Mr John Holcroft Jnr

The Hawthorns

Inspection report

29 Rotton Park Road
Edgbaston
Birmingham
West Midlands
B16 9JH

Tel: 01214559024
Website: www.hawthornsresthome.co.uk

Date of inspection visit:
16 June 2016
17 June 2016

Date of publication:
21 September 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on 16 and 17 July 2016 and was unannounced. The service is a care home that provides personal care and accommodation for up to 22 older people. There were 19 people using the service at the time of our inspection. There was a registered manager in place, who was present throughout the 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 using the service and their relatives told us that the service was safe, however staff were not always clear about how to report safeguarding concerns to help protect people. People's risks were not always managed effectively.

People felt that they were supported by enough staff to meet their needs. Staff recruitment processes were not always completed suitably. The registered manager was improving medicines management at the home so that people were always supported to receive their medicines safely.

Staff received basic training for safe care practices, however this was not routinely updated to reflect current practice guidelines and ensure that staff knowledge was refreshed. Staff occasionally received supervision and new staff were supported to complete an induction.

Restrictions were in place for some people at the home to help keep them safe and these were applied in a way that promoted their freedom and liberty as far as possible. Not all staff we spoke with could tell us about the Mental Capacity Act, however people told us that they were able to move around the home and fulfil daily tasks as they pleased and our observations confirmed this.

People enjoyed the food available to them at the home, however they were not always supported to have the food and drink they required to stay healthy and well hydrated. People were supported to receive healthcare support as required.

People had mixed views as to whether staff were caring and our observations confirmed that staff did not consistently treat people with respect or engage meaningfully with them outside of group activities or providing their care and support. People told us that staff supported them at a pace that suited their needs and we saw that staff took steps to maintain people's privacy and dignity.

Residents' meetings were held regularly and encouraged interaction between people who used the service, however people's views and preferences that were identified during these meetings were not always acted upon. Most people were aware of how to complain and told us that they had no reason to do so.

People's care plans were mostly detailed and informative and people were involved in their care plan

reviews where possible. People told us that they wanted to be involved in more activities and we found that they had not always been supported to fulfil their own interests.

People who used the service, relatives, visitors and staff were encouraged to share their feedback and views through meetings, surveys and questionnaires.

Staff told us that they felt supported in their roles. The registered manager praised staff for good practice and set expectations for staff in terms of their roles and responsibilities.

Records were not robust and quality monitoring processes had not always led to appropriate follow up action and had failed to identify some concerns in relation to the quality of care that people received. The registered manager did not always fulfil the requirements of their registration.

You can see 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 always safe.

Staff could not consistently describe how to appropriately report safeguarding concerns.

People's risks were not always effectively managed.

Medicines audits identified that people did not always receive their medicines as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive training updates that they required to support people.

People were not always supported to stay healthy and drink enough to remain well.

Most staff we spoke with understood the principles of protecting people's legal and civil rights and we saw this in practice.

People had good access to healthcare support.

Is the service caring?

Requires Improvement

The service was not always caring.

People were not always supported by kind or compassionate staff.

Staff helped to maintain people's privacy and dignity.

Is the service responsive?

Good

The service was mostly responsive.

People's care plans were mostly detailed and informative and they were involved in care plan reviews

People were involved in a range of activities at the home.

There was a complaints process in place and people and relatives were invited to share feedback.

Staff did not always ensure that people had access to specific activities of interest to them.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager in place, however they had not kept informed of, or fulfilled requirements relating to their role.

Quality assurance and risk management processes had not been effective.

Staff were regularly reminded of their responsibilities and roles.

The Hawthorns

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 16 and 17 June 2016 and was unannounced. The inspection was conducted by one inspector and an expert-by-experience whose area of expertise related to older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

When we were planning the inspection we looked at the information we already held about the provider. 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. We also used this information to help us to focus our inspection.

During our inspection we spoke with nine people who used the service and eight relatives. We spoke with four members of staff, the deputy manager, the registered manager, one visitor and three professionals. We carried out observations of how people were supported throughout the day and 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 looked at three people's care records, three staff files and at records maintained by the home about risk management, medicines, staffing and the quality of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe and their relatives confirmed this. One person who was using the service told us, "I feel very safe… If I have a problem I know who to go to." Some people told us that they would approach staff or the registered manager if they had any concerns. Although staff we spoke with were able to describe some types of abuse that people were at risk of, records showed that not all staff had received up-to-date safeguarding training and not all staff we spoke with were familiar with how to report concerns. This meant that staff were not always equipped to protect people from the risk of abuse.

Most people told us that their valuables were kept safe in the home. One person told us, "It's all quite safe in my room," and another person told us, "I have cash, I keep it in my drawer, I have the key." Records were in place for recording people's valuable items which was a way of ensuring that their belongings were kept safe. Records indicated that there were ongoing health and safety checks and maintenance at the home as required. People were appropriately supported to use mobility aids comfortably as they required. There were instructions on display outlining how people and staff could use the stair lift and a staff member explained what was happening as they helped one person to do this.

People's care plans did not always clearly outline how to reduce and monitor their risks and there was not a timely or effective system in place to monitor or investigate accidents. Records we reviewed showed that accidents and incidents had not been fully addressed, for example, identifying ways to prevent similar occurrences for people in future. We found that the registered manager's awareness of the risk and cause of people's falls was not always applied in practice. Although records indicated that falls occurred frequently at the home and some people fell regularly, their risk assessments and care plans were not reviewed or updated to reflect this or whether their risk of experiencing falls had increased.

One relative told us that they were concerned that staff did not always ensure that their relative had access to important items and aids in their room that would help to meet their needs and manage their risks. A person's care plan highlighted that they had not been able to follow specific advice from staff to help to manage a risk, yet no further steps had been taken to support this person to reduce this risk in a way that suited their abilities. The registered manager told us that they would improve people's risk assessments.

People using the service and most relatives we spoke with felt that there were enough staff available to support people in a timely way. One relative told us, "The thing I like about that home is they have the same staff all the time and they get on with my relative." One person told us, "The night staff come round and check on you." There was an on-call system in use at all times for staff and a buzzer system in place at the home for people to use. One person told us, "When I ring my buzzer, they usually come in 15 minutes, pretty good." Another person we spoke with however told us that they were reluctant to ask staff to support them with an activity at the home because the registered manager and staff were too busy to talk. Our observations confirmed that there were not always enough staff available to spend time with people.

Recruitment practice at the home was not robust. Although some staff had joined the service permanently following college placements and could not always provide details for full pre-employment reference

checks, a consistent process had not been established for requesting or receiving staff references. Reference checks were not always completed as required and although checks through the Disclosure and Barring Service had been completed suitably for staff who had been recruited more recently, one record we reviewed showed that recruitment checks had not always been completed before staff had commenced in their roles at the home.

People told us that they received their medicines on time and we saw that they were supported to take their medicines. One person told us, "I just take tablets a few times a day, generally on time. No, I'm not ever in pain." Medicines were stored and disposed of safely. Records had not always been completed accurately and indicated that people had not always received their medicines as prescribed. The registered manager had identified that the medicines management process had not always been safe and had introduced regular medicines audits to address this with staff. The registered manager informed and reminded staff of medicine management processes when errors had been identified. A professional told us that the home medicine management was well organised and that staff had a good understanding of medicines processes.

The registered manager said that the use of audits was improving medicine management at the home over time and we saw that most medicine records were completely clearly and accurately. People's care plans however did not always provide enough guidance to staff, for example, when people may have required their medicines "as needed", and we saw that one person who had been identified as needing support had not been supported to apply their cream as prescribed.

Requires Improvement

Is the service effective?

Our findings

People told us they felt confident that the staff who supported them had the skills and knowledge required to meet their care needs. One person told us, "I've seen [staff] have training, they seem quite adequate. I have a good relationship with them". One relative told us, "I think the home is excellent. My relative has come forward since being there… the staff know their needs and are excellent with them." While it was positive that this was people's experience, our inspection identified that although staff had received some basic training in safe care practices, this training had not been routinely updated for all staff. Records showed that most staff had not received refresher training in relation to dementia care, safeguarding, infection control or First Aid training. Some staff had not received refresher training in relation to moving and handling and nutrition.

Records we reviewed outlined clear guidance that showed how to respond in the event of an emergency relating to one person's specific health condition. The deputy manager was familiar with this procedure and although another staff member knew where to access such guidance which outlined how to keep this person safe, they were unfamiliar with the procedure to do so and we found that staff had not received training in relation to this person's condition. We observed that handovers did not have a clear structure and records had not been consistently maintained. A handover between shifts that we observed did not provide staff with up-to-date information about all people using the service.

Staff received supervision, which covered various aspects of their role. One staff member told us that they received enough training and supervision, and another staff member's records demonstrated that when issues had been noted about conduct the registered manager had appropriately addressed these during a supervision meeting. New staff completed an induction process and the Care Certificate. The care certificate is a set of minimum care standards that new care staff must cover as part of their induction process. A staff member's care plan we reviewed showed that they had received some supervision and training at the start of their role.

One person told us, "The food's absolutely marvellous. Eating time is alright, I can come when I like, they don't push you." Relatives we spoke with told us that people enjoyed nice food at meal times. One relative told us, "After a few weeks, my relative had made vast improvement in terms of their health and they had put on weight." The food was fresh and appetising and people ate most of their meal. The cook could not provide us with all details of people's dietary requirements, however staff had access to this information and guidance about people's food preferences so that these could be followed. Records showed that menus were discussed during resident meetings. People told us that they were not given choices of meals, yet they were able to have something else if they didn't want the choice of the day. One person told us, "The food is very good; you don't get a choice, if you don't like it you can have a sandwich." We found that support provided by staff at meal times was sometimes rushed and task orientated and that staff did not always interact appropriately or enough with people. We saw that staff did not always address people in a way that reflected their needs or by addressing people directly by their names as they checked if they had finished eating, for example.

People did not always have access to drinks when they spent time in their bedrooms. One person told us, "They don't bring drinks up to me. They offer them in the lounge morning and afternoon but I don't go down. They don't give me water; I get it from the bathroom to dilute my drinks." One relative we spoke with told us that their relative's hydration needs were not always met and this caused them to become unsettled. Another person told us, "I can usually have a drink when I want if they are not busy." People's care records provided limited summaries about the care people received on a daily basis and did not monitor their food and fluid intake. One person had regular nutritional assessments and their doctor had advised that they required particular types of foods in their diet, yet there was no evidence to suggest that they received these. We raised this concern with the registered manager as well as our observation that people did not always have access to drinks. The registered manager implemented a system during our inspection in response to this feedback, which would help staff to monitor people's food and fluid intake where necessary and ensure that people had the food and drink they required to stay healthy and well hydrated.

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. The registered manager had consulted an Independent Mental Capacity Advocate to support one person through a decision-making process and referred to guidance for assessing whether people were able to make decisions.

People can only be deprived of their liberty so that they can 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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where restrictions had been approved for keeping people safe, this was done in a way that helped them to feel settled and free to move around the service. One staff member told us, "We can distract people or convince them well and let them do things but ensure their safety," and our observations confirmed that staff had a consistent approach of kindly reassuring one person whilst ensuring they remained safe.

Assessments had been completed to determine whether people who used the service had mental capacity to make decisions and the registered manager told us that they had recently completed DoLS applications where people required these. Records showed that staff had received training in this area and staff told us how they supported people to make choices, however not all staff we spoke with were familiar with the MCA. Some people we spoke with told us that they were able to go out by themselves as they pleased and did so. We saw that people were free to move around the home as they wished and a relative confirmed this. One person told us, "I go out when I want. No restrictions on that". Another person told us, "If I'm going out, I just tell staff." The front door had a code which restricted people's immediate access to the entrance of the building, however we saw that people who were able to leave independently were promptly supported to do so by staff as required. One person's care records we reviewed indicated that they had been asked if they were happy for the front door to be locked and knew who to ask if they wanted this to be opened.

Records showed that people were supported by healthcare professionals as required. One person told us, "I've not needed a doctor; he comes here every few weeks. Chiropodist comes every six weeks. I had an eye test not long back." A professional told us that staff promptly contacted them with any concerns and they had found that staff were approachable and treated people well. At the time of our inspection, the home was participating in a pilot scheme, which the manager praised for allowing people to quickly access out of hours and urgent healthcare guidance as required.

Requires Improvement

Is the service caring?

Our findings

People had mixed views as to whether staff were caring and our observations confirmed that some staff were not consistently caring in their approach with people who used the service. Most people we spoke with told us that staff were caring and one person told us, "The staff are great, wonderful." However, a relative told us, "Carers are caring most of the time," and one person told us, "The staff are normally good. Some are a bit aggressive and busy."

Another person who used the service told us, "They are kind sometimes, one carer is a bit sharp telling people to stay out of the kitchen. I have heard staff admonish people saying 'back to your room'." Another person suggested that staff did not usually spend time with them and told us, "We have breakfast, fall asleep and have lunch. Staff are not as smiley [referring to the staff conduct during the inspection] and I don't get good treatment like this usually."

We identified some concerns in relation to staff conduct towards and around people who used the service and we saw that staff did always address people respectfully. For example, one staff member referred to a person who used the service as though they were not present and we saw that the person found this inappropriate. We also saw that one staff member did not consistently demonstrate respect towards a person, although the person was not aware of this. We raised our concerns with the registered manager.

Although we observed some instances where people had a good rapport with staff and would be supported by staff at a pace that suited them, we also found that staff did not proactively spend time with people or take opportunities to speak with them outside of providing their care and support. We provided this feedback to the manager so that they could address these concerns. Outside of group activities, we found that there was minimal interaction in the main lounge throughout the day and we did not observe any staff involved in individual activities with people. One person told us, "Staff don't have time to catch up and talk… It's quiet and no staff around. They come in to give tea but then it's quiet again." This person also told us, "The telly tends to be on at the same time as the radio and it can be difficult to watch a programme". Our observations confirmed this and we saw that staff changed the music or television channels without asking people's preferences or choice. We raised this with the registered manager and staff which prompted them to give people this choice.

People told us that their relatives could visit whenever they liked and staff had supported one person to keep in touch with their relative via the internet. One relative told us, "If there are any activities they invite us and there was a lovely party the other week." We saw that relatives were invited to events and activities at the home and that the registered manager had sent updates and photographs of their relatives involved these. Responses from relatives had included, 'Mum is so much more settled now than she was' and 'I have to say moving my [relative] over to you was the best thing I have ever done. The home is run so well and all the staff really care about the residents.' We saw that the registered manager had taken practical steps to reassure one resident who had felt distressed and had discussed this with their relative.

People we spoke with told us that staff helped them with personal care at a pace that suited them and that

staff helped them to feel comfortable. One person told us, "They help me to wash, it's alright, not embarrassing at all." Another person told us, "No, the staff never rush me; they explain what they are doing with my bandages." Staff provided examples of how they treated people with dignity. We saw that people were well kempt and dressed in a way that reflected their preferences. Records showed that people had regular hairdresser and beauty therapy appointments and we saw one staff member complimented a resident who had recently had their hair styled.

One staff member told us that they always knocked people's doors before entering their rooms to respect their privacy and we saw this in practice. One person told us, "I lock my door at night. They always ask if it's convenient before coming in." A staff member told us that there was a laundry system in place at the service to keep people's clothing safe, "We don't like mix-ups with the residents' clothes, we want people to be happy." Recent staff meeting minutes however showed that staff had needed to be reminded to keep people's wardrobes tidy due to occasions where it had been identified that people's clothes were left untidy and on the floor, or stored in the wrong person's bedroom.

Good

Is the service responsive?

Our findings

People told us that they felt able to do what they wanted and that they were supported by staff. One person told us, "I can get up and go to bed when I like… I prefer a shower, if I want one, I can have one." Another person told us, "Staff are perfectly approachable, nothing is too much trouble, that's the bottom line."

One person told us, "My room is nice, good views of people… I chose this home because it was convenient; I think I made a good choice." Another person's care records showed that staff had completed a thorough admissions process with them, which included a trial visit at the home to see if they would like to live there. A priest visited the home and conducted a religious service and we saw that people enjoyed speaking with the priest and were engaged in the service. The priest told us that they visited the home every fortnight and that they had been given the opportunity to support people who used the service well.

One person told us, "I believe I have a care plan... I've had two reviews and signed [my care plan] both times". Some people we spoke with were not familiar with their care plan and one person told us, "They explained my care initially over a year ago but not since." Records showed that the registered manager reviewed and updated people's care plans every six months and on an ongoing basis as required and people were involved in an annual review of their care plans. A relative told us that they had also been involved in developing care plans. People's care plans were mostly detailed and informative, containing details of their personal and medical histories and their healthcare and support needs. The registered manager told us that they felt it was important for care plans to be clearly outlined for all staff so that people received consistent care and we saw that care plan details were ready to accompany people should they need to go to hospital.

Care plans we reviewed outlined activities that people had been involved in at the home, however some care plans featured vague and limited information about people's own interests and hobbies, with some suggestions that people had not expressed such interests. One person's care plan stated, '[They think] about exercising but [person] never does anything active.' A professional we spoke with confirmed our observation that people were indeed able to state their preferences in relation to hobbies and interests, however people's care planning and reviews had not explored this sufficiently.

One visitor told us that the home was "Very buoyant", that they had always been invited to social events and there was always something going on at the home. Group activities regularly took place and one person told us, "The home has an entertainments person usually at the weekends. They do bingo, singing, craft, story book. The staff do different things during the week." Another person told us, "I like to play my guitar; they encourage me to play it," and we saw that people enjoyed this and sang along. Some people were interested in sports and watched a tournament on television and we saw that one person enjoyed comforting and caring for their therapeutic doll throughout the day. The lounge had themed decorations following a recent arts and crafts session and one person told us that they had found this interesting.

Although group activities took place and some people participated in activities of interest to them, other people were not supported to participate in individual activities of their choice or preference. Some people

told us that they would like to be involved in more activities. One person told us, "I asked about games but the others can't do these. There is no regular activity." Bowls and bingo were played in the afternoon which some people enjoyed, however, one person told us, "We don't get bowls every day; we are usually left to our own amusements."

Residents' meetings were held regularly where people were encouraged to participate in games, quizzes and discussions about activities at the home. Meeting minutes showed that people had talked about local trips they wanted to go on and activities they wanted to do. The registered manager informed us however that these trips and activities had not taken place. This meant that although people's preferences and views were identified during these meetings, they were not always acted upon. This meant that people could not always be assured and confident that the views and concerns they shared with staff would be addressed appropriately. One person told us that they would not want to complain as they would be "Scared of being asked to leave". We identified to the registered manager that people's views had not always been acted upon and that care and activities at the home were not always person-centred.

People we spoke with told us that staff were approachable. One person told us, "If I ask for anything it's done immediately," and another person told us, "Any problems I would speak to the manager." Records showed that meetings were held for people who used the service and relatives. Questionnaires were accessible so that visitors and relatives could also share their feedback at any time and this feedback was considered through a monthly quality assurance process.

There was a detailed complaints procedure in place and on display at the home. The registered manager told us that they worked closely with relatives and two relatives confirmed that they had raised concerns and that these had been dealt with. Most people who used the service told us that there had been no reason for them to complain. One person told us, "Staff usually ask me if I have any complaints, if everything is okay. I had a survey and have been to a couple of residents meetings. Residents meetings are once a week." Another person told us, "I've not needed to complain. I would go to staff. There's a complaints procedure in the dining room and in the hall."

Requires Improvement

Is the service well-led?

Our findings

The registered manager did not always maintain oversight of people's needs and they had not taken appropriate action to learn from accidents, or to effectively manage and reduce risks to people who used the service. Quality assurance processes were completed on a monthly basis and provided an overview of details relating to key aspects of service provision, for example, care plan reviews, healthcare visits, medicine management, health and safety and feedback from people and relatives. We found however that the process did not always lead to appropriate follow up action, for example, investigating how to reduce the risk of incidents that had been recorded. The registered manager assured us that they would address our concerns in relation to risk management, however we found that their quality monitoring processes failed to identify other issues relating to the quality of care that people received.

For example, staff training was not always up-to-date and this had not been addressed. Records showed that staff had not received training in dignity and respect and we observed that staff did not always demonstrate an awareness of people's preferences and treat them with people with respect. We also observed that staff were not effectively deployed to spend one-to-one time with people for activities or engaging in conversation with them. Although the registered manager had addressed some concerns in relation to staff conduct, leadership was not consistently visible at the home to maintain a sufficient oversight of staffing levels and the support that people received, including for example that people were not always supported to remain hydrated. Records in place at the service were not robust. We saw that the registered manager had made some improvements to recruitment practice and medicines management at the service.

The registered manager told us about the importance of being open and transparent, however they were not aware of their responsibilities in relation to the duty of candour. The registered manager had not always taken steps to remain informed of the changes to the regulations and the introduction of the fundamental standards of care that people must receive. We also found that the registered manager had not always notified us of changes or incidents within the home as required. This meant that the registered manager did not always fulfil the requirements of their registration.

Failure to maintain systems or processes to identify or assess and manage risks to people and failing to effectively monitor the quality of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person who used the service told us, "I'm quite happy with things," and another person told us, "I don't know about improving anything, I'm quite happy with them. Eight out of ten, I'd say." People who used the service, their relatives, visitors and staff were encouraged to share their feedback and views on an ongoing basis through meetings, surveys and questionnaires. The registered manager had reviewed outcomes of surveys from previous years and had demonstrated that people knew how to raise concerns and how they had addressed feedback they had received.

One relative told us, "The manager is very good, if there are any problems or questions, they would phone

and ask me and let me know if my relative was unwell." Relatives told us that the registered manager and home administrator were approachable and supportive. One relative suggested however that the quality of care varied in the absence of the registered manager. We saw that the registered manager had appropriately addressed an incident where this had occurred with the staff member, who assured them that this would not happen again. A deputy manager supported staff in the absence of the registered manager and told us that they had approached them for support if they were unable to resolve staff concerns.

Staff we spoke with told us they felt supported in their roles. One staff member told us that they could always approach the registered manager or deputy manager if they felt unsure. The deputy manager provided an example of how a staff member's suggested improvements to medicine records were due to be implemented. Another staff member told us, "I am very happy in my role, the manager supports us and is always there for us". We saw that the registered manager praised staff for good practice and held staff to account when they were aware of inappropriate conduct. Staff were regularly reminded of their responsibilities and roles through staff meetings and guidance on display in staff areas of the home.

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 The registered provider had failed to maintain systems or processes to identify or assess and manage risks to people and to effectively monitor the quality of the service.