

Mr & Mrs R Hann

Kensington Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

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

Kensington Lodge is a residential care home providing personal care. It is an adapted period building over four floors. The service is a large home, bigger than most domestic style properties. It was registered for the support of up to 15 people. Eleven people were using the service at the time of the inspection. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider's and registered manager's lack of knowledge regarding regulation and legislation meant concerns were found at this inspection. Effective governance procedures were not in place and the registered manager was not given the time nor resources to fully perform their role. This had resulted in people being placed at risk of harm in some aspects of their lives.

Some risks to people were not effectively managed, including those associated with legionella, hot water and fire. The individual risks to people had not been consistently reviewed and assessed and there was no analysis in place for accidents and incidents. Allegations of abuse had not always been identified and managed appropriately. There was a lack of effective procedures in place for staff recruitment, which meant the provider could not fully assure themselves of staff's suitability for their role.

Audits in place to monitor and assess the service and drive improvement had failed and where concerns had been identified, there was sometimes a delay in rectifying those issues. Where professionals had made recommendations to improve the service, these had not been consistently acted upon. Management and staff were not fully aware of their responsibilities and their knowledge in some areas was poor.

People received a person-centred service because the staff that supported them knew them well. However, care plans did not reflect the care delivered and contained little person-centred information; some aspects of people's lives had not been planned for. Whilst people received support for planned activities, there were not enough staff to support them with unplanned events and people told us they would like to do more.

The service had not consistently applied the principles and values of Registering the Right Support. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. This was because people were limited in accessing the community when they wished due to not enough available staff to support them to do so.

There was, however, a positive and encouraging culture at the service and people were treated with respect. The staff team and those that used the service worked together to run the home and their views were sought as was those of others. People told us they liked the staff and that they were kind to them; our observations confirmed this. Independence was encouraged and supported, and people's confidence had grown as a result of using the service. People were supported to have 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 received their medicines as prescribed, had access to regular and effective healthcare and were protected from the risks associated with infectious diseases. They participated in the community and had open access to an outdoor space. Whilst the home was suitable for most that lived there, at the time of the inspection, some were struggling to access the upper floors. The home was welcoming, and people had their own private spaces personalised to their choice. Décor, however, was tired in places.

All the people we spoke with were happy with the delivery of care provided at Kensington Lodge however, improvements are required in a number of other areas to meet regulations and legislation and fully protect people from the risk of harm.

We have made a recommendation about the use of accessible information.

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 good (report published 5 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified four breaches in relation to the safe care and treatment of people, identifying and managing potential allegations of abuse, staff recruitment and the governance and management of the service.

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

Follow up

We will request an action plan from the service to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Kensington Lodge

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

Kensington Lodge 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 six people who used the service and three relatives about their experience of the care

provided. We spoke with three members of staff including one of the two registered managers and two support staff.

We reviewed a range of records. This included four people's care records and the medication records for three people. A variety of records relating to the management of the service, including quality monitoring audits and staff recruitment files, were reviewed.

After the inspection

We continued to seek clarification from one of the registered managers to validate evidence found. We had email correspondence with the second registered manager who represents the provider. A relative also contacted us after the inspection to provide us with feedback.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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

- People were not fully protected from the risk of harm as risks had not been fully identified and regularly assessed.
- The service had a risk assessment in place to manage the risks associated with Legionella bacteria however this did not fully identify or manage the associated risks. Practical steps had not been taken to reduce the risk such as the weekly flushing of lesser used water outlets or checking water storage temperatures.
- The service had assessed the risks to individual people regarding using hot water. These assessments showed that a mitigating factor was that valves were fitted to each tap to ensure hot water remained within safe limits. However, audits completed by the service on hot water temperatures demonstrated that these consistently ran higher than the safe limits as recommended by the Health and Safety Executive.
- Accidents and incidents had been recorded with actions taken in response. However, these had not been analysed to identify any trends or patterns to help to further mitigate the risk of reoccurrence.
- Whilst the service had identified some individual risks to people, these had not been consistently and regularly assessed. Some additional risks had not been identified. For example, one person was at risk of behaviour that may challenge others when an infection was present. The service had failed to identify this as a risk factor and manage accordingly.

The above concerns constituted a breach to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were not consistently protected from the risk of abuse.
- Whilst staff had received up to date training in safeguarding people, and had received reminders of the safeguarding procedure, they had failed to identify one incident as a safeguarding issue. This had resulted in the incident not being reported to the local authority as per policy. This was completed at the request of the inspection team.
- Healthcare professionals we had spoken to prior to our inspection had raised concerns regarding the service's management of safeguarding incidents. They told us they had concerns regarding staff's ability to identify potential safeguarding incidents and their lack of confidence in reporting them as per policy in order to keep people safe. During discussions with staff on the topic of safeguarding, not all demonstrated appropriate knowledge.
- The service had delayed in notifying both the local authority and CQC of potential safeguarding incidents. This delay amounted to several months.

- For one person who was at risk of financial abuse, we saw that the risk assessment had not been reviewed since March 2018.

The above concerns constituted a breach to Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The service had a recruitment process in place, but this had not provided enough assurances that people employed were of good character and had the necessary competence or skills to undertake the role considered for.
- The service had not consistently sought explanations for the employment gaps for staff employed nor recorded details of their assessment of the staff member's suitability such as interview records. The service had failed to adhere to schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Two staff had started in post before references and their Disclosure and Barring Service (DBS) checks had been received (a DBS check helps employers make safer recruitment decisions). Whilst the registered manager told us these staff worked under supervision whilst awaiting checks, this does not constitute good practice and increases the risk of people receiving support from staff not yet deemed appropriate to work with them.

The above concerns constituted a breach to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Whilst there was good staff provision to support people with planned activities, staffing levels did not allow for staff to support people to access the community on an unplanned basis. People told us this and the staff rotas we viewed confirmed this. For example, for the week commencing 12 August 2019, staff rotas showed that only two staff were available to people between the hours of 7am and 9pm each day.

Learning lessons when things go wrong

- The registered managers demonstrated that they were keen to learn and improve the service. However, they had not been fully effective at learning lessons when things went wrong. For example, staff had failed to consistently recognise potential abuse and whilst they had received additional training and written reminders regarding this, lack of knowledge and safeguarding management was still evident at this inspection.
- Following our inspection, the registered managers sent us confirmation and evidence of the prompt actions they had taken in response to our concerns.

Using medicines safely

- People received their medicines safely and as prescribed. Medicine Administration Record (MAR) charts confirmed this. One person who used the service told us staff provided them with pain relief should they need it.
- Staff had received training in medicines administration, had their competency to do so assessed and followed good practice guidance.
- Medicines had been signed in by staff and regularly counted to ensure no errors had occurred during administration. The medicine counts we completed were accurate and showed medicines had been given as prescribed.
- Audits were completed on a regular basis to ensure medicines were administered and managed safely and effectively.

Preventing and controlling infection

- Although the premises décor was tired in some places, the home was visibly clean with no malodours.
- New flooring had recently been installed in thoroughfares to aid effective cleaning.
- We saw that staff had access to personal protective equipment and that they used it as required.

Is the service effective?

Our findings

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

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

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

- Whilst people received choice, their needs had not been fully assessed to ensure all aspects of their lives had been considered. For example, for one person who had a relationship with a person who did not live in the home, no care plan was in place for this even though this had been recorded, by the placing authority, as a need that must be met.
- Care had not been consistently delivered in line with standards, legislation and regulation as evidenced elsewhere in this report.

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

- Most people's needs were met by the design of the building however we identified two people whose needs meant the building was not wholly suitable for them.
- The home was an adapted period building over four floors which were accessed by narrow and steep stairwells. There was a stair lift in place between the ground and first floors. For two people their current health needs meant they were not easily accessing their rooms as they were on upper floors. Whilst the service had considered this issue, no action had been taken to rectify it.
- People's rooms were personalised to their preference and there were communal areas where people could socialise and be with friends. Two people who were married, shared a room together. There was open access to an outside seating area and large communal gardens.

Staff support: induction, training, skills and experience

- People, and their relatives, told us staff had the necessary skills and abilities to support them. This was observed during our inspection.
- One relative told us how well a staff member had recently supported their family member leading up to, during and following a medical procedure. Another relative said, "Yes, I'm impressed how staff handle issues. Not judging and trying to understand how people feel."
- Staff had received an induction, training, regular supervisions and appraisals to manage performance and competency. However, their knowledge in relation to safeguarding needed further improvement.

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

- People's nutritional needs were met, and they were supported to eat a healthy and balanced diet. They were supported to be as independent as possible in meeting these needs.
- People told us they had enough to eat and drink and were offered choice which we observed during the inspection. We saw people making drinks for themselves throughout the day and that staff supported them

as required.

- People's food and drink likes, and dislikes had been recorded and their preferences met. Their weight was monitored to support them in maintaining health and wellbeing.

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

- People's health and support needs were met, and the service had worked with others to achieve this.
- People, and their relatives, told us staff supported people to access healthcare. Three people told us they saw the optician regularly. One relative said, "Staff are very helpful when [family member] is unwell."
- The care records we viewed showed that the service liaised with others as required and in a timely manner. For example, we saw that one person was supported to access hospital, GP, chiropodist, nurse practitioner and optician appointments all on a regular basis.

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 people who used the service had not required any DoLS applications to be made and therefore no authorisations or conditions were in place.
- People told us they were not restricted in any way and one relative told us, "[Family member] is getting used to making their own decisions. Staff have done wonders with their clothes. [Family member] now has an interest in clothes and has started to say what colours they like (to wear)."
- Staff had received training in the MCA although their ability to explain this varied.
- Care records showed that, where in doubt, people's capacity to make a decision had been assessed and these were decision specific as required by the legislation. Where people lacked capacity to make a specific decision, best interest decisions had been made in consultation with appropriate others and recorded.
- We concluded that the service was adhering to the MCA and that people's rights were upheld.

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 told us that they liked the staff that supported them and that they were kind to them.
- One person said staff cared about them and that, "They're happy." Another person told us, "I like the staff."
- People's relatives agreed with one describing staff as, "Amazing." Another told us, "Staff are always friendly." A third said, "[Family member] feels on the same level as staff, very confident."
- Our observations showed that staff interacted with people appropriately and with warmth. We saw that people were comfortable in the presence of staff and that relationships were easy and used humour to engage and build relationships.
- Through discussion, staff demonstrated that they knew people well and had developed meaningful and respectful relationships. People were allocated a named staff member to assist them and all the people we spoke with could name their allocated staff member. One relative told us, "[Family member] adores [staff member]."

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

- People had been involved in the planning of their care as had people important to them.
- People had signed their care plans to say they had been involved in the planning of the support they received.
- People's relatives also felt involved with one telling us, "Staff always ask [family member] if it's okay to invite me to (care) reviews."

Respecting and promoting people's privacy, dignity and independence

- People were respected and had their dignity maintained. Staff actively encouraged people to live as independently as possible.
- All the people we spoke with talked of a kindly service that supported and encouraged. People gave us examples of how they remained independent such as helping to put groceries away, accessing the community alone and completing their own personal care.
- Relatives agreed that the service supported their family member's independence. One relative said, "[Family member] is part of a team, they work together. [Family member] shows a kindness to people who can't do what they can." Our observations also showed that staff supported people with tasks around the home. For example, we saw one person hoovering the dining room after lunch.
- One person told us staff respected the relationship they had with another person who used the service

and gave them privacy.

Is the service responsive?

Our findings

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

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

End of life care and support

- People's wishes for the end of their life had not been discussed with them or recorded. This meant that people's wishes, and preferences may not be adhered to should they become seriously unwell.

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

- People's needs were met in a person-centred manner; however, their plans of care did not fully reflect those needs.
- Through discussion, staff demonstrated they knew people well, and this had resulted in their needs being met. People, and their relatives, confirmed this. One relative we spoke with told us, "Staff seem to know [family member] so well, better than I do. They encourage [family member] to be themselves."
- Care plans did not fully reflect people's needs and there was little person-centred information contained within them. For example, for two people who were in a relationship, there was no care plan to support this and whilst staff supported people in their spiritual and religious needs, there was no information regarding this in the care plans.
- We concluded that people's needs were met in an individualised manner because there was a consistent staff team who knew people well. However, whilst the service did not use agency staff, people were at risk of not receiving appropriate care should that need arise through, for example, an infectious disease outbreak.

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 had support to access a varied programme of planned events outside of the home. However, there were not consistently enough staff to support people with unplanned activities both in the community and the home.
- One person who used the service said they enjoyed cooking with staff and would like to do it more often. They told us, "I would like to go out today, but don't know what I'm doing. Didn't go out yesterday either." During our inspection we saw people access the garden, but no other activities took place either inside the home or regarding accessing the community.
- People were encouraged to maintain relationships although care plans did not fully reflect this. People told us they accessed a wide variety of social events and we saw examples where friendships had developed because of this.
- Relatives told us they could visit the home anytime and that they were made to feel welcome. This supported people to maintain relationships with those important to them.

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 registered manager was unaware of this standard and could not explain it to us.
- We saw that some information was accessible to those that used the service. For example, care plans were in larger print and accessible language and meeting minutes were in a pictorial format. For one person, we saw that staff read information to them.

We recommend the registered manager familiarises themselves with this standard.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place should people wish to raise concerns.
- There had been no recent complaints at the service and people told us they would feel comfortable in raising any should they need to.

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 good. At this inspection this key question has now deteriorated to requires improvement. 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.

Continuous learning and improving care

- No effective system was in place to monitor the quality of the service and drive improvement.
- Whilst there were some audits of the service in place, these had failed to identify the concerns found during the inspection. For example, audits of care plans were completed however did not cover written documentation of people's daily care or the completion of body maps.
- Although the provider visited the service, these were irregular, and no formal or widespread auditing of the service took place at these visits. This meant there was little oversight in place above the registered manager level.
- There had been significant delays in rectifying identified issues at the service that impacted on the people living there. For example, the service had consistently reported, since April 2019, that a tap in a communal bathroom was loose and slow running. This was still evident at our inspection on 29 August 2019.
- There was no overarching service development plan in place to organise identified issues, effectively oversee the quality of the service and the improvements required or plan resources and timeframes. For example, after our inspection, the provider told us they had planned a schedule of redecoration, but no plan was in place to evidence this.

The above concerns constituted a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the provider took some immediate action to rectify some concerns. For example, a loose tap in one of the bathrooms was fixed as was a crack to a ceiling in a bedroom. Staff were given further guidance on managing and reporting safeguarding concerns and a risk assessment was submitted for one of the concerns raised. However, concerns still remained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff showed poor knowledge in some areas of health and social care and had failed to fully understand their responsibilities as care professionals.
- The service had failed to consistently report potential abuse allegations to the relevant authorities and the registered manager and provider did not fully understand their regulatory requirements as reported on

throughout this report.

- The registered manager was not given the time nor resources to effectively perform their role. They were often rostered on care shifts where they were one of only two staff on shift meaning they had little, if any, time to perform their management role. This was evident in the concerns found during the inspection. They attended little training or peer support groups.
- Accurate, complete and contemporaneous care records were not consistently maintained for the people who used the service as required by law.

The above concerns constituted a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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

- Although the registered manager demonstrated a willingness to learn and improve the service, recommendations made by other professionals had not been acted upon and they had not sought support or guidance from others.
- Following several safeguarding incidents, the local authority had made three recommendations, two of which had not been actioned. They had recommended increasing staffing levels which, as a result, would give the service flexibility to offer more activities for people. This had not been actioned by the service.
- Shortly before our inspection, on 6 August 2019, a fire safety inspection had been carried out by the local fire and rescue service. They made three recommendations because of the visit and whilst two recommendations required structural work that would take time, the third raised concerns regarding the placement of soft furnishings in obstructing an escape route should there be a fire. These furnishings were still in situ at the time of the inspection.

The above concerns constituted a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a positive and supportive culture at the service and we saw that people were involved in the day to day running of the home.
- People told us they felt safe and comfortable with the staff that supported them and living in the home. Relatives agreed and told us they were happy with the care their family members received. One said, "[Family member] is happy to come out with me, and just as happy to come home. I think they feel it's their home." Another relative told us, "I'm very happy with the care and so is [family member]."
- Staff told us they felt supported and valued. They received regular supervisions and attended meetings where they felt able to voice their opinions without concern. They spoke positively about the management team and one staff member gave us an example of a thoughtful gesture made by them.
- Our observations confirmed a positive and encouraging culture was present within the service. We saw staff support and encourage people who used the service and that they appeared comfortable in their surroundings.

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

- The service had sought the views of people, and others, via several methods. For example, recent questionnaires had been completed and regular meetings took place for both staff and the people who used the service. Relatives had been invited to care plan review meetings and they told us the service was

good at communicating with them.

- We saw staff and those that used the service worked together to run the home and comfortable and respectful relationships were observed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service had failed to identify, assess and do all that is reasonably practicable to manage the risks associated with the premises and individual service users. Regulation 12(1)(2)(a)(b)(d) and (e)
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service's systems and processes had failed to effectively protect people from the risk of abuse. Regulation 13(1)(2) and (3)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place to assess and monitor the service were ineffective. Regulation 17(1)(2)(a)(b)(c)(e) and (f)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The service had failed to have effective

recruitment procedures in place.

Regulation 19(1)(a)(b) and (2)