- There was a policy in place for the management of infection control, but no audits had been completed to cover this area. Systems were not robust to monitor the quality of the service. There had been no infection control audit since our last inspection. It was not clear if issues we found had been addressed or improvements made. Cleaning schedules were not fit for purpose. Cleaning staff were not following infection control procedures. We spoke with the manager and the provider representative and they told us they would address this.
- Staff training was not up to date. Systems to monitor staff training required review. We could not tell if the training staff received was appropriate to their role.
- Staff had daily meetings to discuss each person's needs, including daily handovers and a diary to reflect on each person's needs.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager left in July 2018 and a new manager came into post in August 2018.

- The new manager had not yet submitted their application to register with CQC at the time of the inspection.
- Staff were very complimentary of the new manager and felt valued and listened to.

Provider does not always plan care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People's support was planned and delivered in a timely manner. Care plans contained detailed information on how a person should be supported, including consideration to their needs and wishes.
- Care plans were regularly reviewed and changes made to reflect people's needs. For example, one person's

needs had deteriorated and review of care was put in place.

- We saw that safeguards had been reported to the local authority and shared with CQC. This meant we were aware of the incidents and could be assured of the action taken.
- Notifications were made in an accurate and timely manner to CQC.
- The most recent inspection rating was visibly displayed in the home.

Engaging and involving people using the service, the public and staff.

- People and staff spoke positively about the manager and the staff team.
- People were involved in day to day discussions about their care needs in a meaningful way.
- Staff told us they felt listened to, they said they were able to share ideas and felt valued by the manager and their team. One staff said, moral was good and we all work together well. We observed staff worked well together and interacted with people throughout the day.

Continuous learning and improving care.

- Staff were confident to report and deal with any incidents or accidents which occurred and that any learning or recommendations from incidents were shared with them.
- Staff told us the manager works with the staff team and had an open-door policy, so staff could discuss any issues or concerns.
- The manager said relationship with the staff team was important. The manager confirmed staff morale had improved, which had made a positive difference on the team's confidence and made them feel valued. This in turn has a positive impact for people. We noted a happy relaxed atmosphere throughout the home.

Working in partnership with others.

- People were supported to access healthcare professionals. We saw that people attended GP and hospital appointments. We saw evidence in the comments book and running records from numerous health professionals that had visited people to make sure they kept healthy.
- The service had good links with the local community and key organisations. The provider and manager said they were keen to improve these links to ensure they reflected people's needs and preferences. This was to ensure the service worked proactively with other.

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 12(2)(h) People were at risk of infection because assessing the risk and prevention was not always controlled.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17(2)(a) Systems in place to assess, monitor and improve the quality and safety of the service were not effective. There was a lack of governance.