

St. Martin's Care Limited

Woodside Grange Care 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Woodside Grange Care Home is a residential care home providing personal and nursing care for up to 121 people. At the time of the inspection 93 people were living at the home.

The home supported people with varied needs in six areas, spread across three floors. Each area was aimed at meeting different needs, for example the top floor provided nursing care, the first and ground floors provided residential care to people, some of whom were living with dementia. A separate area on the ground floor specialised in the support of people with a learning disability or autism.

The learning disability area of the service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, therefore the learning disability area did not meet current best practice guidance. However, the size of the building having a negative impact on people was mitigated by the way the area where people with a learning disability lived was kept as a smaller self-contained area within the larger building. This area had a separate entrance and all meals were prepared in a domestic style kitchen.

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

People's experiences varied depending on the area of the home in which they lived. A new manager had been appointed since our last inspection. They had only been managing the home for seven weeks and had identified a number of areas that needed to be improved. This included finding a way to make sure everyone living at the home received the same standard of care.

People who received nursing care, on the second floor of the service, were not always supported in a kind and compassionate way by staff. Although people's basic care needs were met, staff did not always take time to speak to people or respond to their requests. People on the ground floor and first floor, some of whom were living with dementia, had more positive relationships with staff.

The learning disability area was overseen by a unit manager who was popular with staff and people using the service. They had worked hard to ensure this area of the service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service in this part of the home reflected the principles and values of

Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Food was prepared by the staff in this area of the home. People's records were accurate and up to date in this area of the home and people were engaged in meaningful activities they enjoyed.

Medicines were not always managed safely at the home. Although people told us they felt safe at the home risk assessments were not always in place and therefore staff did not have all the information necessary to minimise risk.

There were enough staff on duty to meet people's needs. Staff understood the needs of the people they supported well. Safe recruitment procedures were followed.

People enjoyed the food provided. One person said, "I like the fish and chips. I'm never hungry." However, people's special dietary needs were not always well managed and records informing staff of these needs were not always correct.

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 but accurate records were not always kept. We have made a recommendation about this.

People's care was delivered around their wishes and preferences however care plans did not always accurately reflect this.

People had access to a variety of activities inside and outside of the home and relatives were always made to feel welcome.

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 24 December 2018). The service remains rated requires improvement. This service has now been rated requires improvement for three consecutive inspections.

At the last inspection there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was now in breach of two regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe management of medicines and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Woodside Grange Care 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 provider 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, a medicines inspector, an assistant inspector, a specialist advisor nurse and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a recently appointed manager but at the time of the inspection they had not yet completed the registration process with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including South Tees Clinical

Commissioning Group. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and nine relatives about their experience of the care provided. We spoke with 15 members of staff including the quality operations manager, operations support manager, manager, deputy manager, nurses, senior care workers, care workers, domestic staff and the chef. 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 reviewed a range of records. This included 12 people's care records, nine medication records and associated medicines care plans. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We also received feedback from an external health professional who had experience of working with the service.

Is the service safe?

Our findings

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

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

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always managed safely, and records had not been completed correctly. Where medicines were prescribed with a variable dose it was not always clear what dose had been administered.
- There was guidance in place for people who lacked capacity to make decisions about their medicines that were being administered without their knowledge or consent. However, some care plans and information on how people without capacity take their medicines had not been updated to reflect this.
- There was some information for care staff about where or how often to apply creams, however there were gaps in the records.
- There was guidance for staff to show when people should be offered medicines prescribed when required, however this was not always available, or person centred. Staff did not always record the reason they had given these medicines or the outcome for the person to show whether the medicines had been effective.
- Where people were prescribed medicines in the form of a patch, records were in place, however there were gaps in the records, and patches were not always applied to different parts on the body following the manufacturers guidance which is necessary to prevent people suffering side effects.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Assessing risk, safety monitoring and management

- Risks to people were not always being correctly assessed and some of the records that were in place did not provide staff with all the necessary information to minimise risk.
- People's personal emergency evacuation plans had not been reviewed or updated in line with the providers policy. This is information to instruct staff how people should be supported if they needed to leave the building in the event of a fire. Some people's needs had changed and this had not been reflected. We

highlighted this to the manager who had the documents updated on the second day of our inspection. This was a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- The manager and maintenance staff ensured all necessary checks and tests were carried out to make sure the building and equipment used were safe. Regular fire drills were taking place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. Everyone we spoke with felt safe in the home.
- Staff had a good understanding of how to raise a safeguarding concern. One staff member told us, "I would speak to my senior member of staff to raise a safeguarding and if nothing come about that I'd speak to my manager, if nothing got done I'd ring safeguarding myself," and said, "There's a whistleblowing poster in the office, or I could go to another manager over the other side. You could ring the council or yourselves (CQC)."

Staffing and recruitment

- Staffing levels met the needs of the people using the service. The new manager monitored staffing levels within the home on a daily basis and had increased staff numbers since coming in to post.
- Processes were in place and correctly followed to ensure the safe recruitment of staff.

Preventing and controlling infection

- Some areas of the home were cleaner than others. Whilst some areas were spotlessly clean, on the top floor some carpets needed to be cleaned. The manager had identified this and an action plan was in place to replace flooring and refurbish many areas of the home.
- The manager was working with a specialist infection prevention and control (IPC) nurse to ensure staff had all the relevant training and knowledge to minimise risk.
- Staff had access to protective clothing such as gloves and aprons. The kitchen had received a five star hygiene rating from the environmental health agency and the laundry was clean and well organised.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysis conducted to identify trends.
- There had been a high number of falls and the manager had analysed the reasons behind this. Individual falls risks were reviewed and specific action taken to manage these. Falls had subsequently reduced.

Is the service effective?

Our findings

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

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

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

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

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The way MCA forms and best interest decisions were completed was not consistent. Some records were up to date and accurate but other MCA forms were not completed correctly. One person was found to lack capacity based only on a diagnosis of a mental health condition with no further explanation. We highlighted this to the manager who confirmed this was an error in the record and not the capacity judgement. The document was amended immediately and the manager acknowledged staff needed further training in this area.
- The management team had submitted DoLS applications to the local authority for review/authorisation in line with legal requirements. Two people had conditions on their DoLS authorisations. One condition had not been met in full and the other was not correctly recorded.
- Management oversight of DoLS required improvement. DoLS monitoring forms were not kept up to date and as a result there was a risk of renewal applications being missed. One renewal application deadline had been missed, however, the authorisation was still in date at the time of our inspection. The manager told us there was a new computer system that would improve DoLS monitoring.
- Consent forms had sometimes been signed by relatives without the legal right to act on the person's behalf. We did observe some staff seeking verbal consent from people when delivering care however this was not always the case.

We recommend staff receive further training on MCA and DoLS and people's records are reviewed in line

with current best practice in this area.

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

- Records relating to people's special dietary needs were not always accurate or up to date. This meant kitchen and care staff did not always have access to the current information about the correct way to prepare a person's food safely. For example, one person had recently been placed on a pureed diet but some records still referred to a soft or fork mashed diet.
- Accurate up to date records of people's food and drink were not always kept even when a need for this had been identified. For example, if a person was at risk of malnutrition or needed additional fluid to stay hydrated.
- People told us they enjoyed the food provided but we observed the mealtime experience varied greatly from area to area. On the top floor we found the lunch service was very task orientated with little interaction between staff and the people they were supporting. In the dining rooms on the middle and ground floor the mealtime staff interactions were very positive and respectful. In the learning disability area meal times were relaxed. Staff ate with people to make meal times a sociable experience.
- People with a learning disability were encouraged to develop their own menus. This area of the home had a communal kitchen with lowered work tops to enable people to assist making their own meals. The unit manager had begun holding tasting sessions on an evening to introduce people to new flavours and develop relationships with the staff members working nights.

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

- Staff worked in partnership with other professionals to ensure they delivered joined-up care and support for people, for example GPs, community matrons, diabetes specialist nurses, speech and language therapy (SALT) team and dentists.

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

- Everyone who moved into the home had an assessment of their needs before starting to use the service. This ensured they had access to appropriate resources and the service could meet their needs. The information from the assessments was the basis for the care plan.

Staff support: induction, training, skills and experience

- The provider had a comprehensive training program and most staff were up to date with this. The new manager was also arranging additional training to ensure staff had all the necessary skills and knowledge to support people. One member of staff told us, "There's lots of training available, more than I've seen here before."
- New staff completed induction training before supporting people without supervision. This included shadowing more experienced members of staff.
- There was a supervision and appraisal system in place. This new manager was working hard to ensure all review meetings were up to date and staff told us they felt well supported.

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

- The provider had completed a home environment audit in September 2019. This had scored 46% and identified areas of improvement that needed to be addressed. Since coming into post the manager had already begun work on improving the environment and had an ongoing action plan for this.
- There had been adaptations made to improve the environment, particularly for people living with dementia. Bedroom doors were all painted different colours, had a letterbox and looked like front doors. There were signs on bathrooms, and cupboards clearly designating their use.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- In most areas of the home, staff treated people with kindness and respect. However, on the top floor we saw a number of examples of staff treating people with less care and compassion. For example, one person was upset after a visitor had left and staff who were close by did not act to comfort them. Another member of staff changed the television channel in the lounge area without asking when a person was watching a sports programme and continued to do so even after the person protested.
- We received positive feedback from people and their relatives and observed many positive interactions. One person told us, "The staff are lovely, yes they are. They do anything and everything for you." A relative said, "No matter how busy [staff] are they always acknowledge us when we come in. I would say they respect [family member] very much."
- People's religious needs were considered and supported.

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

- People's views were listened to and acted upon. One person had requested that they could move room as they wanted to be closer to the communal areas. Their wishes were respected and their room moved the next day. One person's relative told us, "It is hard for [family member] to express herself, but they will ask questions and always give her the time she needs to respond."
- Resident and relatives' meetings had been introduced by the new manager. Relatives told us they found this very useful and were interested to be involved and to hear what is going on.
- People were involved in writing and reviewing their care plans and supported to make decisions about their care. Relatives were also invited to be involved. One relative told us, "Yes, we are involved in [family member's] care. We met with the social worker last week. My sister helped with the care plan and we are all involved to some extent."
- Information was available on local advocacy services for anyone who may wish to access them. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- The majority of people were treated with dignity and respect. One member of staff told us, "If we were doing personal care we would shut doors, and curtains, tell them what we are going to do and make sure they are happy and comfortable at all time, if they weren't happy we wouldn't do it." We did see some less positive interactions but these were isolated to one area of the home and the manager was made aware of this. We were assured that staff would be moved between floors in order to share best practice and ensure people all received the same standard of care in future.

- Staff supported people with to maintain their independence. A relative told us, "Staff do promote independence. They assist where necessary but encourage people to do things themselves, I have seen this happen a lot."
- Staff had helped people with mental health difficulties and learning disabilities achieve positive outcomes by encouraging independence. A staff member told us, "[Person] was going to day centre and they just stopped wanting to go and stayed in their bed completely, they wouldn't walk or eat meals on their own. With encouragement from all staff and with the physio we've encouraged them to walk again as you've seen."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans did not always contain up to date information. Some care plans had information missing and other information was difficult to find as the files were disorganised and repetitive. There was a lack of person-centred detail to inform staff exactly how people would like their care to be delivered. However, in the learning disability area of the home people's records were much easier to follow and more person-centred. We discussed this with the manager who told us care plans were being reviewed as part of their action plan. They were going to look at ways of sharing best practice across the home.

- Staff knew people well, particularly so in the learning disability area of the home and encouraged them to make choices and decisions about their care. The learning disability manager told us, "We have a resident who would stay in their pyjamas morning until night, stay in bed 7 days a week and not get washed if they didn't have to. We've found a way that helps them manage their hygiene. They've gone out today because they've been encouraged to get up and dressed. It's all about being person centred."

Meeting people's communication needs

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

- Plans of care described how staff should support people with their communication and alerted staff to any sensory loss such as problems with sight or hearing. Some of these plans were more detailed than others. In the learning disability area of the home these plans also included the use of Makaton (a type of sign language), facial gestures and body language.

- Where appropriate communication passports were in people's plans of care in easy-read format. We spoke to the learning disability manager about further improving accessible information for people. They acted on this immediately and displayed easy-read procedures such as fire evacuation in the home.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed three activities staff and people told us they were happy with the activities available. One person told us, "I go to the activity room and do drawing and things. I go to church. There is plenty to keep my mind occupied."

- People were supported to take part in individual and group activities suitable to their needs and preferences. People were encouraged to be involved in the community, three people from the learning

disability area of the home spent the morning at various activities outside the service with the support of staff.

- Plans of care detailed relationships that were important to people and how staff should promote these. Visitors were welcomed into the home at any time. One relative told us, "No matter how busy [staff] are they always acknowledge us when we come in." Another relative said, "I can come to visit whenever I want and I can go any time. Sometimes I have been here until midnight and all night if [family member]'s been unwell."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and who to go to if they needed reassurance over any concerns. One person told us, "If I had to complain, I would go to any of the [staff] to talk to them, and they will listen." A relative told us, "I would go to the nurse in charge first, then management, then safeguarding or CQC - whatever was necessary."
- The provider had a complaints policy in place. Two complaints had been received since our last inspection and these had been handled correctly in line with the policy. There were no unresolved complaints at the time of our inspection.

End of life care and support

- Policies and procedures were in place to support people with end of life care however individual end of life plans were not always in place for people to record the support they wanted at this stage of their life.
- One family was very complimentary about the dignified care their loved one had received at the end of their life and described staff as dedicated and compassionate.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- New systems to review the quality of the service had been introduced but had not always been effective in identifying and addressing areas of concern. Although the manager and wider management team carried out a number of regular audits they had not successfully identified all of the issues we had found.
- Across a range of contexts, records were not always up to date or accurate and risks were not always being identified or managed.

Although the manager was new into post and had recognised where changes and improvements were needed, we will need to review these at our next inspection to ensure they have been successfully implemented and sustained.

This was a breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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

- People were happy with the new manager. They felt they were involved and able to have their say. One relative told us, "With the old management I never saw them out of the office. When I went to see them they didn't know who my mother was. This manager has not been here very long but I have seen her out and about on the often. She is making a big effort."
- Staff felt well supported by the new manager. One member of staff told us, "The new manager is the best I've seen. She's honest and open with us, and is trying to bring us all with her. She encourages us to express opinions and makes sure our voice is heard. It's never been like that before. She has a clear plan of what she wants to achieve."
- The provider promoted a positive culture in which staff were recognised for good work. On the Friday before our visit the provider had held an awards ceremony and two staff from the learning disability area of the home had won awards.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had a good understanding of the duty of candour. This is where we ask providers and

managers to be open, honest and transparent about their service. The registered manager assisted us throughout the inspection, listened to the advice given and quickly acted upon any issues raised.

- Following our initial feedback, the registered manager sent us evidence of the positive changes they had made and their plan for further actions.

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

- Annual surveys had been conducted with staff and people using the service and results had been reviewed. However, feedback comments had not been analysed or acted upon. This was highlighted to the manager who told us they planned to address this.
- Staff meetings were happening regularly. Staff told us they found it beneficial that the manager had introduced meetings with the head of each department.
- The manager was keen to establish closer links with the local community. They were arranging for local students to come in to the home on a regular basis and read to people.

Working in partnership with others

- The provider worked closely with GPs and external health professionals including community matrons, district nurses and social workers. There was also a good relationship with the local authority.
- The manager was very proactive in making improvements and was working closely with others to make positive changes. This included working alongside the specialist IPC nurse who told us, "[Manager] has achieved a lot in their short time at the home. I am happy with the progress the manager and the staff have made and in January I have offered to go out and assist them with the annual IPC audit."

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
Treatment of disease, disorder or injury	Medicines were not always managed safely and risks were not always correctly assessed or recorded.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The systems in place to monitor the service had not been effective in identifying all areas of concern. Complete and accurate records were not being maintained.