

Bournemouth Care LLP

Great Oaks

Inspection report

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The service is registered to accommodate up to 80 people and provides care, treatment and support for older people, some whom were living with dementia. The service is split over three floors which were all accessible by stairs or a lift. There were 60 people using the service at time of inspection.

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

People were not always protected from harm and abuse as safeguarding concerns had not been identified by management staff and referrals were not always made to the local authority.

There was a quality assurance and auditing process in place but they were not always effective. Audits had not identified safeguarding concerns within people's records. Staff had received safeguarding training but had not always reported their concerns.

The service had not notified the CQC of all incidents that took place within the service as legally required.

The provider wrote to us following the last inspection to tell us how they would ensure they met the regulations. We found that some of these actions had not been carried out as stated in the plan.

There had been improvements made to the management of medicines and staff support systems. Staff told us they were proud to work for Great Oaks.

People and their relatives told us staff were kind and caring and they were happy living at the service.

People had access to a varied diet and healthcare services as required.

There were enough staff on duty. The service completed a dependency tool to support their staffing levels. Staff were recruited safely, and the necessary checks were carried out before they started work.

The service involved people, relatives and staff in the service by holding meetings and sending questionnaires.

The service worked well in partnership with others and continued to build community links.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 10 October 2018). 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 still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement

We have identified breaches in relation to keeping people safe from abuse and harm, management oversight and notifying CQC of events within the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Great Oaks

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 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 care service.

Service and service type

Great Oaks 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, commissioners and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and six relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, care and quality director, wellbeing manager, care workers, nurses, training manager 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 received feedback from one health and social care professional who has worked with the service.

We reviewed a range of records. This included seven people's care records, people's daily monitoring charts and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records and incident forms were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, service action plans and quality assurance records. We received feedback from one health professional who has worked 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from harm and abuse. We found 10 incidents of potential abuse had not been identified, followed up or raised with the local authority. These incidents included, allegations of physical and sexual assault. The registered manager told us they were unaware of these incidents and the systems to identify them had failed. The registered manager and deputy manager sent alerts to the local authority during the inspection. These incidents were subject to investigation by the local authority safeguarding team.
- Staff had received safeguarding training. They were able to tell us how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally. However, we found that allegations of abuse were not always reported by staff to the management of the service.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt safe living at Great Oaks. A person told us, "Yes I am safe here". A relative said, "I would say my loved one [name] is safe here and well cared for, we have no worries at all".

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

- Accidents and incidents were not always reported. A monthly analysis of reported incidents was carried out to identify trends and this was used as learning within the service.
- Risk assessments were in place for each person for all aspects of their care and support. However, one person's assessed risks were together on one document and this did not give staff the guidance they required to ensure risks were minimised. We spoke to the registered manager who explained that this had not been created using the correct process and arranged for this to be rectified immediately.
- Risk assessments were reviewed regularly and in response to people's needs changing. Staff had knowledge of people's risks.
- Assessments included instructions for staff on how to minimise the risks for people. Each assessment was arranged to show the care the person needed, what the risks were and the outcomes.
- Learning was shared through staff meetings and daily handovers. Staff told us they communicated well together within the floor they were working in. The registered manager told us that they would share learning through daily meetings with all head of departments.

Using medicines safely

At our last inspection the provider had failed to ensure that systems to manage medicines within the home were operated effectively. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The service managed their medicines safely. The service had arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines had received training and had their competency assessed.
- Medicine Administration Records (MAR) had information about when a person took their medicines. Prescribed creams had details of where to apply and how often. Staff told us they checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR were completed correctly and audited.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Staffing and recruitment

- There were enough staff on duty. The service used a dependency tool to calculate the number of staff required to meet the needs of people and this was kept under constant review. The registered manager told us use of agency staff had reduced and recent recruitment of staff had been successful. Staff told us they thought there was enough staff. A person said, "There are plenty of staff".
- The service had a recruitment process and checks were in place. These demonstrated that staff had the skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. All areas of the service were tidy and visibly clean. People and relatives told us they thought the home was clean and tidy.
- There were gloves, aprons and hand soaps and sanitisers in various places throughout the home. We observed staff changing gloves, aprons and handwashing throughout the day.
- The service had received a Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

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 has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed before they moved into the service. These assessments formed the basis of their care plans. Improvements had been made to ensure all relevant information was included.
- People's outcomes were identified and there was guidance for staff. Staff knowledge and records demonstrated plans had been created using evidence-based practices. This was in relation to medicines, specific health conditions, mobility and nutritional needs.

Staff support: induction, training, skills and experience

- Staff said they felt morale had improved so much in recent months. One member of staff said, "The changes to support are like night and day from last year. It's so good". Staff felt they could ask for help if needed and felt confident to speak with any of the senior staff when required.
- The service had an induction for all new staff to follow, which included external training, shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "The induction was informative and uplifting". Another staff member said, "You feel fully equipped before you get here to do your job".
- Staff received the training and support needed to carry out their role effectively. All staff received care based training including domestic staff. They told us they felt confident. Records showed staff training was varied and up to date. Staff received training on subjects such as safeguarding, dementia, fire safety and medicines.
- Registered nurses were aware of their responsibilities to re-validate with their professional body, the Nursing and Midwifery Council (NMC). This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date. Staff told us the service supported them with their development and re-validation.
- Staff were supported with 'job chats', these were one to one meetings staff had with a senior member of staff. Staff told us they were regular and they found them worthwhile. The service had made improvements to ensure staff were supported. Staff told us 'job chats' were a two way process and they felt they were involved.

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

- People were supported to have enough to eat and drink. We received positive comments about the food including; "The food is good here and I can have it here or out in the dining room". The food is well cooked

here and there are always two choices every day". "My loved one's [name] food needs to be soft due to their special diet and they always do that for them".

- People could choose an alternative if they didn't want what was on the menu. The chef told us they had all the information they needed, staff informed them of changes and they knew people's likes, dislikes and allergies.
- The menu was displayed in communal areas. Records showed input from dieticians and Speech and Language Therapists where required.
- We observed the meal time to be a calm and relaxed social occasion with people having various discussions between themselves and with staff. The dining room had tables laid with drinks and condiments. Food looked appetising and plentiful.
- People were encouraged by staff to eat their meals and have plenty of drinks.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked closely with other agencies. This promoted effective care and had a positive effect on people's wellbeing.
- Staff were knowledgeable about people's needs and the importance of working with others. A health professional told us that the service are, "Always keen for advice" and, "Appear willing to expand their knowledge base".

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

- The service was accessed by people across three floors using a lift, stairs were available for those not wishing to use the lift. It had been built to ensure people could use different areas of the home safely and as independently as possible.
- Signage with pictures helped people to orientate themselves within the service.
- There were lounges, and separate dining rooms on each floor and various smaller seating areas throughout the building. The first and second floors had large balconies with seating areas and level access gardens which wrapped around the home.
- People were encouraged to bring in their own belongings and furniture. Each room had a glass memory box next to their door. These were filled with photographs and important items to make people feel at home, and help them remember which bedroom was their own.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care services when they needed them. Referrals were made from the service to a variety of professionals, such as doctors, nurses, physiotherapists, dieticians and occupational therapists.
- A registered nurse said they worked well with all professionals and were comfortable seeking their input when needed.
- The registered manager told us they worked closely with and were supported by their commissioners.
- Instructions from medical professionals were recorded in people's care plans and they communicated to staff during handover meetings. This meant that people were receiving the most up to date support to meet their health needs.

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 home met the requirements of the MCA. MCA assessments had been carried out for people in relation to their care needs and consent for photographs. This meant that people's rights were being protected.
- MCA assessments had been carried out and the home held best interests' meetings for people. Records showed involvement of the person, family members, professionals and the GP.
- Applications had been made under DoLS as necessary. The deputy manager had created a matrix for DoLS applications and authorisations. They told us this would help them track them so they were aware of any conditions and expiry dates.
- People and their relatives told us staff asked for their consent before providing them with care. We overheard staff asking for people's consent throughout the inspection particularly in relation to medicines and food. A person told us, "They always ask my consent before doing anything".
- Staff had received MCA training and were able to tell us the key principles.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring. Comments included: "I find them caring and very kind to me". "They are all nice in here and pleasant". "They are all very caring". "All the staff are good, but some are exceptional".
- People's cultural and spiritual needs were respected. People were asked about their beliefs and practices during their assessment. These were recorded in their care plans. The service had a religious service every month for people to follow their faith.
- Staff received training in equality and diversity. Staff told us they would care for anyone regardless of their background or beliefs.
- Great Oaks had received many compliments about the care they provided. We read; 'The care is exemplary, I witness so many acts of kindness'.

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

- Staff told us it was important for them to support people with choices. We observed staff supporting people with choices for different aspects of their day and care.
- The registered manager told us they hold regular meetings and are continually asking for feedback from people. A relative told us, "They always keep me updated".

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. We saw many respectful interactions during the inspection, moments of kindness and affection. Records showed that staff received training in dignity.
- The service used 'dignity daisies' which were small signs that were displayed on the person's door when they were receiving care. Staff told us this ensured people's privacy was maintained when receiving care.
- The care and quality manager told us that all staff were trained in care practice even if this would not be the focus of their role. They told us this was so everybody within the service was able to and felt confident to provide support to people.
- People were supported to be as independent as they could be. The registered manager told us they support people to be involved in the service if they wanted to be. An example was a person was responsible for filling the bird feeders around the gardens.

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 has now improved to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care that was responsive to their needs. The care and quality director told us they would be moving over to an electronic care planning system. They told us the priority was to develop care plans further.
- Improvements had been made and plans were personalised and relevant to the person. This meant people were receiving the care that was important to them and met their individual needs. Plans had clear outcomes and guidance for staff to be able to meet them.
- Care plans and information was available to staff. Staff told us the information they had about people's needs was of a good standard and that they had all the information they needed to provide care to people.
- People and their relatives were involved in their care. Reviews were held regularly or as people's health needs changed. The senior staff and nurses completed the reviews and people, relatives and staff were involved in these. A person told us, "My daughter was involved in my care plan and it is reviewed monthly".

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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. People's communication needs were known, respected and met by staff.

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 service had a programme of activities for people to enjoy. This was organised into a daily planner with additional activities for people to enjoy once a month. This included external professionals.
- The activities were advertised in the service. The service had an enthusiastic wellbeing team who managed social activities. A planner was displayed in communal areas. This meant that people were reminded about what activities were available on the day.
- People and staff told us they enjoyed the activities in the home. Some comments were; "I like the bingo, doing exercises and the singer we had today was good". "I like the garden". "I like to go to the activities sometimes".

- We observed many different activities and parties throughout the inspection and these were well attended. Staff and people were relaxed with each other and there was fun and laughter throughout the day.
- People and their relatives were sometimes involved in creating activities for the home. One relative told us they had started a coffee morning for others who care for relatives. They told us the registered manager suggested holding the meeting within the service and was fully supportive.
- The service had transport available for people and their relatives to use for outings within the local area.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a complaints policy and procedure in place. People and their relatives told us they felt comfortable to speak to staff or the management team about any concerns.
- Records showed complaints were dealt with within agreed timescales and to people's satisfaction.
- People were confident their concerns would be dealt with. Comments we received about this from people included: "I would be comfortable about complaining if necessary". "We have no complaints". "I would speak to the registered manager [name] if I needed to". "I am confident that the registered manager [name] would help me if I wasn't happy."

End of life care and support

- At the time of inspection, the service was not providing end of life care. Nursing staff told us they worked with the district nurses and GP when a person required end of life support.
- Each person had an end of life care plan, the content of these varied as some people were not able to give the information or details. Staff told us as they got to know people and what they liked.
- The service had received compliments on their care for people at the end of their life. We read, "I felt my loved one's last days were full of care, kindness and respect".

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

At our last inspection the provider had failed to establish and operate systems to assess, monitor risks and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection that provider had not made enough improvement to meet the requirements of regulation 17. Following the last inspection, the provider wrote to us and told us they would meet this regulation by 30 October 2018. They told us they would make improvements to the management of audits, record keeping and management oversight. Some of these actions had not been completed and at this inspection we found further shortfalls.

- For some people it was necessary for staff to make records to monitor their behaviour. Staff completed these charts when an incident occurred. However, we found that on 10 occasions staff had recorded allegations of, or witnessed abuse. Governance systems had not been effective to identify or monitor these records. Staff had not completed incident forms for all incidents.
- Records for the monitoring of food and fluid intake were inconsistent or incomplete. For example a person's fluid intake was recorded, however there was no daily target fluids to ensure correct hydration.
- Following the last inspection the provider wrote to us and told us they had introduced a weekly audit to monitor food, fluid and repositioning charts for people. We found this had not been introduced. The registered manager and care and quality director told us they had never seen the form before.
- Quality assurance systems did not always operate effectively. Audits reviewed different aspects of care however, these systems had not identified the incidents of abuse or shortfalls in record keeping.
- Audits and monitoring visits had been carried out by the service at operational and provider level regularly since the last inspection. Some of these audits included care plans and people's monitoring charts. These had not identified the incidents of alleged abuse or shortfalls in record keeping.

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

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 registered manager told us they understood the duty of candour, that is, their duty to be open and honest about any incident that has placed a person at risk of harm.
- The service had not made all statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them. We found that although the service had made some notifications to us they had failed to make six different notifications of alleged abuse. When we alerted the service to this they sent the notifications to CQC retrospectively. The registered manager told us that they should have been made at the time of the incidents but had not been as they were unaware.

This was a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009 – Notification of other incidents.

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

- Staff felt proud to work at Great Oaks. They were complimentary about their colleagues and said they worked well as a team. Some of their comments included: "I love coming here, it's very homely". "It's really good working here, I feel appreciated by Great Oaks". "I am very happy, it's a good home". "We have a lovely team". "I am proud to work here, they look after us, they listen".
- Since the last inspection there had been changes in the management of the service. The registered manager told us there had been a significant improvement in staff morale. Staff, relatives and people's feedback on the management was positive. Staff felt supported. The comments included: "There is strong leadership here now". "The registered manager [name] is really approachable". "I have no words for my managers, they have been so supportive. They will try and help you. Brilliant". The registered manager [name] and deputy manager [name] have been amazing with any support you need".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had made links with various community organisations such as the local schools, churches and charitable organisations.
- The service sought people and relatives' feedback through questionnaires and meetings. Overall the results of those were positive and had improved significantly since the last inspection especially in regards staffing levels and continuity. Records showed good attendance at resident and relative meetings. A relative told us, "They always listen to my loved ones [name] views".
- The home had regular staff meetings. Minutes showed discussions about people, updates, ideas, training and good practice reminders.
- A health professional told us they have a good working relationship with the service. They told us, "They always ask the right questions".

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 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The service had failed to notify the us of incidents that may have caused harm to people within the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The service had failed to safeguard people from harm or abuse.

The enforcement action we took:

We issued a warning notice

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	Governance systems were not effective in providing oversight of the service.

The enforcement action we took:

We issued a warning notice.