

Huddersfield Nursing Homes Limited

Newsome Nursing Home

Inspection report

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Newsome
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West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Newsome Nursing Home provides care and support for up to 46 people, including people living with dementia and people requiring intermediate care. There were 34 people living at the service when we visited on the first day and 32 people on the second day.

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

Most people shared positive feedback about living at the service but others told us some areas could improve, such as the provision of activities.

Most risks to people's care were appropriately identified and assessed. However, we found management's oversight had not always been robust in this area. For example, to ensure equipment available to move people was always safe, the necessary fire safety checks had always been completed and care was always being recorded in line with people's requirements.

There were mixed views about the staffing levels at the home but we did not find evidence of this having a detrimental impact on people's care.

We could not be sure people and relatives had always been involved in making decisions about the care people received. We have made a recommendation for the registered manager to involve people in planning their care.

At the last inspection, we found concerns about the safe administration of people's medicines and the delivery of person-centred care. At this inspection we found improvements in both areas.

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.

People were supported to access relevant healthcare services when they needed them, and they were supported to eat and drink well.

Most people told us they were cared for by staff who were caring and respectful. People's independence was promoted.

People were kept safe from avoidable harm and abuse by staff who knew how to identify and escalate concerns.

There were systems in place to monitor and improve the quality of the service however these had not always been effective in identifying the issues found at this inspection.

The registered manager was open to the inspection process and responsive to the issues found and areas identified as requiring improvement.

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 5 December 2018) and we found two breaches in 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 we found some improvements had been made and the provider had addressed the two breaches in regulation previously identified but a new one was found at this inspection.

The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breach in relation to 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 continue to monitor information we receive about the service until we 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Newsome Nursing 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 team consisted of one inspector, a specialist advisor in governance and an Expert by Experience on the first day and one inspector on the second day. 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

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

The service had a manager registered with the Care Quality Commission. This means that they 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

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the CQC. A notification is information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, commissioners, the local authority infection prevention and control team and the fire service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information

return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with ten people using the service and four relatives of people using the service. We spent time observing care in the communal lounges and dining rooms.

We spoke with ten staff members; this included the director, area manager, registered manager, nurses, team leader, carer workers and activities coordinator. We spoke with three visiting healthcare professionals. We looked at care records for four people and samples of medicine administration records. We looked at training, recruitment and supervision records for staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

We continued to seek and received clarification from the provider to validate evidence found and assurances that the issues found were being addressed.

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.

Assessing risk, safety monitoring and management

- The provider was identifying, assessing and monitoring most risks involved in the delivery of people's care but we also found instances where management's oversight had not been robust in ensuring this was always happening.
- We found one person who required support to maintain their posture, to mobilise and to maintain their skin integrity was sat in a specialist chair but their feet were not supported and staff had placed a pillow behind their neck to offer further support. This person's risk assessments did not include any mention of this piece of equipment and the registered manager confirmed they had not completed a specific assessment. We asked the registered manager to review this person's seating requirements. On the second day they told us this person was no longer using the chair and referrals had been made to the appropriate organisations.
- We found concerns in how the provider was monitoring equipment used to help people to move to ensure it was safe. During our inspection visit, the provider could not evidence that all slings used by people had passed the Lifting Operations and Lifting Equipment regulations because some slings had not been found during the last check. The provider was carrying out internal monthly audit on the slings but the issues found at this inspection were not previously identified. We shared our concerns with the registered manager and they told us they were not aware of this issue. After the inspection, the registered manager confirmed people had not been supported with unsafe equipment and they had taken the steps for the remainder slings to be appropriately checked.
- The provider was identifying and managing appropriately people's individual risks in an event of a fire. However, we found several gaps in the provider's weekly fire checks and the certification of the fire detection and alarm system had recently expired. We discussed these issues with the registered manager, we were assured appropriate action was now being taken and the appropriate certification was in place before our second inspection day.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider was not always robust in managing people's medicines. 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 been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely and people received their medicines as intended by the prescriber. The system to record creams had changed and further information had been added to people's medication care plans in relation to where to apply prescribed creams.
- Staff kept accurate records of all medicines administered including medicines that contain drugs which are controlled under the Misuse of Drugs Act 1971. Some people required medicines prescribed to be given 'when required' and most PRN protocols were detailed.
- Staff had undertaken training and had their competence checked on a regular basis. Regular audits were conducted by the registered manager and nursing staff, these were detailed, included relevant aspects of medication management and any action taken when necessary.

Staffing and recruitment

At our last inspection we recommended the provider consider the use of a dependency tool to determine staffing levels and to regularly review this. The provider had made some improvements.

- The registered manager showed us a tool they were using to calculate the staffing levels according with the level of dependency of people living at the home. However, this tool only calculated care staff hours and not nursing staff.
- During this inspection, we received mixed views about the levels of staffing at the home. One person said, "Yes [there is enough staff], I get my medication on time every day." Another person said, "They are short staffed as well. I can't really join in the things that are happening as they don't seem to have the staff to support me downstairs, and I don't like to bother them."
- Staff raised concerns about staffing levels. One staff member said, "Some days are easy, others are not, depending on staffing. We get everything done, I think it is spending time with residents [that is missed], we can do more when we have time, during hairdresser's days we need to rush up." Another staff member told us, "[Staffing levels are] terrible, we can have good and bad days. In the morning staff rang in sick or just don't come up. It is really frustrating."
- During our first inspection day we noted that not all staff allocated to the morning shift had arrived at the time of handover and the night staff had already left the building. The registered manager took appropriate action to make sure the home was suitably staffed, as soon as this was identified. We discussed these issues with the registered manager; they told us they were not aware of staff having concerns about staffing levels and that cover was always sought when staff rang in sick. They also told us the human resources manager was supporting them in addressing concerns with specific staff members and in recruiting staff.
- The service followed safe recruitment practices. The provider had a staff recruitment procedure in place and it was being followed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe with the care they were receiving. One person said, "I feel safe and the staff are all very helpful." Relatives agreed their loved ones received safe care; one said "[Person] is safe here."
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to. We reviewed the provider's safeguarding log and noted they had taken appropriate actions to deal with any concerns and sought appropriate advice and support.
- Accidents and incidents happening at home were regularly analysed by the registered manager and any patterns and trends considered.

Preventing and controlling infection

- People and relatives shared positive feedback about the level of cleanliness of the home.
- The provider was mostly managing the risks of cross infection well. On two occasions, we pointed out to the registered manager and nurse that some areas were not clean. They told us they would ask cleaning staff to address this immediately. Care workers had completed training in infection control prevention and told us they had access to personal protective equipment (PPE).

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 requires improvement. At this inspection this key question improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People shared mostly positive feedback about the food and the mealtime experience at the home. Comments included, "Oh yes, the food here is very nice"; "There is plenty of food. The chef does very well. They've just been in telling me today's menu." and "Sometimes the food is okay, other times it's not so good." One relative said, "They sometimes feed me and I love the food here."
- At the last inspection we found concerns about records of care related with people's nutritional and hydrational intake, in particular the availability of snacks for people. At this inspection, we saw people were appropriately supported in this area. People's nutritional care plans reflected their choices and preferences. The provider was monitoring and recording the food and fluid intake of people who had been assessed as at risk of weight loss and the appropriate equipment was available to help people with this area of their care.

Staff support: induction, training, skills and experience

- People told us staff were competent. Their comments included, "The staff are okay, and the food is okay. I am diabetic so I don't tend to eat much but they know this" and "They are all well trained and caring people." One relative said, "The staff that we've seen in these few short weeks have all appeared well trained and they are all polite."
- New staff completed an induction which included training and shadowing members of the team. When agency staff were on shift, they were paired with experienced staff members.
- There was an ongoing training programme available to staff and on reviewing the training matrix we saw most of the training was up to date and the registered manager told us they were arranging further training to staff to ensure all were up to date. Staff we spoke with were able to describe us how they would safely support people with their moving and handling requirement or how to provide good dementia care by "being compassionate, adapting communication, socialising, being respectful and being calm with them."
- Staff were supported by regular supervision and told us their supervision meetings were supportive and that they could raise any issues with the registered manager in between supervisions. One staff member said, "We can always go and speak with [name of registered manager]."

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

- The provider was using recognised clinical assessment tools to monitor risks to people's care. This information was then used to develop people's care plans.
- We saw care and support respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care. For example, people's communication requirements, food preferences or allergies were included in their care

plans.

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

- Records showed referrals had been made when necessary and the provider maintained regular contact with relevant services such as GPs and social workers.
- Without exception, all the healthcare professionals we spoke with told us staff had always sought support timely and followed the advice given. Their comments included, "They are good at highlighting when people are getting better and no longer need that piece of equipment"; "Everybody I spoke with have been happy with standard of care" and "The care is of a really high standard. They are very good at communicating [and] good at record keeping."

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

- People's rooms were personalised and adapted for their individual needs. One relative said, "We were pleasantly surprised with the room. It's very spacious and comfortable." Some staff told us they felt the home could improve by continuing with their redecoration work. The registered manager told us some areas of the home had been redecorated and the area manager said they were in the process of developing a plan for further work in this area.
- During this inspection we observed most people were able to walk freely between different areas of the home throughout the day. People could choose to be alone, sit with others or join in activities. There were keypads on doors in some areas for safety reasons.

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 provider was working within the principles of the MCA. We saw the provider was completing decision specific mental capacity assessments and best interest decisions for decisions for people who lacked capacity due to their mental health or disability. However, records did not always evidence how relevant people, such as relatives, had been involved. We discussed this with the registered manager.
- Some people had conditions on their DoLS and there was evidence that the provider was taking steps to comply with them.
- We observed staff asking people for their consent before delivery of care.

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 deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- We could not be sure people and relatives had always been involved and consulted in decisions about the care people received.
- At our last inspection, we saw limited involvement from people and relatives in their care planning. At this inspection, we found this continued to happen. People's care plans and risk assessments were reviewed on a regular basis however these reviews were only completed by staff.
- We reviewed the care plan for one person who had displayed behaviour considered challenging to staff. The registered manager had developed a care plan but had not consulted or involved the person or their relatives in conversations about the behaviour and the possible ways to support this person. We recommend the registered manager to always involve relevant people in planning and reviewing their care.
- People had the opportunity to take part in residents and relatives' meetings where they could give their views about relevant aspects of the service such as menu planning and activities but the registered manager told us not many people or relatives attended these meetings.

Respecting and promoting people's privacy, dignity and independence

- Most people told us they were treated with dignity and respect and their privacy was protected. Comments included, "They [staff] do knock before they come into my room and I find that most of them are very nice;" "Yes, most of the staff knock before coming into my room, but not all of them" and "The staff give me privacy when I want it."
- People's independence was promoted. For example, some people required support with increasing their mobility; we saw they had been referred to or had therapists involved in their care and relevant care plans were in place. The activities coordinator told us about activities they had developed to encourage confidence and relationships between people in order to promote their independence.
- People's records were kept secure.

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

- Most people told us staff were kind and caring. Their comments included, "Some of the nurses are genuine, you feel at home with them, but some aren't as caring;" "I find the staff to be caring;" and "I've only been here for [number of] weeks but caring-wise, the staff are very good." Relatives told us they felt all staff were respectful and kind; one said, "I find that all the [staff] who help [person] are nice." One visiting healthcare professional told us, "The care assistants are very caring. It is a happy home to visit."
- We observed kind and helpful interactions between staff and people. For example, a staff member gently asking a person "Are you warm enough? Do you want your jumper on?"

- Staff spoke to people respectfully and had a good rapport.

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 requires improvement. At this inspection this key question remained the same. 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

At our last inspection we found people's care records were not always up to date and complete. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 but continued work was required.

- People and relatives told us the service met people's needs and staff knew them well.
- The provider was using an electronic system to record people's care and most care plans reflected people's needs and preferences. However, on our first day we noted one person whose skin integrity care plan indicated they required support with changing their position every two to three hours had not been repositioned for over three hours. We shared this concern with the registered manager who told us they had noticed it as well and requested staff to support this person without delay. After our first visit, the registered manager told us they had reviewed and updated this person's care plan as they no longer required to be repositioned as often due to improvements in their skin integrity.
- We reviewed the records for one person who had been prescribed with medication to manage their behaviour and found there was no mention of this medication in their behavioural care plan. Another person's care plans had contradictory information in relation to their preference and appropriateness for their bedroom's door to be kept open or closed. We discussed these issues with the registered manager and we were reassured people were receiving the care they required, and this was a recording issue.
- External professionals were complimentary about the care provided at the home. One said, "They are proactive in getting things for patients."

End of life care and support

At our last inspection we recommended the provider consider including end of life care training for staff in their mandatory training. The provider had made improvements.

- Staff had been trained in delivering end of life care. One staff member told us how they would adapt their approach when supporting people at the end of their lives, "You have to be more gentle because they are in pain, give mouth care and I spend more time with them."
- People who required end of life care had the appropriate care plans in place and their preferences were documented. For example, some people had been prescribed with medication to manage common

symptoms that can occur to people at the end of their lives and to prevent hospital admissions, and this was available to use if required.

- Relevant professionals such as palliative nurses were involved in caring for people, when required. One healthcare professional who was involved in the care for a person at the end of their life told us, "They support the patients really well, I think it is good, they are being proactive."

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

- People shared mixed views about the provision of activities at the home. Their comments included, "I like the activity that we do with lots of movement in it," "There are activities but I'm not able to go. It's not that I'm not asked, it's my own choice;" "Activities? They wouldn't know where to start with activities;" "No, there isn't a lot for me to do here" and "There is not a great deal to do, but then again, I like my own company in my room."
- There was a regular and varied programme of activities to promote people's wellbeing and interaction. However, records did not always evidence that all people had regularly been offered this support. For example, records for two people who were living with dementia and spent most of the time in their bedrooms did not evidence this support was being offered regularly. We discussed this with the registered manager and activities coordinator and they told us about their plans to purchase sensory equipment to promote stimulation of people living with dementia. They also told us people were being offered and supported with activities more often, but this was not always being recorded and they were going to improve this.

Improving care quality in response to complaints or concerns

- People and relatives told us if they had any concerns they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed by the registered manager and found it to be appropriate.

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.

- The service was working within the AIS. People's care plans included information about people's sensory needs and how staff should appropriately communicate with them.

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 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Management oversight was not always robust and effective.
- During this inspection we found some risks to people's care were not being managed safely such as risk related to one person's seating requirements, use of equipment to move people and fire safety.
- We found improvements in the delivery of person-centred care, but care and activity records were not always accurate.
- The service was registered to support people over 65 years old but at the time of this inspection there was one person under this age group living at the home. The registered manager told us they had previously admitted other people under the age band that they were registered for. This showed the provider was not complying with their registration requirements.
- During this inspection, we found limited evidence of how the provider was seeking and acting on feedback from relevant people to evaluate and improve the service provided. For example, relatives had been asked to fill in a survey and some indicated they were not satisfied in areas such as the provision of activities or knowledge of the complaints procedure. We asked the registered manager, area manager and director if any changes had been done following this feedback. They said the complaints procedure had been added to people's care contract and the activities provision had improved but we did not find evidence of it during this inspection. There was limited evidence of how people were being involved in planning, reviewing their care and sharing feedback about the service provision.
- There was a system in place to evaluate the quality of the service. The provider had a regular schedule of audits, for example, there were regular audits on medication, infection control, falls and care plans. We saw several examples of these audits being effective in identifying issues and a plan being put in place to address those issues, such as with medication management. However, during this inspection we also found some areas where audits had not always been effective such as care plans and activity records.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate governance systems were always operating effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded to the issues raised, was receptive to the inspection process and committed in implementing the necessary changes.

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

- People shared positive feedback about the quality of care they received. Their comments included, "On the whole, the caring is good;" "I've been here for [number of] years roughly. I'm happy enough here;" and "I find that the care is very good." Some people knew who the manager was and shared positive feedback about them. One person said, "I know the manager and she is easy to talk to."
- Relatives and healthcare professionals also shared positive feedback about the registered manager. Their comments included, "The manager is lovely and easy to get on with;" "[Name of registered manager] is on the ball, she is in regular communication with [other healthcare professionals]."
- Most staff told us the registered manager and the management team were supportive and confident that their concerns would be listened to. One staff member said, "[Name of registered manager] is very approachable and I always consult with her."
- Staff also shared with us that they felt the organisational culture was good and Newsome Nursing Home was a good place to work. Their comments included, "I love it [working here];" "I think everybody gets frustrated at times with staffing levels and PPE but we all work as a team and we pull though it together;" and "We have a laugh and we say good things to each other, we all do get on."
- The registered manager was fulfilling their duty of candour, when required.

Working in partnership with others

- The service worked in partnership and collaboration with several organisations to support care provision. This included working effectively with health care professionals from multidisciplinary teams to make sure people had their health and social care needs met such as tissue viability nurses and or physiotherapists.
- The registered manager gave us examples of training they had attended with other organisations, for example in end of life care, to ensure their knowledge was up to date.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Management's oversight of the service had not always been robust.