

Nellsar Limited

St Winifred's Dementia Residential Care Home

Inspection report

236 London Road
Deal
Kent
CT14 9PP

Tel: 01304375758
Website: www.nellsar.com

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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

St Winifred's Dementia Residential Care Home is a residential care home providing personal and nursing care to 40 older people at the time of the inspection. The service can support up to 53 people in one large extended building.

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

People told us they felt safe living at the service. However, lack of oversight by the registered manager and provider of the quality of the care and support people received had placed people at risk. Comprehensive checks and audits had not been completed until shortly before the inspection. Once concerns had been raised they were addressed.

Potential risks to people's health and welfare had not been consistently assessed. There was not always guidance for staff to mitigate the risks. Records of the care people received were not accurate and had not been completed in a timely manner. Medicines were not managed safely. Accidents and incidents had been recorded and action taken but they had not been analysed to identify patterns and trends.

Staff were recruited safely, though improvements were required to the recording of information. There were enough staff to meet people's needs. However, most of the nursing care was provided by regular agency nursing staff. Staff received training appropriate to their role, but staff had not received regular individual supervisions to discuss their development.

People were supported to eat a balanced diet. People had access to activities they enjoyed and were supported to stay as active as possible. The service had been adapted to meet people's needs.

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

People were given information in a way they could understand and where possible were involved in developing their care plan. People and relatives told us they knew how to complain, and any issues had been dealt with appropriately.

People, staff and relatives had been asked their opinion on the service. The registered manager attended local forums to keep up to date with developments and to continuously improve the service.

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 Good (published 29 January 2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicines management, staffing, wound management and care planning. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, person centred care and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 ●

St Winifred's Dementia Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

St Winifred's Dementia Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information received about the service from other

health and social care professionals. We used all this information to plan our inspection.

During the inspection

Some people living at the service were unable to speak with us. We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with thirteen members of staff including the operations and compliance manager, registered manager, deputy manager, senior care workers, care workers, activity staff, the chef and an agency nurse. 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 reviewed a range of records. This included six people's care records and multiple medication records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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; Learning lessons when things go wrong

- Potential risks to people's health and welfare had not been consistently assessed. There was no guidance for staff to follow to mitigate some risks. Some people were living with epilepsy. There was no information about how people's seizures presented. Staff may not recognise when people were experiencing a seizure. There was guidance about when to give people's emergency medicines. Records showed that one person had a seizure recorded as lasting 50 minutes, but no emergency medicine had been given. Staff had not followed the guidance and this put the person at risk of harm.
- Some people had wounds and there were no management plans in place. There was a risk wounds would not be managed following best practice guidance and there would be a delay in healing. Nurses had taken photographs of the wounds but had not used a ruler to show the size. Records had not been completed consistently each time the dressing was renewed. Nurses had used different dressing without recording the reason for the change. Some people had specialised mattresses to reduce the risk of skin damage. Checks on the mattresses had not been completed consistently and staff had not recognised when a mattress was set incorrectly. This put people at risk of skin damage.
- When people were living with diabetes, there was no information about how people would present when they were unwell. There was no guidance for staff about the signs of symptoms of high or low blood sugar and what action to take. During the inspection, staff asked for a GP visit as one person's blood sugar was high. During the visit the GP provided a management plan.
- Accidents and incidents had been recorded. An investigation form had been completed and signed off by the registered manager. Action had been taken following each individual incident or accident. However, an overall analysis had not been completed. There was no information available to identify patterns and trends, such as when or where the accidents had taken place. There had been no assessment of infections. In October 2019 there were 10 infections including urine and chest infections. There had been no analysis to identify if there were underlying factors causing the infections.

The registered persons had failed to assess the risks and doing all that is reasonably practicable to mitigate any such risks. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks had been completed on the environment and equipment to make sure people were safe. Fire equipment checks had been completed regularly. Water temperatures had been checked to make sure they were below 44 degrees to reduce the risk of scalding.

Using medicines safely

- Medicines were not always managed safely. Some medicines require their administration to be witnessed by two staff and a book to be signed to confirm this. This had not been done consistently, there were two occasions when there was only signature in the book.
- Some people were prescribed medicines to be given 'when required', such as pain relief and anxiety medicines. There were protocols in place. These did not contain specific details for each person about when and how much medicine to give. When staff had given people Paracetamol they had not recorded if it had been one or two tablets. There was a risk that people would not receive their medicines consistently.
- When medicine instructions were hand written, it is best practice for two staff to sign it, confirming the instruction is correct. This had not been completely consistently by staff. One person was prescribed Co-codamol tablets, these are available in different strengths. The tablet strength had not been written on the instruction. There was a risk the person would not receive the correct strength, as there were boxes of different strengths in the trolley. Some printed medicine instructions received from the pharmacy were not correct. This had not been identified by staff. Staff took immediate action to correct this during the inspection.

The registered persons had failed to manage medicines safely. This is a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff had been recruited safely. However, information had not always been recorded. People's full employment history had been discussed but had not always been recorded. This is an area for improvement. Other employment checks had been completed including two references and Disclosure and Barring Service criminal records checks.
- There were not enough permanent nursing staff employed to cover the service. Agency nurses were employed to cover two night shifts and the equivalent of six day shifts each week. The registered manager told us regular agency nurses were employed, to make sure people received consistent support. Agency nurses we spoke to confirmed this.
- There were enough care staff to meet people's needs. The facilities manager told us, staff were deployed within the service according to people's needs. We observed people being assisted quickly when they required support. People and relatives told us, staff were prompt when answering call bells and gave them the support they needed.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- Staff had received training to promote infection control. There were gloves and aprons available around the service. Staff were observed using gloves and aprons appropriately.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and discrimination. Staff described how they would recognise the signs of abuse and the action they would take. Staff were confident the registered manager would take the appropriate action.
- The registered manager had reported safeguarding concerns to the local safeguarding authority. They had worked with the local authority to learn lessons and take action to prevent them happening again.

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

- People met with the management team before they came to live at the service. A pre-admission assessment was completed. The assessment covered all aspects of people's needs, choices and preferences, including their physical, mental and cultural needs.
- One person had been admitted to the service 11 days before the inspection. Since their admission, there had been no assessment of their needs or care plan written. The person had complex health issues and there was no guidance for staff. There was a risk people would not receive the care they needed. The registered manager told us they would expect assessments to be completed in the first 48 hours of admission. The assessments and short care plan had been completed by the end of the inspection.

The registered persons had failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met. This is a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People who had lived at the service for a long time had their needs assessed. Staff assessed people's needs following best practice guidance, using recognised tools. These assessments had been reviewed regularly.

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.

- Staff understood how to support people to make their own decisions. Staff understood how people

communicated their choices and respected these. We observed people being supported to make choices. This included how they wanted to spend their time and what they wanted to eat.

- Some people had DoLS authorisations in place. When conditions had been placed on authorisations, these conditions had been met.
- When people were unable to make their own decisions, these had been made in the person's best interests. However, the reasons for the decisions had not been recorded clearly. The documentation of best interest decisions was not detailed. The records did not show how the decision had been made and why the decision was the least restrictive. This was an area for improvement. We observed people sitting in specialist chairs and with lap belts. We reviewed their care plans and the use of the lap belt and chair was the least restrictive option to keep them safe.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role. Training consisted of face to face and workbooks. Staff told us they had received training to support people with health conditions such as diabetes, catheter and dementia. This was confirmed by the training records. Training was reviewed, and staff received refresher training when required. Nurses received clinical supervision and training to up date their clinical skills.
- New staff received an induction. This included working with more experienced staff to learn people's choices and preferences. New staff received mandatory training and their competency was assessed before they worked independently.
- Staff had received some individual supervision, but this had not been regular. Staff attended group supervisions to discuss issues and concerns within the service. This had kept staff up to date with the standard of practice required of them. However, staff had not had a regular opportunity to discuss their own development. During the inspection, records of supervisions were not available and there was no record of which staff had received supervision. Following the inspection, the registered manager sent us an up to date supervision matrix.

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

- People were supported to eat a balanced diet. People had a choice of meals and they told us they were able to choose an alternative if they did not like the meals. The chef told us the menu was decided by the service so could include meals that people enjoyed. People who had been assessed as needing a specialised diet such as a pureed meal were supported.
- During the inspection, we observed a lunch time meal. The food was hot and looked appetising. People were able to choose where they ate their meals, people eating in the dining rooms chatted amongst themselves. When people required assistance with their meals, staff gave them time to eat at their own pace. Staff sat next to people and chatted to them, checking they were enjoying their meals.
- When people were at risk of not eating and drinking enough, their diet and fluids were recorded on charts. However, the records were not always accurate or complete. Some people's meals had not been recorded on the food chart but were in the daily records. Fluid charts did not have an amount that people should drink recorded. The charts had not been checked by senior staff. There was no evidence to show what action had been taken when people had not been drinking enough fluids. This was an area for improvement.

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

- Staff monitored people's health and referred them to healthcare professionals when their needs changed. Staff monitored people's weights. However, there was not clear guidance for staff about how to and what equipment to use to weigh people. One person's weight had been recorded and there were large fluctuations in the weight. Senior staff told us they needed to be weighed in their chair then the weight could

be calculated. This guidance was not written in the care plan and staff had not always calculated the weight correctly.

- When people developed difficulty with their swallow, they referred to the speech and language therapist. Staff followed the guidance given to them. We observed people's drinks being thickened so people could drink safely.
- People were referred to their GP when they were unwell. During the inspection, a GP visited people who had been unwell in the morning. Staff made sure any changes to treatment and medicines were recorded and new medicines ordered.
- People had access to health professionals such as the dentist and optician. People's oral health had been assessed and care plan developed. People were supported to be as active as possible. People took part in exercise classes and were supported to mobilise as much as possible.

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

- The service was one large extended building over two floors. The building had been adapted to meet people's needs. There were communal areas on all floors and a lift, so people could access all the floors.
- Improvements were being made to the decoration of the service. Some of the lounges had been decorated recently and there was a plan for this to continue. People's bedroom doors had photos on them and there were pictorial signs for communal rooms so people could find their way around the building.
- People's rooms had been personalised. People had photos and pictures on the walls, they also had ornaments that were important to them. One person told us, their room was now their home and they were happy there.

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 staff were kind and caring. One person told us, "They are very kind, always chat and make sure I am ok." Staff knew people well and we observed people being supported in the way they preferred.
- We observed staff reassuring people as they were mobilising, telling them they were safe and to keep walking. Staff sat and chatted to people, staff knew who liked to hold their hands while they were chatting. Staff spoke to people in a calm way and responded to them in the way they liked. People responded to staff positively, smiling at them and laughing.
- People's different beliefs were supported. There were regular services within the service, when required visits were arranged for representatives of other religions to visit.

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

- When people were able to, they were encouraged to express their views about their care and support. People or their relatives had completed life histories. Staff told us, this helped them to understand people and know their choices and preferences. These were used to help inform decisions made in people's best interest.
- People were given the opportunity to discuss their needs with the GP and other health professionals. We observed people discussing how they felt with their GP. People's decisions were respected when developing people's care and support. When possible, people had signed the care plan to confirm they agreed with it.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Staff had made signs to hang on people's door handles to show that they should not be disturbed. We observed staff closing people's doors and closing the curtains when supporting people. Staff knocked on people's doors and waited to be asked in.
- People were supported to be as independent as possible. People were supported to eat and drink independently by using specific cutlery. People were encouraged to mobilise using walking aids.

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.

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

- Each person had a care plan; however, these did not consistently reflect the care that was being given. Some care plans were not consistent in the guidance for staff. For example, one person required support to change position. The care plan had two different instructions about the timing of these interventions. We reviewed the turn charts and the person had been turned two hourly. The turn chart stated the person should not lie on their right side. Staff had not followed this and the person had been turned onto their right side. This is an area for improvement.
- Care plans had details about how people liked to be supported. This included how they needed their drinks to be presented and what drinks they liked. There were details on how staff should support staff with washing and dressing. People's care plans had been reviewed regularly.
- People told us, the staff supported them in the way they preferred. We observed staff anticipating people's needs. When staff were settling people into their chairs in the lounge they knew what people wanted with them such as their knitting. Staff described in detail how they supported people and their preferences.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy, this was displayed around the service. There had been five complaints since the last inspection. There was a copy of the complaint and the response in the complaints file. However, the registered manager had not used documents following the complaints policy. There was no record of how the complaint had been investigated and the conclusion had been reached. This was an area for improvement.
- People and relatives told us they knew how to complain. One relative said, "I would speak to the nurse or the manager. Whenever I have mentioned anything it has been sorted straight away."

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.

- There was information in people's care plans about how to support people with their communication. Information was available in pictorial format around the service including the complaints policy, menus, activities programme and newsletter.

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

- Staff supported people to maintain relationships with people who were important to them. Relatives told us they were able to visit when they wanted and were made to feel welcome. We observed staff offering visitors drinks and snacks. Staff supported people and relatives to enable people to go on home visits on for important events. One relative told us, they were organising for their loved one to go to their house for Christmas.
- People were supported to take part in activities they enjoyed. The provider had a recreation and wellbeing manager who supported services in providing meaningful activities. There were two activities staff at the service who provided one to one support to people in their rooms. There was a comprehensive programme in place that had been designed to support people living with dementia.
- People were supported to complete arts and crafts, bingo, quizzes and reminiscence. Staff told us how they used a computer tablet to play old songs and look on interactive maps. This helped people to talk about their memories and their life histories. We observed people decorating Christmas logs to go on the dining tables on Christmas day. People appeared to be enjoying themselves and were helping in each other to choose decorations.

End of life care and support

- Staff supported people at the end of their lives. People were asked their end of life wishes and these were recorded. People had an anticipatory care plans in place with details about how they wished to be supported. People had expressed the wish to be cared for at the service and not to go into hospital.
- When people became frail, they were reviewed by the GP. Medicines to keep people comfortable were prescribed. During the inspection, we observed nurses assessing people's needs and administering medicines as needed.

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.

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

- We undertook this inspection, following concerns being raised by health and social care professionals. This included the lack of permanent nursing staff, medicines, wound management and care planning. The current registered manager started in post in January 2019, registering with CQC in April 2019. Until recently the registered manager had been supported by a lead nurse. They had been responsible for managing the care of people requiring nursing. The registered manager had not completed checks and audits on the work of the lead nurse.
- Serious shortfalls in the quality of the service were identified when senior care staff raised concerns about medicine management. The lack of oversight by the registered manager and provider had put people at risk of receiving poor care. The registered manager had reported issues found to the local safeguarding authority and CQC under their duty of candour.
- Records of the care and support people received were not accurate. Staff had not received regular individual supervisions and recruitment processes were not completed consistently.

The registered persons had failed to assess, monitor and improve the quality and safety of the service. They had failed to maintain contemporaneous record in respect of each person. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the identification of the shortfalls, the registered manager had completed audits and developed an action plan. They had been supported by the provider's senior management team including the compliance manager. The audits were now more in-depth and detailed.
- Staff had been informed of the changes in the service following these concerns. Meetings had been held to involve the staff and to include them in the improvements. Staff told us they had been asked to make changes in their practice to improve record keeping.

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

- There was an open culture within the service. People were encouraged to develop friendships within the service. People enjoyed spending time together in the communal areas. The registered manager knew people well and chatted to them as they walked around the service. People appeared relaxed in their

company and chatted to them easily.

- The registered manager had an 'open door' policy, we observed relatives talking to the management team in an open and relaxed manner. The registered manager knew the relatives and was able to talk with them about their loved one.
- Staff told us, they put people first and supported them in the way they preferred. People were involved as much as possible in developing their care and the activities available.

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

- People and relatives had been asked their opinions of the service in August 2019. The responses had been analysed and were mainly positive. An action plan had not yet been completed to address the issues raised. Staff had completed a survey and staff had been positive about working at the service.
- Staff and people had attended regular meetings. Staff confirmed they had attended meetings. However, minutes were not available for all the meetings held, to confirm what had been discussed. This was an area for improvement. People told us they had been asked about the menus and activities they wanted. They confirmed that their suggestions had been put in place.

Continuous learning and improving care; Working in partnership with others

- The registered manager attended conferences and forums for care home managers. This kept them up to date with changes and best practice. They had been accepted to attend a registered managers course organised by the local authority in January 2020. Staff were supported to attend training sessions held by the local clinical commissioning group.
- The registered manager had worked to create links to the local community. A local nursery came into the service and some children had developed relationships with people. The service had worked with the nursery to be part of the local carnival. The service had regular visits from the local church and made Christmas boxes for children overseas.
- The service continued to work with health and social care agencies to improve the service and provide people with joined up care.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The registered persons had failed to design care or treatment with a view to achieving people's preferences and ensuring their needs are met. Regulation 9 (3)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons had failed to assess the risks and doing all that is reasonably practicable to mitigate any such risks. The registered persons had failed to manage medicines safely. Regulation 12 (2)(a)(b)(g)
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	The registered persons had failed to assess, monitor and improve the quality and safety of the service. They had failed to maintain contemporaneous record in respect of each person. Regulation 17 (2)(a)(c)