Woodlands Rest Home Limited

Woodlands Residential Care

Inspection report

Wood Lane
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Liverpool
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Tel: 01514984266

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place 01 November 2017.

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

The home is registered to accommodate and provide care and support for up to 34 people. At the time of our inspection, there were 23 people living in the home. The accommodation is in a mansion style, older property, with large rooms and areas, over four floors, including a lower ground floor where the kitchen, a lounge and dining room were situated. People's bedrooms and a further lounge, were in the three floors above. The office and reception area was on the ground floor. On the top floor was an administrative office. The home is surrounded by its own grounds and was close to local amenities and transport links.

The home required a registered manager and one had been in post for several years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we found that there were breaches of regulations 12 (safe care and treatment) and 17 (good governance). This was because we found the kitchen in a dirty state, with foodstuffs inappropriately stored and records inadequately completed. The management processes had not identified these concerns.

At our last inspection we had commented that there were insufficient staff available to meet people's needs. At this inspection, we observed that there appeared to be enough staff to meet the needs of the people living in Woodlands

We looked at records relating to the safety of the premises and its equipment, which were mostly, correctly recorded.

People received sufficient quantities of food and drink and had a choice in the meals that they received. Where people had lost weight this was recognised with appropriate action taken to meet the person's nutritional needs. Menus were varied and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat. We observed the lunch time meal where staff were observed to support people to eat and drink with dignity.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements

and principles of the Mental Capacity Act 2005 (MCA).

We found that the care plans and risk assessment monthly review records were all up to date in the files looked at and there was updated information that reflected the changes of people's health

People told us they felt safe with staff and this was confirmed by people's relatives who we spoke with. The registered manager had a good understanding of safeguarding. The registered manager had responded appropriately to allegations of abuse and had ensured reporting to the local authority and the CQC as required.

Accidents and incidents were recorded and monitored to ensure that appropriate action was taken to prevent further incidences. Staff knew what to do if any difficulties arose whilst supporting somebody, or if an accident happened.

People were able to see their friends and families when they wanted. Visitors were seen to be welcomed by all staff throughout the inspection.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was mainly safe.

The kitchen and some equipment were dirty, but the provider took immediate steps to rectify this.

Medication records and safe storage of medicines records were not completed at all times by nursing staff.

Staff had been recruited safely. Recruitment, disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

Is the service effective?

Good

The service was effective.

All staff had received training and had been provided with an on-going training plan. Staff received good support, with supervision and annual appraisals taking place.

The provider and the home's staff followed the principles of the Mental Capacity Act 2005 and it's associated the Deprivation of Liberty Safeguards.

Menus were flexible and alternatives were always available. People we spoke with said they enjoyed their meals and had plenty to eat. People's weights were recorded monthly or more frequently if required.

Is the service caring?

Good

The service was caring.

People we spoke with told us that staff were kind, polite and caring and that they were treated with respect and as individuals.

Staff communicated well with people and their approach was compassionate and sensitive.

People were able to see personal and professional visitors in private.

Is the service responsive?

Good

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

People told us that there was always plenty to do and that they enjoyed the activities provided.

The home worked with outside professionals to make sure they responded appropriately to people's changing needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There were systems in place to assess the quality of the service provided at the home. However, we saw that in the kitchen, these were had not been robustly followed and that the kitchen was dirty.

People who lived at the home, their relatives and staff were asked about the quality of the service provided and actions were taken as a result.

Staff were supported by the registered manager and deputy manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Woodlands Residential Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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."

This inspection took place on 01 November 2017 and was unannounced. The inspection team comprised of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise with people who were elderly and mental or physical disabilities.

We checked with the local authority and also looked at our own records to see if there was any information we should consider during this inspection. We looked at the information the service had sent to us as statutory notifications. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the local Healthwatch website to see if they had recorded any concerns about the home.

We used the short observational framework for inspection (SOFI). SOFI is a tool is used by CQC inspectors to capture the experiences of people who use services who may not be able to express their views for themselves.

We undertook observations of the home during our inspection. This included some aspects of care and support by staff for people living at the home and a tour of the general environment, bedrooms and bathrooms, lounges, dining and kitchen areas. During the inspection we spent time reviewing records and documents. These included the care records of six people who used the service, six staff recruitment files, the staff training matrix, medication administration records and audits and other records relating to the management of the service. We spoke with five people living in the home, with a relative and with a health care professional visiting on the day of the inspection. We also spoke with the provider, the registered manager, the administrator and three support staff.

Requires Improvement

Is the service safe?

Our findings

One person told us, "My medication is on time, always".

A relative told us, "It's perfect here for [name] They came home from hospital to here. They are safe and well. We didn't think they would still be here only for this home".

During our inspection, we checked the kitchen and saw that there were dirty areas of floor where it met the wall, that there was dust and debris between a unit and the fridge. The cooker was visibly clean on the outside, but inside the oven it was encrusted with burned on grease and foodstuffs. The deep fat fryer was unclean and had fatty deposits in and on it. There was uncovered and unlabelled opened food in the kitchen refrigerator. In the dry store there were opened bags of cereal and sugar, with spilled sugar on the floor. This meant that people were at risk from eating food prepared in unsanitary conditions.

This was a breach of The Health and Social Care Act 2008, regulation 12, safe care and treatment.

We brought these concerns to the attention of the provider and to the registered manager, who were visibly shocked at what they saw. They agreed to rectify the areas of concern immediately and to discuss the matter with the staff directly responsible for the kitchen. We gave the provider 24 hours to ensure that the kitchen was cleaned properly and they confirmed the following day that this had been done and they evidenced the cleaned and tidied areas, by statements and photographs they sent to us. They have also, at the time of writing this report, confirmed verbally that the kitchen cleaning, the kitchen records and its auditing, has been maintained.

Records relating to the kitchen cleaning, the temperatures of the fridge and freezers and to the hot food, were difficult to follow and were erratically completed and filed. However, most of the recorded temperatures over a recent period of time, were within safe limits. The kitchen had been rated a 'four' (out of a possible 'five') by the local authority's environmental health department, in 2016. The shortfalls in respect of this rating , we were told by the chef, related to record keeping. This meant that the advice given by the local authority's environmental health department, had not been followed and the situation regarding records, had not been improved.

Otherwise, the cleanliness and hygiene of the premises was generally good; most of the areas were clean on the day of the inspection, but there were one or two places which needed attention, for example, we saw that there was food over one person's bedroom floor, near their bed. This could present both a hygiene issue and a slip risk.

There were sufficient soap dispensers within the home for staff and visitors to have the opportunity to disinfect their hands appropriately. Staff used PPE (personal protective equipment) such as gloves, for some duties. Universal safe hand hygiene procedure posters were displayed in the communal and staff toilets which meant that people should be protected.

Domestic staff were available throughout the day and night staff had a rota of cleaning duties, which included commodes and urinals, wheelchairs, dishwashers, fridges and the pantry room.

We looked at staff recruitment files and saw that safe recruitment practises had been followed, such as obtaining two references, right to work in UK confirmation and criminal records checks. However, not all files contained photographic evidence of the staff member, but this was sent to us shortly after the inspection visit.

We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures.

Records showed that all staff, including domestics and the maintenance person, had completed training about safeguarding adults and were scheduled to complete refresher courses. The provider had a policy on safeguarding and we saw that the policies were updated annually. Staff we spoke to were aware of the need to report any concerns to a senior person and they had knowledge of their own responsibility to report any concerns about their workplace to an outside body if necessary.

We noted that the people living in the home were treated as individuals and their choices and preferences were respected. One person said, "Treated with respect and dignity always".

We saw that risk assessments for such things as moving and handling, the environment, medication, bed rails, equipment and people's physical and mental health, had been completed which had identified risks to people's safety and well-being. The risk assessments had been dated and marked as reviewed in all of the care plans we looked at. The review was indicated by a note of the date with information recorded if any changes had occurred and what actions were required to be implemented or with no changes documented meaning the reviews had produced no new information. The registered manager had accident records that were completed in full showing what the incident was and how they had investigated, made referrals to other professionals and reported where required.

At our last inspection we had commented that there were insufficient staff available to meet people's needs. At this inspection, we observed that there appeared to be enough staff to meet the needs of the people living in Woodlands and saw the rotas for recent and future week which reflected this. One person told us, "Yes there is enough staff; I never have to wait". Another said, "Staff are always around" and a third confirmed this, telling us, "There is always enough staff around". The healthcare professional we spoke with said, "The staff here are regular they have been here for years which is good for the residents. The residents have one to one support". This also demonstrated that lessons had been learned by the service and changes made accordingly.

We saw that medicines were stored in a dedicated treatment room that was clean, tidy and secure. We noted there was a record of staff signatures who were qualified to administer medication. The controlled drugs count book was up to date and all amounts tallied and signed for, with the drugs stored appropriately in a locked cupboard. However, the controlled drugs were only counted once per day. This meant there might be possibilities that if an error did occur, it would be difficult to identify which shift was responsible. We discussed this with the registered manager who told us they would implement a count at the end of each shift.

The records for the medication fridge and room temperatures had been regularly taken and recorded and showed that they were in safe limits. However, there were two packets of cream in the fridge which were opened but did not have the date of opening recorded.

We looked at the medicine administration records (MAR) for three people living in the home and observed a medication round. All the MAR had photographs and noted any allergies to help staff when giving medicines. There were no gaps in administration and stock checks were accurate which meant all residents received their medicines correctly. Any handwritten records were signed by two members of staff to ensure accuracy.

People that were prescribed one or more medicines to be taken PRN (when required) had extra guidelines explaining why the medicine had been prescribed and how it should be given to help staff give the medicine correctly. We noted however, that one person who had some medicated cream in their bedroom, which had the details rubbed off the back, which explained its use. Also, the amount of cream left was low, but there was no replacement to use when the first cream ran out.

There were Personal Emergency Evacuation Plans (PEEPs) for each person giving clear information about where they lived in the premises and what assistance they would need to evacuate in an emergency. These were regularly reviewed and updated by the registered manager. Risk of injury in the event of fire was reduced as the home carried out regular fire drills. This meant that the people living in the home and the staff knew what to do in an emergency. We also saw that fire fighting equipment in the home had been regularly checked and maintained. Regular maintenance checks had been carried out on the property and its equipment, including water temperatures, lifting equipment and lighting and lifts, by either the provider's maintenance person, or suitably qualified outside contractors.

Good

Is the service effective?

Our findings

One person told us, "Staff always check first before doing anything for me" and another said, "I make my own decisions. I please myself".

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 was 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 authorisations or conditions to deprive a person of their liberty were being met. The registered manager was knowledgeable about the MCA and had implemented a clear procedure for complying with the Mental Capacity Act with records in place to show what actions had been taken in relation to people's mental capacity. We found that the home had followed the principles appropriately and had that there were three DoLS authorised at the time of our visit.

People were able to go in and out of the home freely and to have visitors when they wanted to. They were able to make their own decisions about how they spent their day. One person told us, "I choose when I get up and go to bed". Another said, "I can choose what I want to do and when. I tell staff what I want".

One person told us, "Staff are well trained, we are looked after here" and we saw that the training plans were up to date. Staff received an induction which covered training in the provider's mandatory subjects, such as moving and handling, safeguarding, mental capacity and fire evacuation. New staff shadowed more experienced staff for several shifts and had a probation period, which was evaluated before their employment was confirmed. Other subjects were added during the employee's time with Woodlands, such as medication administration for some staff and we saw that refresher training was planned for many subjects.

We saw the staff supervision and appraisal records and staff told us that they had supervision regularly, approximately every six weeks. One staff member told us," We have lots of supervision".

We saw that the service worked well with other services and professionals. The health care professional we spoke with was complimentary about the home and told us that the home and staff worked well together, with good communication. They said, "I have a handover with seniors when I visit. Treatment plans are discussed. Staff keep an eye on things, I would say so if they did not. Staff take my input seriously. Staff ring

me if anything wrong. Professionally for me the check points are good. For example. No odour, met with acceptance, people look well. I come unannounced and it is always the same".

People were supported to attend healthcare appointments in the local community; however, the manager informed us that most healthcare support was provided at the home. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change. The registered manager told us that the doctors and other healthcare professionals visited the home as required.

We sampled the food and found it to be hot, tasty and presented in an attractive way. It was made from fresh produce and prepared in the home's kitchen. People told us they thought that the food was good and that they had a choice of meals. One said, "That was really nice. Lovely. It's always nice". Another person observed, "Sometimes there is too much food". The kitchen records we saw were not informative but we were told by staff that people's individual dietary needs or cultural or religious preferences could be accommodated.

The dining room was attractively furnished and tables were laid with tablecloths, condiments, napkins and water, fruit juice or hot drinks were offered. Those people who could help themselves, had teapots and milk jugs on the table so they could.

One person told us, "There is plenty of food and drink". However, the registered manger showed us that people's weights were monitored regularly; usually monthly but more frequently if there was cause for concern. Referrals were made to dieticians as necessary.

We observed the staff interaction during lunchtime. Staff knew people well and vice versa. People and staff engaged well with chat and banter and most appeared to enjoy the interactions and people told us they enjoyed this experience at all meals. Staff supported people well to eat their meal, where they were needed.

The property was a large, mansion type period house set in its own grounds. It was decorated traditionally but there was good signage around the home and on people's doors. Some people living in Woodlands had varying degrees of mobility and mental capacity. Because of this, areas of the home were restricted to them, such as the kitchen and the lift and stairways. We noted that the gate to the stairs had been improved since our last inspection and now was safe for people to use.

Good

Is the service caring?

Our findings

We observed that staff were kind and open in their approach and support of the people living in Woodlands Residential Care. We also asked people to tell us if they thought the staff's approach was kind, respectful and compassionate They commented that 'staff were very kind and caring, and that 'staff really care for us'.

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were very patient and supportive to the people who were in the home at the time of our inspection. We observed staff supporting people in accordance with their individual requests and needs. This included support with aspects of personal care, meals and social activities. The support was given in a caring and respectful manner and staff were mindful or how people wished to be treated and how best to support their independence. People said the staff were good at explaining their care and advising them of any changes. They told us they were treated with dignity and respect and one person said that the home was, "Like Family".

We saw that the entries that they have made in the daily records demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

When we spoke with staff and observed their interactions with the people living in the home, they came across as caring and knowledgeable regarding people's care and support. Staff told us about peoples' preferences, choices and routines and how they respected these. There were sufficient numbers of staff available to enable them to spend time with people without being rushed.

People had been enabled to personalise their own rooms; we were shown people's bedrooms by some of them and we saw they had their own personal belongings, including books, photos and CDs They told us they were happy with their rooms and if they had an issue with their rooms, they would report it to one of the senior staff.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms or in one of the lounges on both floors as they chose.

We observed people being listened to and talked with in a respectful way by the registered manager and the staff members on duty. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they became anxious. The relationship between the staff members and the managers, with the people living at Woodlands Residential Care was respectful, friendly and courteous.

The registered manager and staff told us that if any of the people could not express their wishes and did not

have any family/friends to support them to make decisions about their care they would contact an advocate on their behalf.

People were supported to make sure they were appropriately dressed and that their clothing was chosen and arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if this support was needed. The health care professional we spoke with told us. "Staff have been here a long time. There is a rapport with people".

There was information displayed for people about the service. This included a guide to the home, social activities and who to speak with if people had a concern. We saw that staff made very possible effort to make people feel at home and to understand what was important for people.

Good

Is the service responsive?

Our findings

We looked at people's care plans. We found that they were person centred. They contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs.

People's needs had been assessed and care plans developed to inform staff what care to provide. The records told staff about the person's emotional wellbeing and what activities they enjoyed. The plans were responsive to people's needs. They included details of people's preferences and choices for daily living. We found that staff were knowledgeable about all of the people living at the home and what support they needed, how they preferred to spend their day and what they liked to do.

We talked with people about whether they felt empowered to make their own choices and decisions. People told us they could make choices, for example how they wished to spend their day, get up and retire at night, social arrangements and what meals they would like. They also told us that staff understood what was important to them and how they wanted this support given.

We observed caring interactions between staff and the people living at the home. We observed the people who used the service were supported when necessary, to make choices and decisions about their care and treatment.

People who lived in the home told us they enjoyed the planned activities provided and that they gave them the opportunity to try new things, do things they enjoyed and meet up with the home's community of other residents and their relatives. They told us they could choose what they wanted to do or not and that they were able to decide on how they wished to spend their day and with whom.

We saw that there had been a Halloween party the night before our inspection. The home had been decorated with themed props and on the day of our inspection visit, people had told us about how much they had enjoyed it and the interaction between their family, friends, their children and members of the local community. One person said, "We had a party last night it was great" Another person told us, "There is always something going on".

Other more regular activities included crafts, quizzes, visiting singers, armchair exercises and people were able to see their religious pastors. One person told us, "We have a vicar who comes to do a service". Another said, "Staff read us the papers". We noted that people were able to go out and about, either independently, with a staff member or in group excursions.

The staff we spoke with were all aware of how to report any concerns if a person or visitor wished to raise a complaint. We saw people had access to a complaints policy and procedure and this was displayed for people to see. There had been no complaints received since the last inspection and no one raised any concerns during the inspection. One person said, "I've no complaints, if I did I would speak to the manager" and a second person said, "I've no complaints. I would say so". The healthcare professional we spoke with

told us, "If I had any concerns I would speak to the manager. I have no concerns here". However, a relative said, "I'm not sure who I would complain to really. I have no concerns though".

Woodlands Residential care provided end of life care with the input of other healthcare professionals who would be requested to support the person. The registered manager told us that this was a person's home for the rest of their life when they moved in, if that was their choice and that the staff could ensure the relevant care and support would be provided. There were regular assessment and reviews by the staff and other professionals ensuring people were receiving the relevant healthcare.

We were told that there was one person currently living at the home being provided with end of life care. The home followed the 'six steps' protocol. Six steps ensures that there is open and honest communication, assessment and planning. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a co-ordinated way. The person's need for dignity and respect is vital, as is the need to deliver high quality service in the care setting. It is a recognised end of life quality mark for care homes and other organisations. A relative told us, "We have been involved with Mums plan of care. The home rings me if there is anything we need to know. Mum is on End of life care, they are good with Mum. Can't fault it. We are involved all the way under the circumstances".

Requires Improvement

Is the service well-led?

Our findings

We saw that the home had various policies and procedures related to its running, staff and its practices. The service had systems and process's to make sure it operated safely, to ensure compliance with the legal requirements. The provider and the registered manager completed many of these checks and the home had its own maintenance person. These checks included the fire system, maintenance and a building overview, window restrictors, evacuation strategy and the various equipment used in the home. We saw certificates to say that gas and electrical installations and portable appliances checked.

However, we found that inadequate monitoring and auditing of the kitchen's hygiene, its staff and its records had not been done. We found that there were some serious issues which had gone unnoticed by the management of the home which could have led to risk for the people living there.

This was a breach of The Health and Social Care Act 2008, regulation 17, good governance.

There was a three tier management structure at Woodlands Residential Care which comprised the registered manager, the deputy manager and senior staff. The leadership was visible and it was obvious that the registered manager knew the people who lived in the home. The provider was also available on a daily basis and had an obvious involvement with the running of the home and was involved heavily with our inspection. We found the registered manager, the provider and the staff to be open, transparent and co-operative both during and after the inspection visit.

The registered manager and the staff had a clear understanding of the culture of the home and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We talked with the registered manager and they told us how committed they were to providing a quality service and explained to us the improvements to the service they had made in recent months.

The registered manager and provider completed audits regularly on such things as medication training, risk assessments and staff records. We noted there was a quality assurance review meeting in June 2015 where redecorating, medication training, staffing problems and recent administration errors were discussed.

Staff told us that they had a good relationship with the managers who were supportive and listened to them. We observed staff interactions with the manager which was respectful and positive. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

Comments from people about the management were supportive and positive. One person said, "Yes I know the manager. They are lovely and check on me all the time". The healthcare professional told us, "It is always run well from what I've seen".

We saw that the registered manager held residents and staff meeting regularly. One person said, "I can talk

to the manager, they are very approachable. They come in the dining room every morning and says hello. We have meetings". Another person told us, "We have residents meetings".

The registered manager had submitted the required statutory notifications to the Care Quality Commission and met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

From April 2015 it is a legal requirement for providers to display their CQC rating. The rating from the previous inspection for Woodlands Residential Care was displayed for people to see.

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 People who use services and others were not protected against the risks associated with poor hygiene in the kitchen because of inadequate cleaning and organisation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There were inadequate measures to ensure kitchen hygiene and records were poorly maintained.