

Mrs Mary Roy

Newquay Nursing and Residential Home

Inspection report

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Date of inspection visit:
27 June 2022

Date of publication:
08 September 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Newquay Nursing and Residential Home is a residential care home providing personal and nursing care for up to 41 people. Some people were living with dementia. At the time of our inspection there were 20 people using the service.

Newquay Nursing and Residential Home is a detached property on the edge of the town of Newquay. It has two floors. The service is adapted to support people with mobility issues and has a range of aids and equipment to support people.

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

At the previous inspection the registered manager had failed to demonstrate systems to evaluate safety were being managed effectively to provide oversight of the service. This had the potential to place people at risk of harm. At this inspection not enough improvement had been made to meet the regulation.

The registered manager had not been aware records to mitigate risks had been missing since March 2022. For example, people's records reporting their weights, had not been in place since March 2022. Staff told us they were continuing to weigh people monthly or when required and this information was passed to the deputy manager for recording and acting on. Those records were not available at the time of the inspection visit. Staff did not have the necessary detail where changes had occurred. Following the inspection visit we were assured by the provider the records had been moved off site for a short timeframe but were now in place and available to staff.

Records to report staff appraisals and supervisions were not available from March 2022. This meant there was no record of staff development, training and wellbeing. However, five staff members told us they felt well supported and individual support sessions were taking place. Following the inspection, we were assured by the registered manager that missing records had been returned and were now in place. The registered manager was monitoring future recordings of supervision sessions with the deputy manager.

The registered manager did not have effective systems to monitor equipment and utilities. For example, two air flow mattresses did not have the correct pressure set against people's weight. There was no evidence skin damage had occurred. They had not been serviced since 2019. The services electrical wiring certificate was out of date. There were no systems in place to monitor the pressure of the air flow mattresses. This demonstrated the registered manager was not meeting governance requirements in overseeing the services systems.

There was no evidence of the service analysing incidents or accidents which would identify patterns and trends and action taken to mitigate risks. For example, times and places where falls occurred.

Fire systems were being regularly checked and action taken if required. Staff fire drill training was occurring as confirmed by five staff members. However, there were no records in place to record these.

People did not have Personal Emergency Evacuation Procedures [PEEP's] plans in place for supporting emergency services and staff in the event of an incident occurring where evacuation would be necessary.

The registered manager told us staff recruitment especially for nurses was posing significant difficulties. This had resulted in the registered manager employing overseas staff to maintain safe numbers. The registered manager was working additional hours at the service to fill gaps where nurses would normally be rostered. This was having a direct impact on time available to carry out a governance role. Staffing numbers were based on minimum levels. The registered manager had reduced occupancy by half and was not admitting people, to enable staff to safely manage people's needs.

The management of people's medicines had improved since the previous inspection. However, more improvement in governance and oversight of medicines was required.

The homes environment required attention. For example, there were a number of double-glazing failures meaning glass was affected by condensation and could not be looked through. Some people's rooms had damaged overhead lights. For example, three had the shade and bulbs missing.

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; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement. (published 21 February 2020).

The registered manager completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the registered manager remained in breach of regulations.

At our last inspection we recommended that the registered manager ensure cleaning materials were kept in a locked and secure environment. At this inspection we found the registered manager had taken action to ensure cleaning materials were stored safely.

Why we inspected

We carried out an unannounced inspection of this service on 09 January 2020. Breaches of legal requirements were found. This inspection was carried out to follow up on action we told the registered manager to take at the last inspection. In addition, we carried out a direct monitoring assessment of the service in May 2022. We were not assured by the responses from the registered manager and an on-site inspection was recommended.

This report covers our findings in relation to the key questions Safe, Effective and Well-led.

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

We have found evidence that the registered manager needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the registered manager to take at the end of this full report.

Follow up

We will request an action plan from the registered manager to understand what they will do to improve the standards of quality and safety. We will work alongside the registered manager and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

Details are in our safe findings below.

Requires Improvement ●

Newquay Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered manager was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was undertaken by two inspectors and a pharmacy inspector.

Service and service type

Newquay Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Newquay Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the registered manager 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 before the inspection

We used the information the registered manager sent us in the registered manager information return (PIR). This is information registered managers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service.

We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We were unable to speak with most people who used the service about their experience of the care provided due to their reduced mental capacity. We therefore made observations of interactions with staff throughout the inspection visit. We received information from five members of the staff team. We spoke with one relative and received information from 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were not always being managed effectively due to gaps in records. Some people's records reporting weight monitoring were not available from March 2022. Staff on duty told us people's weight measurements were being carried out monthly or when changes had occurred. It was later confirmed the deputy manager was completing the records away from the service and they had not been returned. This meant there was potential for staff to not have information indicating any changes or details about actions to take if weight fluctuated. For example, where a person's weight continued to reduce there was no evidence of what, if any, action had been taken. Staff weighed the person during the inspection and found their weight had increased. We judged there was no current impact on people and following the inspection we were assured records had been returned and were being monitored by the registered manager.
- Two people had air flow mattresses to reduce the risk of skin damage. These mattresses had been identified as necessary in the risk assessments due to having a higher risk of skin damage when in bed. We checked the pressure for two mattresses. The equipment had not been serviced since 2019. The pressure on both machines did not reflect the weight of the people using them. No harm had come to these people and they did not remain in bed in the daytime. However, there was the possibility of it affecting their skin integrity. There were no systems in place to monitor the pressure of the air flow mattresses.
- Fire systems were being regularly checked and action taken if required. However, there were no records to report on staff fire drills. Feedback from staff told us they did have regular fire drills and training, but this had not been recorded. The most recent fire service report found no issues in the fire safety systems.
- People did not have Personal Emergency Evacuation Procedures [PEEP's] plans in place to support emergency services and staff in the event of an incident occurring where evacuation would be necessary.
- The services electrical wiring certificate was dated 2013. The registered manager told us there had been another check of the electrical system, but they had never received the certificate. The registered manager agreed to respond to this with immediate effect.
- There was no evidence the service reflected and learnt from issues and incidents when things went wrong. When things went wrong reviews and investigations were not sufficiently thorough.

The registered manager had failed to mitigate risks to people and was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had taken the decision to limit admissions due to the difficulties in employing staff. However, we were assured the service had systems in place to carry out assessments prior to any admission, in order to ensure the service could meet people's presenting needs.
- Staff understood how to support people to move around safely. We observed staff using mobility

equipment safely.

Using medicines safely

At the previous inspection systems were either not in place or not robust enough to demonstrate medicines safety was effectively managed. This placed people at potential risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the registered manager had taken action to improve the safety of medicine systems and the service was no longer in breach of this regulation. However, the areas for improvement that we found during this inspection had not been identified in the service's own audits.

- Medicines were not always stored securely or appropriately. One medicine needed cold storage in a refrigerator. The fridge temperatures were recorded as being higher than the required range for over a month and no action had been taken. Medicines waiting to be returned to the pharmacy were in an unlocked open office at the time of our inspection. The manager took action during the inspection to address both of these issues. Other medicines were stored safely, including those needing extra security.
- Person centred protocols continued to be needed to be developed. This would support staff in the management of 'when required' medicines, and to provide assurance that decisions to give these medicines were applied consistently. Regular medicines audits took place, but they had not identified issues we found at this inspection.

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

- Nurses were very knowledgeable about residents needs and used their professional skills to make decisions. They could describe for each person when doses might be given. Nurses recorded the time, reason for administration, and outcome when doses were given.
- Nurses recorded when medicines were given. These records were clear and showed that people received their medicines correctly in the way prescribed for them.
- There had been some improvements since our previous inspection. There was a new system for recording when external preparations such as creams were applied. Records of items being returned to the pharmacy were now kept, providing an audit trail of medicines in the home.
- Nurses told us they had medicines training and we were told this was due to be refreshed. Nurses had competency checks to make sure they gave medicines safely.

Staffing and recruitment

- The registered manager told us staff recruitment especially for nurses was posing significant difficulties. This had resulted in the registered manager employing overseas staff to maintain safe numbers. The registered manager was working significant hours at the service to fill gaps where nurses would be rostered. Staffing numbers were based on minimum levels. The registered manager had reduced occupancy by half and was not admitting people to enable staff to safely manage people's needs.
- Pressures on staff meant that at times care and support was reactive and not person centred. At lunchtime an incident occurred which required two staff to support a person. This meant people had to wait longer to be supported with their meals. At other times we observed staff respond to people's needs in a timely manner. A staff member told us, "Every day is different. We did have an issue today but normally it all runs smoothly".

We recommend the registered manager constantly monitors staffing levels in order to ensure people receive

the care and support they need at a time they require it.

- The registered manager's recruitment practices were robust, and staff confirmed appropriate checks were undertaken before they supported people living at the service. References had been checked so they were satisfactory prior to people working in the service.

Systems and processes to safeguard people from the risk of abuse

At the previous inspection the registered manager had failed to identify, assess, reduce and monitor risks to people which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the registered manager had taken action to address the specific risk identified and was no longer in breach of this regulation in this area.

- People were protected from potential abuse and avoidable harm by staff who understood and knew about the different types of abuse.
- Staff received appropriate safeguarding training as part of their initial induction, and this was updated.
- The service had effective safeguarding systems in place and staff knew how to report and escalate any safeguarding concerns.

Preventing and controlling infection

- We were assured that the registered manager was preventing visitors from catching and spreading infections.
- We were assured that the registered manager was meeting shielding and social distancing rules.
- We were assured that the registered manager was admitting people safely to the service.
- We were assured that the registered manager was using PPE effectively and safely.
- We were assured that the registered manager was accessing testing for people using the service and staff.
- We were assured that the registered manager was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the registered manager was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the registered manager's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. There were three areas the registered manager had chosen to use for visits which had privacy. The registered manager initially told us visits were timed but we spoke with a visitor and they told us there was no time limit and they were not aware one was in place. Systems were in place using current COVID-19 guidance to support these visits. A family member told us they were happy with the current visiting arrangements.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us they were being supported by the deputy manager through supervision. However, the records to support this were not available. For example, a staff file stated the person had received up to five supervisions but there was no record of these sessions taking place. The staff appraisal record showed all staff had received appraisals in 2021 but there were no records to support this. By not having records in place there was no evidence of staff performance and development as well as reporting on staff wellbeing. The registered manager failed to demonstrate how staff were being supported by not having records in place. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Five staff members told us they felt well supported by managers and had regular sessions for their personal development. Following the inspection visit the registered manager assured us the records had been located and were now on site and they were continuing to monitor future recording of supervision.
- Staff confirmed, and records showed, they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. Comments included, "The induction was good for me here" and " [The registered manager] is very keen on making sure we have the training and support before we work alone".
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.

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

- The homes environment required improved maintenance. For example, there were a number of double-glazing failures meaning glass was affected by condensation and could not be looked through. Some people's rooms had damaged overhead lights. For example, three had the shade and bulbs missing.
- The internal ground floor sluice room did not have any lighting and therefore it would be difficult for staff to use. There was no evidence that this had been reported and what action would be taken. There was another sluice room being used.
- People's rooms were not personalised to their individual requirements. Most rooms lacked personal items. The rooms lacked a homely atmosphere.

The registered manager had not ensured the premises used by people were suitably decorated and

maintained to improve people's quality of life and promote their wellbeing. This was a breach of Regulation 15 (Premises and Equipment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Weight records were in place up to March 2022. There were no records in place since then. As reported in the safe section of this report the deputy manager had been recording the results away from the location. This meant staff did not have the current information and detail to support them if changes had occurred or action was needed. For example, where a person was continuing to lose weight there was no evidence of any action being taken. We asked staff to weigh the person. There had been an improvement in them gaining weight, but by the service not having the necessary records staff had no way of determining weight gain or loss.

The registered manager had failed to ensure effective records were being made to monitor people's diet and nutrition. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.
- Some people required monitoring in respect of what they ate and drank. We observed staff recording each time a person had a drink or meal. They also recorded what they had consumed, and this was reviewed monthly.
- A number of people required support when eating and drinking. We made observations at breakfast and lunchtime. In general people received the support they required. During the lunchtime service an emergency occurred drawing staff away from supporting people. The remaining staff did their best to support each person in a dignified and respectful way, but some people had to wait some time.
- Hot and cold drinks were served regularly throughout the day to prevent dehydration.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed prior to their admission to the service so they could confirm they were able to meet individual needs safely and effectively. The service was not currently taking any admissions to enable the staff team to manage the needs of people living at the service.
- The registered manager told us they considered how people's needs might impact on others when deciding if the service was suitable for them. They told us, "I really take time to assess and make sure the person is right for this home. It's very important."
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Management and staff worked with external healthcare professionals to deliver care in line with the best interests of people.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's access to health professionals was documented and where other professionals had been involved this was also documented. For example, dietary assessment and mental health support.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.

- Staff made timely referrals to health professionals when they had concerns around people's health and well-being. A professional told us, "We work closely with the home and they are good at flagging issues up with us". Records demonstrated staff were monitoring specific health needs such as people's mental health, nutrition and hydration and risk of falls.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf to ensure they were in the person's best interest.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; How the registered manager understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At the previous inspection the registered manager had failed to demonstrate systems to evaluate safety were being managed effectively to provide oversight of the service. This had the potential to place people at risk of harm. This was a breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

At this inspection not enough improvement had been made and the registered manager remained in breach of regulation 17.

- As reported in the safe domain of this report the registered manager had not been aware records to mitigate risks had been missing since March 2022. Records to report staff appraisals and supervisions were not available. The registered manager had taken action to improve the safety of medicine systems. However, monitoring of medicines systems and the development of protocols remained.
- There were no systems in place to monitor the pressure of the air flow mattresses.
- There was no evidence of the service analysing incidents or accidents which would identify patterns and trends and action taken to mitigate risks. For example, times and places where falls occurred.
- There were no Personal Emergency Evacuation Plans [PEEPS] in place to support staff and emergency services should an evacuation of the service be required.
- There were no records of fire drills taking place. However, five staff told us they occurred regularly. By not having records to report this meant there was no audit trail of drills taking place.
- The registered manager had failed to ensure there was a current electrical certificate in place. The current certificate was issued in 2013. The registered manager told us another certificate had been issued but they had not received it. There was no evidence as to why the registered manager had not followed this up or any evidence of invoices to show the inspection had been carried out.
- The registered manager acknowledged that the pressures of covering nurse shifts had impacted on the governance oversight as identified throughout this report.

The registered manager had failed to maintain an accurate oversight of the service. This is a continued

breach of regulation 17 (2) (b) of the Health and Social Care Act 2008(Regulated activities) Regulations 2014.

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

- Processes were not always used effectively to ensure everyone received a quality service. There was not a person-centred culture throughout the service. Observations showed people with more complex needs did not always receive person centred care; and records did not evidence that they achieved good outcomes. For example, during the inspection some people spent most of their day in the lounge without being engaged in any meaningful activity. Staff told us they did their best to provide person centred care but at times they felt rushed and care could sometimes be reactive.

The registered manager had not ensured the service was inclusive for people of all needs. This contributed to the breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment was ongoing and staffing levels though minimum, were safe. We found there was no impact on people and staff endeavoured to meet people's needs and preferences.
- Staff told us they were generally happy working at the service, but that morale was at times affected by fluctuating staffing levels.

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

- The registered manager was clear about their role and responsibilities. They acknowledged the pressures of recruiting staff including nurses, meant they were spending a significant amount of time supporting these roles to the detriment of ensuring management of the systems was effective. This meant oversight of the service had been limited. Procedures to monitor the quality of the service had not effectively highlighted the concerns identified during the inspection. For example, staff and people's records not being available. Equipment and utilities not being serviced as necessary.

Systems and processes had not been effective in identifying and making required improvements to the quality of the service. This is a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The current system in place to engage with stakeholders of the service was limited. The registered manager used the same survey for all stakeholders. This meant questions were not always focused on each group. For example, residents, families, staff and professionals.

We recommend the registered manager seeks the diverse range of views of specific stakeholders, so they are more meaningful and reflect the experiences of people.

- The registered manager worked closely with the staff team and people told us communication was good. Staff told us they found the daily handover useful.
- Team meetings were held regularly. Staff were given the opportunity to give their opinions and the registered manager shared any changes in operational matters.
- The registered manager and staff had a good understanding of equality issues and valued and respected people's diversity.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- Where changes in people's needs or conditions were identified, prompt and appropriate referrals for external professional support were made.

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 Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered manager had not ensured the premises used by people were suitably decorated and had the necessary items and maintenance to improve people's quality of life and promote their wellbeing.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were accurate and complete records in respect of reporting on information for care, maintenance of the service and staff support.