Flintvale Limited

Highbury Nursing Home

Inspection report

199-203 Alcester Road
Moseley
Birmingham
West Midlands
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Tel: 01214424885

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this home on 15 and 16 March 2016 and 11 May 2016. This was an unannounced Inspection. The home was registered to provide personal care and accommodation for up to 38 older people. At the time of our inspection 37 people were living at the home.

The registered manager was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People we spoke with had no concerns about their safety; however one serious incident had revealed issues related to moving and handling practices. Risk assessments did not always contain specific information for staff to follow so that they could move people safely.

Staff had knowledge and understood how to recognise and report abuse. People told us that there were sufficient staff on duty with the skills and experience required in order to meet their needs. We found that overall medicines management within the home were effective and people received their medicines as prescribed.

We found that staff were trained to support people effectively and received opportunities to further develop their skills. Staff told us that they received regular supervision and that senior staff were always available for them to seek advice and guidance.

We observed staff seeking people's consent before providing any care and support. Whilst staff we spoke with were knowledgeable about Deprivation of Liberties Safeguard (DoLS) not all staff were aware of which people living in the home were subject to restrictions which impacted on their daily lives and rights.

People spoke to us about how genuinely caring and kind staff were towards them. People were involved in making decisions about how they were communicated with and cared for by staff. Privacy and dignity of people was maintained and people were encouraged to remain as independent as possible by staff.

Processes were in place which supported people to express their opinions in developing their care plans. People enjoyed a range of activities which were tailored to meet their individual interests. People knew how to raise complaints. Where complaints had been raised the registered manager had taken prompt and appropriate action.

There were systems in place to monitor the quality and safety of the home and continuous improvements were identified to improve the life for people at the home. However some of these systems were not effective and failed to ensure that risks and day to day events were identified and managed with action taken as necessary to improve the quality of the service.

People, relatives and staff spoke positively about the leadership skills of the registered manager and of their approachable and understanding nature. Staff felt valued and supported by the registered manager.

You can what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People told us that they felt safe living at this home but we found they had not always been protected from risks related to the support they received.

Staff understood their responsibilities to safeguard people from abuse and harm.

People safely received their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

We saw that people's consent was sought before staff supported them. However some staff were not aware of people who were subject to Deprivation of Liberty Safeguarding (DoLS).

Staff had the knowledge and skills they required to meet the care and support needs of people. There was no evidence of staff observations in the workplace.

People were supported to access and choose the food and drinks they required and had access to specialist healthcare professionals in a timely manner.

Is the service caring?

Good

The service was caring.

Staff attitude and approach was kind and respectful when interacting with people.

People told us they felt involved in their care and that staff supported them to make their own decisions.

We observed that people's privacy and dignity was respected by the staff supporting them.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and reviewing of their care.

Staff supported people to pursue their interests and hobbies in the home and the wider community.

The complaints procedure in place was effective. Complaints were responded to appropriately and in a timely manner.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems for audits and quality assurance were in place; however, some were not effective enough to ensure risks to people were monitored and reviewed appropriately.

People were included and consulted on aspects on the running of the home.

Staff told us they received appropriate leadership and guidance. The staff team worked effectively to ensure people's needs were met.

Highbury Nursing 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.

The inspection took place on 15 and 16 March 2016. We also inspected the service on 11 May 2016. The visits were unannounced. The first day of the inspection was undertaken by one inspector, a specialist advisor with expert knowledge about nursing care for older people and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the second day the inspection was undertaken by one inspector. We received concerns that a person had experienced an avoidable injury following our first visit to the service in March 2016. Due to this information of concern we also visited on an additional day in May 2016. This was to gather more detailed information about the injury and to see if other people living at the service were safe. The team on this day comprised of two inspectors.

As part of the inspection we looked at the information we had about this provider. The provider was asked to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was received when we requested it. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We also liaised with the local authority and Clinical Commissioning Group (CCG) to obtain their views about the home. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

All this information was used to plan what areas we were going to focus on during the inspection.

During the first two days of inspection in March 2016 we met and spoke with 14 people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We also spent time observing

day to day life and the support people were offered. We spoke with 12 relatives of people and three visiting health and social care professional during or after the inspection to get their views. In addition we spoke at length with the registered manager, two nurses, six members of care staff, one night member of staff, and the chef.

We sampled some records including six people's care plans and 11 medication administration records to see if people were receiving the care as planned. We sampled two staff files including their recruitment process. We sampled records about training plans, resident and staff meetings, and looked at the registered providers quality assurance and audit records to see how the home monitored the quality of the service.

On the third day of inspection in May 2016 we spoke with two people, the registered manager, two nurses, the clinical lead nurse and seven care staff. We looked at records relating to the assessments of risks to ensure the safe movement of people. This included the reviewing of six peoples' care plans. We observed moving and handling transfers on seven separate occasions. We also looked at records for the servicing of equipment used to assist with people's movement.

Requires Improvement

Is the service safe?

Our findings

Shortly after the first two days of the inspection we were advised of a non-life threatening head injury sustained by a person when they were being moved using specialist equipment. We visited again and on the of the third day of the inspection we looked at the report of a healthcare professional who had reviewed the circumstances leading up to the incident, we looked at the risk assessments records maintained by staff and we spoke with staff in the home .Whilst staff were able to describe how they use specialist equipment, peoples' risk assessments did not always contain clear guidance for staff to follow and we found that reviews of risk assessments had not been carried out appropriately. During our inspection we saw that the majority of people living at the home required the support of staff and specialist equipment to help them move. We observed staff using safe practices, using the correct piece of equipment and took great care to make sure people received reassurance and encouragement.

We looked to see if the provider had made improvements to their moving and handling practices to ensure people's safety and mitigate the risks to people as much as possible. We found that changes had been made. Some people had been re-assessed and as a result of the re-assessment changes had been made to how people were supported to improve safety. The registered manager advised us of their intention to update people's care plans when any necessary changes in peoples' individual needs had been identified. We saw that risk assessment plans had been updated to include clear guidance for staff to follow whilst using specialist equipment.

People we spoke with told us that they felt safe and secure living at the home and in the company of the staff. One person we spoke with told us, "I go out with the staff and they keep me safe when I'm out and about." We spoke with some relatives to obtain their views and they were all confident their family member was safe at the home. One relative told us, "I'm confident that [name of relative] is safe, sound and happy living here." Another relative told us, "People living here are very safe. I've never noticed anything of concern when I'm around." People told us that they would feel comfortable to speak with staff if they ever felt unsafe. One person living at the home told us, "If I was worried about anything, I would speak to whoever was around and I know they would help me."

Staff we spoke with all told us that they had received training in how to safeguard people from potential harm and abuse. Staff confidently described signs and symptoms that people may present which may indicate a person was at risk of abuse. There were systems in place to report safeguarding concerns to the Local Authority and the Commission. One member of staff told us, "I would have no issue with speaking with the manager with regards to any concerns about adult protection." Another member of staff told us, "I know about the importance of whistle-blowing. It's about telling someone when you think that something is not right for people living here, or if there is any bullying going on."

We saw that accidents and incidents were recorded as they occurred and the appropriate notifications were sent to the Commission. Staff we spoke with could consistently describe the plans in place to respond to different types of emergencies. Staff and records confirmed that staff had received emergency first aid training. All the staff we spoke with described what actions they would take in the event of a fire and how to

get people to safety. We saw that any accidents and incidents had been followed up by the registered manager and that learning from the incidents had been shared with staff to minimise future risks. A relative we spoke with told us about a recent incident involving their relative and said, "Immediate actions were taken to prevent the risk happening again."

People told us and we saw that there were enough staff on duty to care for them well. One person told us, "There are always staff available during the day and night. I never have to wait for help." A member of staff we spoke with said, "The manager is good with regards to recognising when we need additional staff on duty." The registered manager advised us that when agency staff were used to cover staff absences they tried to secure the same staff to ensure consistency. This meant people were supported appropriately by staff who knew them well. The registered manager told us, "Dependency levels are done weekly. Staffing levels change regularly and when necessary to ensure the safety and care of people living here."

We saw that staff had been safely recruited. Pre-employment checks had been carried out before staff were allowed to start work. Checks had been carried on the registration of nurses to ensure that their registration to practice was still current and in place.

We looked at the way medicines were stored, administered and recorded. People told us that they had received their medicines when they needed them. One person told us, "They [the staff] bring me pain killers if I'm in pain." A relative we spoke with told us, "[name of relative] gets their medicines on time. Due to their health condition it's really important they get it exactly on time and it is. I've no worries or issues about this."

We observed the safe administration of medicines by staff wearing tabards stating that they should not be disturbed whilst administering medicines. We saw staff explaining to people what their medicines were and asked if they wanted them. For example, we saw one member of staff stooping down to be an equal level of the person and explaining the process of how the medicines were going to be administered. This enabled the person to feel comfortable with regards to taking their prescribed medicines. We saw that the medicines administration records (MAR) had been completed appropriately in respect of administration of tables medication. However, we found some omissions on the records detailing the application of some topical medicine (prescribed cream). The registered manager advised us that this had been identified in their internal audit and that plans were in place to address this.

Staff at the home knew people well. However we saw that that some medicine protocols did not clearly state when the person may require their "use as needed" (PRN) medicines especially in relation to pain relief. Whilst people had received their pain relief medicines, the registered manager advised us that they were in the process of implementing a process which helped in the assessment of pain in people who could not inform staff to ensure that people would be protected from any unnecessary pain.

Staff we spoke with told us that medicines were only administered by staff who were trained to do so. We found that there were no competency assessments to demonstrate that staff were able to administer medicines safely. The registered manager advised us that they would ensure competency assessments were carried out in the future.

Requires Improvement

Is the service effective?

Our findings

People expressed confidence that the staff had the skills and abilities to meet their needs appropriately. One person told us, "Personally, I think the staff working here have the appropriate skills." A relative we spoke with told us, "Staff are trained and are knowledgeable." All the staff we spoke with told us that they received training necessary for their roles. One of the nursing staff we spoke with told us, "The manager is setting up support sessions to help us through the new nurse revalidation process [a process to help nurses to maintain their registration and to demonstrate their ability to practise safely and effectively] Some staff told us they had received additional training to meet the specific needs of some people. For example some training was planned for staff on meeting the needs of people living with dementia. We saw that staff had completed varying levels of recognised qualifications in health and social care. There was no evidence of any competency assessments had been carried out to ensure that the knowledge and skills gained by the staff were being put into practice and continually developed. The registered manager advised us that there were plans to implement competency checks on a regular basis.

Staff told us that they received regular supervisions to reflect on their care practices and to enable them to care and support people effectively. The registered manager advised us that there were frequent 'themed' supervisions and said, "If there has been a particular issue or we want to develop staff understanding, we have undertaken themed supervisions." The sessions had focussed on particular aspects of nursing and care needs of people. Staff told us and we saw that there were daily handovers to ensure all staff knew what was going on in the home and to have the opportunity to discuss any issues around people's well-being. This ensured that care remained consistent.

Staff told us and we saw that staff received induction training when they first started to work at the home. One member of staff told us, "My induction involved shadowing staff and getting to know people before I worked on my own." The registered manager advised us that they had an induction programme in place which covered some elements of the Care Certificate Standards and that they intended to use the Care Certificate for all new staff employed in line with legislation.

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. All the staff we spoke with told us that they had received training in the MCA. We saw that staff asked people's permission before carrying out tasks. One person we spoke with told us, "Staff always ask me how they can help me before doing anything." We saw evidence that when people needed support to make specific decisions, 'best interests' meetings were held which had involved the relatives and representatives as appropriate. One member of staff described when advocacy workers may be required to ensure that people's best interests were paramount at all times. A member of staff told us, "The MCA supports people who can't always make their own decisions. It is really important that I ask permission from all people before I support them with anything." We did find some records in people's care plans where relatives had signed consent forms that were not in line with MCA guidelines. The registered manager advised that these would

be reviewed after the inspection.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. A number of DoLS applications had been submitted to the supervisory body and the home was awaiting assessments to be carried out on the people referred. Some staff we spoke with told us they had received training and they demonstrated they had an understanding of DoLS. However, some staff were unclear about which of the people using the service had an authorised DoLS in place or who were awaiting assessment. This presented a risk that people's rights may not be supported in line with the authorisations in place. The registered manager told us that they would ensure that all staff were updated on the current progress of any DoLS applications.

All the people we spoke with told us that they liked the food and drinks offered. One person told us, "The meals are very tasty, always hot and a good choice." We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. We spoke with the chef who told us, "Menus are discussed with people and I get feedback about the food following resident meetings. There are always choices and alternatives for people. I can make whatever they want really." Menus were on display which met people's preferred communication needs. We saw staff were able to give assistance to people who needed this and offered support in a dignified manner. We observed that people, who did not have their meals provided in the dining area or required assistance from staff, received their meal in a timely manner. A relative told us, "My relative has put on weight since being here. They look and feel better and I'm really pleased." We observed staff supported people to access snacks and drinks of their choice throughout the day. Records of food and drinks were maintained for people who required them. Staff had a good understanding of people's dietary needs, preferences and allergies. Where people had specific support needs in respect of eating and drinking care plans were in place.

People confirmed that they attended health care appointments or that healthcare was accessed for them. A person we spoke with told us, "The doctor visits here every week." A relative told us, "I'm glad there are nurses here. It saves my relative having unnecessary hospital visits." We spoke with a visiting health professional who told us, "I visit every week and call in-between if necessary. Staff are good and follow my advice to help people get better." Staff we spoke with had a good understanding of how to support people to maintain good health and told us that they worked closely with other health agencies to ensure people's health care needs were met. Care plans were in place for staff to follow in relation to a number of health conditions.

Good

Is the service caring?

Our findings

People told us they received support from staff who were kind, patient and understood their individual needs. One person told us, "I think staff are very kind. Nothing is too much trouble for them." We asked some relatives for their views. One relative told us, "Staff are kind and attentive and are just brilliant. I can't fault any of them." Another relative told us, "I like the atmosphere, staff are caring and there is a really low turnover of staff. This is good for people."

The provider stated in the provider information return (PIR) that visiting is not restricted. One person living at the home told us, "My visitors come any time and are made welcome."

People living at the home looked at ease with staff. We observed staff having light hearted conversations with people. We saw staff sitting with people interacting and supporting people with their individual needs. For example we saw a member of staff sitting down with a person and reading a magazine of their choice together. We saw staff listening to people and supporting them emotionally when they were showing signs of distress. A relative we spoke with told us, "Staff treat [name of person] well and like a person." Staff spoke affectionately about the people they supported and could describe people's health and preferred routines. One member of staff said, "Some people prefer to have only female carers." We saw that Information was available about accessing advocacy services should people require additional support.

Staff communicated well with people. People living at the home who had restricted and complex communication needs had a detailed communication care plan. We saw staff demonstrated patience and understanding when waiting for people to speak or express through other forms of communication what they wanted.

People told us that they were encouraged to be as independent as possible. One person said, "I do some things by myself, those that I can't [do by myself] staff support me." Staff we spoke with described how they supported people to maintain their independence. A staff member told us, "It's really important to encourage people to maintain their mobility." We observed that staff did not rush people and gave people time to do things for themselves before offering any assistance.

People's privacy and dignity were respected and promoted. One person we spoke with told us, "They [the staff] treat me with respect and dignity." We observed staff being discreet when supporting people with their personal care needs. If people required support to use the bathroom or to change their clothes this was done in such a way that people's modesty and dignity was protected. A member of staff told us, "When I'm using the hoist, I remember to cover people to maintain their dignity. When I'm in shared rooms I always use the privacy curtain to protect people from being embarrassed." We saw that there were private areas around the home for people to use. One person told us, "I like to sit in the quieter lounge or go to my own room when I have visitors."

We saw that confidential information about peoples care needs recorded in care folders were kept safe within the nurses office and the office door was closed when no staff where present. This meant that people

could be confident that their personal information was protected. A member of staff said, "Confidentiality is a right for people."

Good

Is the service responsive?

Our findings

We saw that before people moved into the home the registered manager had completed an assessment of their needs. People told us that their care plans were drawn up after discussion with them and had taken into account their views as well as their needs. Care plans contained personal preferences and what was important to people. One person we spoke with told us, "I agreed my care plan and signed it." We saw care plans had been reviewed but not always updated comprehensively in response to people's changing needs. Staff we spoke with described how they supported peoples' changing needs. However, some records we saw did not always reflect the current risks and needs people were experiencing. A member of staff we spoke with told said, "We are involved in the development of care plans for people. It's important to listen and take on board people's wishes."

The registered provider knew that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. Staff were able to describe and records highlighted that people had been asked about their personal religious and cultural needs. People were encouraged to make their own choices. One person told us, "I've chosen the colour that I want my bedroom painted." Another person we spoke with told us, "I go to bed when I want to go."
Staff we spoke with could describe people's life histories, things that were of importance to individual people or what had mattered to people throughout their lives. We observed social interaction between small groups of people and staff who sat together, encouraging light hearted conversations.

People told us and we saw that there were activities provided for people to participate in. The registered provider had employed two activity co-ordinators who had developed a range of group and individual activities. We saw a large 'play your cards right' game being played and staff sitting with individual people playing card games or reading magazines. One person told us about a netball game they had recently enjoyed. Another person told us about a Shetland pony visit to the home. One relative we spoke with told us about a specific sport their relative used to enjoy and said, "I can't believe that staff have gone and purchased sporting equipment for my relative to use. I thought this was so thoughtful." We saw that people being cared for in bed were offered activities that helped to protect them from social isolation. People had been supported to participate in the wider community. People had been supported to go shopping and have meals at the local pub. One person we spoke with told us, "I enjoy going out shopping with staff to purchase new clothes, lipstick and paint for my bedroom."

On the day of our visit we observed that in one particular area of the home there was less stimuli for people. People were left without interaction from staff. We saw that when staff did offer support this was very task focused. For example, some people were supported with drinks but we saw there was limited interaction. We explored this with the registered manager who advised us that specific and individual activities were provided for people living with dementia. We spoke with the activity co-ordinator who described how activities were tailored to meet the needs of all people living at the home. On the second day of our visit we saw people were enjoying a range of activities to meet individual communication needs.

We saw that people were supported to maintain relationships with those that mattered to them. The

registered manager advised us that they were developing a booklet to support relatives with loved ones who were living with dementia and said, "We are hoping this booklet provides comfort and advice for people on how to support their relatives." We observed a person living at the home using computer video links to communicate with their family who lived in another part of the world. This supported the person and their relative to maintain their relationship. One relative we spoke with told us, "I visit every single day. Staff welcome me and look after me, offer me drinks and food." Another relative told us, "My relative has been poorly. The manager said I could stay with them day and night in their room. I was so thankful for this."

The home encouraged people to express their views and to make complaints and compliments to the registered manager. People told us they felt free to raise any complaints or concerns. Information was accessible to people who used the services and their relatives about how to make a complaint. One person living at the home told us, "I would just go to the manager." A relative we spoke with said, "The manager and staff here are all friendly and approachable. I know they would listen to my concerns." We saw that the registered manager had a system in place for recording, investigating and responding to complaints. The registered manager had reviewed each complaint to identify any patterns or trends and the actions required to reduce the risk of them happening again.

Requires Improvement

Is the service well-led?

Our findings

There were systems in place to monitor the quality and safety of the home. The regular checks being completed included medicine audits, staff training, feedback from people living at the home and the health and safety of the environment. Although these monitoring systems were in place we found some were not robust and failed to identify that known risks to some people were not being addressed. Risk assessments for specialist equipment had not followed manufacturer's guidelines in respect of assessment and re-assessment. They did not contain specific information for staff to follow to ensure consistent safe use. We found some moving and handling care plans and risk assessments did not include detailed information when changes to peoples' needs had been identified. Whilst moving and handling care plans had been reviewed staff were unable to explain the rationale or reasons used to determine if changes were needed or not. In addition the systems in place had failed to identify that staff competency was not checked in respect of their understanding of restricting peoples' liberty.

These issues relating to the good governance of the service represented a breach of Regulation 17 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2014.

People told us they had confidence in the registered manager and how the home was managed. One person told us, "I've not made any complaints." A relative we spoke with told us, "[name of manager] is lovely. Very forthcoming and pragmatic." Staff we spoke with consistently gave positive comments about the registered manager. One member of staff said, "The manager here is supportive and approachable." Another member of staff said, "The manager is very good. She listens to us and is flexible with the rotas. The best manager I've ever had."

People were encouraged to express their views about the home. People told us and we saw that meetings with people were held regularly giving people the opportunity to talk about life at the home. Following each meeting the registered manager collated feedback from people. The requests from people were displayed and followed up by the registered manager. In addition, we saw that the registered manager sought feedback from people and those that mattered to them through the use of satisfaction questionnaires. We saw that the majority of the feedback was positive. We saw that changes had been made as a result of what people had said. For example a request for a particular type of Caribbean food in addition to what was being provided had been suggested and followed up. Each person had received a personal written response to any suggestions they had made.

Staff we spoke with described an open culture in which the staff communicated well with each other. The registered manager advised us that staff were encouraged to admit when they may have made a mistake so that it could be put right. A member of staff told us, "The manager is good. She will report all incidents to the safeguarding team and the Care Quality Commission. We don't have anything to hide." During our inspection we saw that the registered manager was visible within the home and that they spoke with people and their relatives. This demonstrated an open and inclusive approach.

The registered manager described how they had kept up to date with changes in legislation and regulations

and was clear what this meant for the home. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this.

The management structure was clear within the home. Staff were able to describe their roles and what was expected from them to achieve the homes vision and values. Staff we spoke with and we saw that they attended regular staff meetings and that they were able to raise any concerns. One member of staff said, "We are always asked for feedback and suggestions." We saw that records about any learning from safe guarding incidents had been shared with staff.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to provide systems or processes that were established and operated effectively to ensure compliance with the regulations. The provider did not have robust systems in place to monitor the quality and safety of the service. Regulation 17 (1) 17(2)(a) The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service. Regulation 17(2)(b)