Mrs Alyson Johnson and Mr John Johnson

Thornbury Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Thornbury Residential Home on the 8 and 10 July 2015 where breaches of Regulation were found. We issued warning notices for two of these breaches. A warning notice includes a timescale by when improvements must be achieved. If a registered person has not made the necessary improvements within the timescale, we will consider further enforcement action.

As a result we undertook an inspection on 7 and 8 July 2016 to follow up on whether the required actions had been taken. Although we found improvements had been made there remained areas that required improvement.

Thornbury Residential Home provides accommodation, care and support for up to 19 people. On the day of our inspection 17 older people were living at the home aged between 77 and 97 years. The service provides care and support to people living with diabetes, sensory impairment, risk of falls and long term healthcare needs.

A registered manager was in post. 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 and associated Regulations about how the service is run.

Although people told us they felt safe living at the service we found the provider had not taken adequate steps to manage risks effectively in areas such as accidents, a person's nutritional care needs and specialist equipment. We also found kitchen staff had not consistently followed basic food hygiene principles in relation to the storage of food.

People told us there were sufficient numbers of care staff to support them however we found concerns with the deployment of staff at meal times. This resulted in people being left for extended periods of time.

Although staff spoke positively about senior staff we found examples where some staff had not been effectively supported by the provider; issues of concern had been raised which had not been adequately responded to.

The provider had not taken steps to ensure all care plans provided clear person centred guidance for staff on how to respond and manage people's behaviours that challenged.

Although some quality assurances systems were proving effective at driving improvement the provider had failed to fully implement recommendations following an external quality assurance audit. These unresolved issues remained outstanding during our inspection.

Robust recruitment checks were completed taken place prior to staff working at the home.

Staff communicated clearly with people in a caring and supportive manner. Staff were seen to be caring and treated people with respect and dignity.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one. Where people lacked the mental capacity to make specific decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA).

People were provided with a range of opportunities to take part in activities 'in-house' and to access the local and wider community.

People were supported to maintain good health and had access to on-going healthcare support. People were able to see their GP whenever they needed to. Satisfaction surveys undertaken with health care professionals demonstrated the service liaised effectively with them.

People, staff and visitors were positive about the service and the registered manager. People knew how to raise complaints and concerns and told us they would feel happy to do so if required.

We found breaches in Regulations. You can see what action we told the provider to take at the back of the full version 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?

Requires Improvement

The service was not always safe.

Risks had not been adequately assessed in relation to accidents, a person's nutritional care needs and specialist equipment.

We found some basic food hygiene principles had not been consistently followed.

Although sufficient numbers of care were working they were not deployed appropriately at meal times.

Medicines were stored, administered and disposed of safely by staff who had received appropriate training.

Is the service effective?

Requires Improvement

The service was not always effective.

We found examples where the provider had not supported staff effectively.

People told us they enjoyed the range meals available at the service.

Staff had a basic understanding of the Mental Capacity Act 2005 and consent issues. Senior staff knew what they were required to do if someone lacked the capacity to understand a decision that needed to be made about their life.

People told us they were supported to access healthcare professionals when they requested.

Is the service caring?

Good

The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff promoted people's independence and encouraged people

to make choices about aspects of their daily living.

Care records were maintained safely and people's information kept confidential.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care plans did not consistently provide clear guidance for staff to enable them to delivery person centred care.

We saw people had the opportunity for social interaction with staff on a regular basis throughout each day.

The service sought feedback from people and their representatives about the overall quality of the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We found examples where both people's care records and operational records were not up-to-date.

The registered provider had not implemented all the recommendations made after an external audit which were aimed at improving the service.

Some of the provider's quality assurance systems had not accurately captured data on the service.

People their relatives and staff spoke positively about the registered manager.

Thornbury Residential Home

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 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.

We inspected the service on the 7 and 8 July 2016. This was an unannounced inspection undertaken by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at five care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with eight people and two relatives to seek their views and experiences of

the services provided at the home. We also spoke with the provider, five care staff and the home's cook.

We observed the care which was delivered in communal areas and spent time sitting and observing people in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

At the last inspection in July 2015, the provider was in breach of Regulations 12 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found shortfalls with the management of medicines, safety and security of the premises and recruitment procedures.
The provider sent us an action plan stating how they would meet the requirements of the regulations by February 2016.

At this inspection we found improvements had been made and the provider was meeting the requirements of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, improvements were still required to ensure the provider was meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, this is a continuing breach.

People told us they felt safe living at Thornbury Residential Home. One person told us, "Oh yes, there is a fancy lock on the front door now." Staff expressed a commitment to providing care in a safe and secure environment. One staff member reflected on changes since the last inspection and said, "There have definitely been improvements in lots of areas since the last inspection."

We found an example where an accident had not been safely managed by the provider. A person had sustained an injury following an accident, although the first aid element of the injury had been managed appropriately it was evident from documentation this person required additional aftercare. The provider had failed to contact a suitable health care professional for advice and guidance but instead managed the aftercare within the service. This meant there was a risk that appropriate care may not have been provided. We spoke with the provider regarding this incident who acknowledged that in retrospect they should have sought assistance and guidance from external health care professionals.

On the first day of our inspection we observed one person coughing during their lunchtime meal. This person was having their drinks thickened, yet there was no clear rationale as to why this was being done. People's drinks are normally thickened following guidance from health care professionals such as speech and language therapist (SALT). However the provider was unable to establish when a referral for this person had taken place as they had arrived at the service with the liquid thickener. This meant there was no clear guidance for staff to follow regarding the consistency requirements for drinks for this person and the incorrect preparation could place the person at risk of choking. Staff told us they were using their own judgment when making their drinks. We spoke to the provider regarding this issue and they made a referral to an appropriate health care professional during our inspection.

One person who had been assessed at risk of skin breakdown was using a specialist pressure relieving airflow mattress. We found their mattress was set incorrectly for their weight. This meant the equipment would not be as effective at protecting this person's skin integrity. We raised this issue with the provider who corrected the setting.

We found examples within the home's kitchen where safe food hygiene principles had not been consistently

followed. For example we found several consumable and perishable items stored in the fridge which had not been marked with the dates they were opened. This meant there was an increased risk that people may consume out of date food which could cause them harm. Once hot food has been prepared or re-heated it is good practice for it to be probed tested to determine its temperature, records identified this was not being done consistently. This meant the provider could not be assured all hot food had been heated to the appropriate temperature prior to serving.

The above issues were a breach of the Health and Social Care Act 2008 Regulation 12 (Regulated Activities) Regulations 2014.

Although people and staff told us they felt there were sufficient numbers of staff working at the service, we found an issue with staff deployment. During the lunch time meal service people choose to eat in the dining room, the conservatory or their rooms. There were four care staff on duty, three on whom were supporting people to eat; the fourth staff member was supporting people with their medicines. This meant six people eating in the conservatory were left for an extended period without staff in the vicinity. Most of the people in this area required mobility aids to assist them to walk however there was no call bell available in this area. One person became restless and began to walk without their walking frame, their care plan identified they needed staff support whilst walking. The inspector identified this concern to staff who offered the person reassurance and retrieved their walking frame. We spoke to the provider regarding deployment of staff at meal times and they acknowledged that staff could be deployed more effectively and committed to review this. This is an area that requires improvement.

At our last inspection we found medicines were not always managed safely. At this inspection we found there had been improvements and the provider was meeting this part of the regulation. Medicines in current use were stored in a locked cabinet. We observed medicines being administered. The care staff gave the medicines and checked and double checked at each step of the administration process. Staff also checked with each person that they wanted to receive the medicines. We looked at a sample of medication administration records (MAR) and found them competently completed. Medicines were ordered correctly and in a timely manner that ensured they were given as prescribed. Medicines which were out of date or no longer needed were disposed of appropriately. One staff member told us, "I feel confident in assisting people with their medication, the training and support has been good." There were systems in place to manage medicines which were PRN 'as required'. Individual medicines profiles identified clear lines of accountability as to when and who could administer these.

At our last inspection we found the providers recruitment systems had not always been effective to ensure suitable checks on staff were undertaken. At this inspection we found all records demonstrated staff were recruited in line with safe practice. Employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff described the recruitment process they had gone through when they joined. One said, "It was clear from the start what was required of me and the importance of being open and honest."

Staff were able to describe different types of abuse and the action they would take if they suspected abuse had taken place. There were up-to-date policies in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training. One staff member told us, "If I had any concerns about abuse I would speak to a senior member of staff straight away."

Requires Improvement

Is the service effective?

Our findings

At the last inspection in July 2015, we found care was not always effective. We identified areas requiring improvement in relation to gaps within some staffs training. At this inspection we found improvements had been made with the organisation of staff training however we found other areas requiring improvement related to how staff were supported.

Staff supervision records indicated that supervisions were occurring on a regular basis. However from reviewing records and speaking to staff it was evident that some staff were not being effectively supported by this system. We found two examples where staff had raised concerns about work related issues via their supervision form, however although the forms had been signed by a senior member of staff the provider confirmed these concerns had not been read, acknowledged or addressed. This meant these staff had not being adequately supported. We spoke to the provider who acknowledged this was not good practice and committed to speak to the two staff immediately to address their concerns. This is an area that requires improvement.

A training programme was in place which demonstrated staff received regular training and updates, this included moving and handling, food hygiene, first aid and mental capacity. Staff told us they found the training they undertook helpful for their roles. During our inspection we saw staff using correct methods and techniques to support people such as with their medicines and moving and handling. Training was undertaken either by classroom type sessions or via an online method. One staff member told us, "Training is useful for me as it gives me reassurance I am doing things the right way." The range of training covered a wide range of areas which encompassed the support needs of people living at the service, such as dementia, anxiety and continence care.

Care staff had received training and demonstrated an understanding of the principles of the MCA and gave examples of how they would follow these in people's daily care routines. Care staff were aware any decisions made on behalf of people who lacked capacity had to be in their best interest. During the inspection we heard staff ask people for their consent and agreement to care. For example we over heard a staff member ask a person if they could assist them to sit more comfortably, the person declined assistance and the staff member respected their wishes. We heard another staff member ask a person, "Are you ready to take your medication?"

Staff were able to explain the implications of Deprivation of Liberty Safeguards (DoLS) for people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. We saw the registered manager had made applications to the authorising body. Where an authorisation had been granted the conditions were seen to be adhered to by staff.

People told us they liked the food at the service. One person told us, "I look forward to my meals, very nice" another said, "Always a good breakfast, have what I want." We observed the lunch time meal service on both days of our inspection. The menu identified that there were two choices available for the lunch time meal.

People who ate in the dining room mainly ate independently. People were chatting to each other prior to the meal being served, however the mealtimes themselves were quiet. Meals were well presented, appeared appetising and people ate well. People were offered breakfast, lunch, afternoon tea and a light supper. People were regularly offered drinks throughout the day; there was fresh fruit available in the dining room. People who were on a soft or pureed diet had their food presented in an appealing way; foods had been separated so as to retain flavours. People were able to have their breakfast when and where they chose. People's preferences and dietary requirements were seen to be accommodated.

People spoke positively about the choice and quality of meals at the service. One person said, "I like what I like and can be a bit fussy but they (the staff) always sort me out." Another person said, "If you want something else you can always have it." Everyone we spoke with told us, they had enough to eat and drink. Positive feedback included, "Very good food, always plenty". Menus had been planned to both cater for people's choices and incorporate healthy food choices. Staff spent time on a one to one basis to establish people's preferences. Dining tables were set up neatly with flowers and condiments were available. Most people ate communally in the home's dining room or conservatory however people could choose where they wished to eat and this decision was respected by staff. Food was served in an efficient manner and people were given time to enjoy their food, with staff ensuring they were happy with their meals.

Most people's nutritional risk had been assessed and reviewed and reflected when additional support or more careful monitoring was required if at risk of weight loss. People who required their weight to be monitored had been weighed regularly and staff were aware that any changes in people's weight required prompt action. There was information available for kitchen staff on people's nutritional requirements and where available reflected the guidance from health care professionals such as speech and language therapists (SALT).

People commented that they regularly saw their GP when needed and other health care professionals such as chiropodist and optician. Visiting relatives felt staff were effective in responding to people's changing needs. Staff recognised that people's health needs could change rapidly especially for people living with a progressive conditions, such as dementia. One staff member told us, "You can notice quite quickly if a resident isn't well as their behaviour changes, I will always report it straight away."

Good

Is the service caring?

Our findings

At the last inspection in September 2015, the provider was in breach of Regulations 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people's dignity and confidentiality had not consistently been protected. The provider sent us an action plan stating how they would meet the requirements of the regulation by February 2016.

At this inspection we found improvements had been made and the provider was now meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The specific concerns we found at our last inspection related to people's dignity and confidentially had been addressed by the provider.

We observed many positive, kind and caring interactions between people and staff. Staff were knowledgeable about individual personalities of people they supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection.
One staff member said, "Our residents are very special, really lovely characters and personalities." We observed occasions when staff were supporting people; they worked at the person's own pace and did not hurry them. Staff were seen chatting and there were relaxed light hearted conversations taking place with people whilst support was provided. One person said, "Our carers are very nice, always chirpy." One relative told us, "I have always been happy with the staff, things have improved here, it suits us."

People's bedrooms had been personalised with their own belongings, photographs and ornaments. One person said, "I take real pleasure from having my photographs around me, cheers me up no end." People were able to spend time in private in their rooms as they chose. People were supported to maintain their personal and physical appearance in accordance with their wishes. People were dressed in clothes they preferred and in the way they wanted. One relative told us, "Most of the staff have a good eye for detail when it comes to dress and clothing." We saw one person was about to go out for a trip into the nearby town and a staff member noticed they did not have their glasses on and went to off to locate them. Another person requested assistance to visit the bathroom. This was attended to promptly and in a discreet way. Staff were patient and responsive to people's moods and dealt with situations in a calm and kind way.

Staff promoted people's independence and ensured they were able to make choices about aspects of their daily living. We saw examples of staff encouraging people to be independent whilst moving round the service. People told us they spent their days as they chose. One person told us they liked their own company, another told us they liked to spend a lot of their time reading. Someone else told us they liked to go out every day and others told us they liked to spend time in the lounge with other people.

Information was kept confidential and there were policies and procedures to protect people's confidentiality. People's care documentation was held securely in a staff area.

Visitors were welcomed throughout our visit. All relatives spoke of the caring nature of staff and that they felt comfortable visiting the service. One person's relative told us they visited every day and that staff always

made them feel welcome.

Requires Improvement

Is the service responsive?

Our findings

At the last inspection in July 2015, we found care was not always responsive. We identified areas requiring improvement in relation to person centred care planning and social interaction for people. At this inspection we found improvements had been made in both these areas however these improvements were still not fully embedded within the service.

The provider told the improvement of people's care plans had been an important focus for them since our last inspection. All care plans had improved and in the main provided clear succinct guidance for staff, however some areas had not been fully explored and documented. Care plans for people who could present behaviours which could challenge did consistently contain clear guidance as to potential triggers and appropriate management strategies for staff. For example one person's care plan stated they 'could become agitated' however there was no more detail. This meant there was an increased risk that staff may not recognise the agitation and know how to respond appropriately. Although staff we spoke to provided similar strategies there was some variation. The provider was using care agency staff to cover for staff vacancies which meant this guidance would not be accessible to them via people's care plans.

At our last inspection we found there were periods of time when people were left for extended periods of time with limited interaction. However, we also found there had been improvements. There was a range of activities which took place at various times during the day. These were in line with the published timetable. Although these communal activities were well attended and those who participated told us they enjoyed them; where people who chose or were not able to engage with these activities it was not clear how their social needs were being met. Personalised centred care planning in this area was limited and for people who remained in their rooms it was not evident how their social needs were being met. This is an area that requires improvement.

People, and where appropriate their family or representatives had been involved with the development of care plans and their review. One relative said, "I was asked and offered input which was reassuring." Care plans reflected people's choice and independence was seen to be promoted. They contained information about what the person could do and where they may require prompting or supporting. Information was available on people's daily routines and care requirements. This included their likes and dislikes and what aspects of their lives remained important to them. Staff demonstrated they knew people well and were observed pre-empting peoples requests. For example, one person was becoming quiet and a staff member discreetly asked if they wanted to return to their room for a rest. We observed a staff 'shift handover' this covered how people had been during the morning and early afternoon. Staff had the opportunity to ask questions and provide suggestions. One member of staff said, "Handovers are important so as you know how residents have been and anything to look out for."

People moved round the service and spent time in various parts of the home. People were seen chatting together in their friendships groups. One staff member said, "I will always offer residents the opportunity to sit with they get along with." People spent time in the conservatory and lobby reading newspapers. One person said, "I like sitting watch the world go by." People spent some time watching television whilst others

chose to remain in their rooms. One person told us, "I am happy in my room most of the time, I have my books and memories here, I'm quite happy."

The provider had a complaints policy and procedures in place; this was displayed. The complaints policy included guidelines on how and when issues would be resolved. It also contained the contact details of relevant external agencies, such as the Local Government Ombudsman and the CQC. People told us they felt confident in raising concerns or making a complaint. One person's relative told us, "Yes, I know how and who to complain if I wasn't happy." Another relative said, "I wouldn't hold back if something is not quite right, I would speak to the owner." The provider informed us via their PIR and confirmed during the inspection that there had been no recent complaints.

The provider undertook various surveys to check on overall satisfaction levels. We saw people, their relatives and health care professionals and staff had been canvassed. The results were seen to be positive. The provider held regular 'Resident Meetings' which were well attended, meeting minutes indicated a wide range of issues were discussed such as updates about upcoming events, menus and impending planned maintenance work on the home.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in September 2015, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risk of unsafe or inappropriate care as the provider did not have effective monitoring systems in place.

An action plan was submitted by the provider detailing how they would meet their legal requirements. We saw improvements had been made with many aspects of quality assurance however there remained shortfalls in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is a continuing breach.

At our last inspection the provider had employed the services of an external quality assurance consultancy service. This relationship was ongoing and the provider indicated it continued to be positive. The external consultancy service had undertaken a comprehensive audit of the service in April 2016; they had produced a list of actions following their visit. Most of these actions had been either completed or in progress however not all recommendations had been fulfilled. For example, the audit identified people using specialist airflow mattresses should, 'be checked daily and recorded' and another, 'staff to have clarity how to manage behaviour challenges.' These recommendations had not been implemented at the time of our inspection. The provider acknowledged they could have used the outputs of the external audit in a more methodical manner and committed to revisit the audit and implement the remaining action points.

Although some of the providers own quality assurance systems had been effective at driving improvement; we found the provider's most recent monthly audit had failed to accurately capture all accidents which meant accurate oversight of the service was not available.

Records at the service were not consistently up-to-date. We found examples of both care documentation and operational records which were incomplete. For example, a previous complication with a person's continence care had not been recorded within their care documentation. Some aspects of people's personal care and domestic cleaning charts were not up-to-date. This meant senior staff would have difficulty in identifying when a particular task was last completed and by whom. For example we found some equipment used to support people to move was grubby on the foot plates however the provider was unable to identify when these had last been cleaned as the records were not accurate.

At our last inspection we found there were concerns identified around clear lines of accountability and a reactive approach amongst care staff. The effectiveness of the leadership had improved for care staff whilst 'on shift', we saw examples of senior staff providing care staff with guidance and support whilst working. However senior leadership at the service had not been consistently effective. For example staff had raised personal issues of concern via their supervision documentation and senior staff had signed these 'as read' however the concerns had not been read or actioned.

The above issues and the concerns identified through the inspection directly relate to the service's

leadership. These are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The improvements in the provider's quality assurance processes had allowed senior staff better oversight of the service. For example room audits were now seen to be effective at identifying areas which required attention; clear actions with timelines were apparent which had been signed off when completed.

All staff told us they felt the service was running better since the last inspection. One staff member said, "Things have definitely improved, communication has got better, the manager has worked hard and it's a better place to work." We found the provider and other senior staff were responsive to our comments and feedback throughout the inspection and took action in multiple areas during the inspection.

All people told us they felt the service was a homely place to live. People and their relatives spoke highly of the provider and their caring approach to managing the service. One person said, "It feels like my home and always has done, that has to come down to the person who runs the place."

People their relatives and staff spoke about the close ties the service had with the local community. One person told us, "Living here you really feel part of the town which is important to me." Another person said, "We've got close ties with the church which I enjoy."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured people's safety and welfare had been protected by adequately assessing risk. 12(2)(a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have an effective system to regularly assess and monitor the quality of service that people received. 17(2)(a) The registered provider had not ensured people's care records were complete and accurate. 17(2)(c)