

White Rose Care Newlands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Newlands is a residential care home providing personal care to nineteen at the time of the inspection. The service can support up to nineteen people with a learning disability. People live in one converted bungalow.

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

Right Support

Staff did not provide effective support to identify people's aspirations and goals and assist people to plan how these would be met. Staff did not always focus on people's strengths and promoted what they could do. There was not a consistent approach to supporting people to learn new skills or maintain their skills for as long as possible, where this was appropriate.

The service provided people with care and support in a clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. However, some safety aspects had not been identified and mitigated prior to the inspection. The risk to people from hot, uncovered radiators had not been addressed.

People had choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision making.

The size of the service was larger than current best practice guidance. However, the building design fitted in to the residential area and did not stand out from the other residential homes.

Right Care

People could communicate with staff as staff understood their individual communication. However, there was no evidence staff had fully explored how to make information accessible to people as much as it could be.

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People could take part in activities and keep in touch with people who were important to them.

Right culture

The service had not fully enabled people and those important to them to work with staff to develop the service. Feedback had been received from relatives which was positive. However, there was a lack of systems in place to support people to feedback about the service.

Staff had not always ensured the quality and safety of the service had been fully assessed to ensure people were safe. Safe recruitment practices were not always followed.

Staff knew and understood people well. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Follow up

We will request an action plan from 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 effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was 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 ●

Newlands

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Three Inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made telephone calls to relatives.

Service and service type

Newlands is a 'care home.' People in care homes receive accommodation and nursing or personal care as a 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 and received feedback from two social care professionals who work with the service. The provider was asked to complete a provider information return prior to this inspection. However, we did not receive this. This may

have been due to a technical error. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with six people who used the service and eight relatives about their experience of the care provided. Some people who used the service communicated with us using different methods including the use of pictures, gestures and body language. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and people were happy to use it with us. We did this by speaking to the registered manager. In this report, we used this communication tool with four people to tell us their experience.

We spoke with eight members of staff including the registered manager. We also spoke with a visiting health care professional. We reviewed a range of records. This included five people's care records and various medication records. We looked at three 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We spoke with one professional who regularly visit the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- Staff recruitment processes did not always promote safety. We looked at three staff files and found concerns with all three files. There were gaps in one staff's members employment history which had not always been accounted for. There were inconsistencies in another staff members employment history records, there was no evidence this had been explored or dates of employment confirmed. Satisfactory evidence of staff's conduct in previous employment had not always been sought for two staff whose files we reviewed.

The provider had failed to ensure safe recruitment procedures were established and operated effectively. This is a breach of Regulation 19 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had enough staff enabling people to take part in activities and visits, and for people who required one-to-one support.
- The numbers and skills of staff matched the needs of people using the service.

Systems and processes to safeguard people from the risk of abuse

- There had been no recent safeguarding concerns. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. One relative said, "I feel it is absolutely safe there. We have no concerns about his safety at all, quite the opposite in fact."
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to explain what the signs of potential abuse were and what action they would take if they had concerns.

Assessing risk, safety monitoring and management

- Staff did not always manage the safety of equipment within the living environment. We saw some radiators which were not covered and were hot to the touch. Action had not been taken to minimise the risk from these. For example, if a person fell and was leaning against it. We raised this with the registered manager who immediately arranged for radiators to be covered. Following the inspection, they confirmed this work had commenced.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff used a consistent approach with one person when they were upset. They used keywords identified to help a person become calm when they were upset.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff

understood the risks to people and knew how to support them safely. For example, staff knew how to support one person who used a gastric tube. A gastric tube is a tube that goes into the tummy and can be used for fluids, medicines or food. Staff were aware of what issues there could be with the gastric tube and what to do if concerns arose. Relatives told us they felt the care provided was safe. One relative said, "Oh yes, absolutely safe. They put every measure in there to make sure people are safe, especially over the past couple of years. Amazing job."

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. People communicated to us they were happy with the support they received with their medicines.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in people communicating, when medicines were given covertly, and when assessing risks of people taking medicines themselves.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

Preventing and controlling infection

- The service's infection prevention and control policy was not up to date as it referred to visiting restrictions. This is an area for improvement. However, we did not find concerns about visiting in practice and the service was supporting visits for people living in the home in line with current guidance. Relatives did not have concerns about visiting. One relative said, "[My relative] comes home regularly and then I visit [them] there. It works very well."
- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements in place to keep the premises clean and hygienic.
- The service prevented visitors from catching and spreading infections.
- The service followed shielding and social distancing rules.
- The service admitting people safely to the service.
- Staff used personal protective equipment (PPE) effectively and safely.
- The service tested for infection in people using the service and staff.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service made sure infection outbreaks could be effectively prevented or managed. It had plans to alert other agencies to concerns affecting people's health and wellbeing.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.
- From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement. The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses and this helped keep people safe. Staff knew how to report incidents and we reviewed records of incidents which had been recorded. For example, one person had become upset. Staff had reported what had occurred, what the triggers had been and what

actions had been taken to support the person to become calm again.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. When incidents had occurred, action had been taken to reduce the risk of reoccurrence.
- Learning about incidents had been shared with staff. For example, staff knew one person was more likely to become upset if they had an infection and knew to check for this if there was an incident.
- The registered manager was aware of the Learning from Deaths Mortality Review (LeDeR) Programme. They had supported the review process and provided feedback to promote learning.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed a comprehensive assessment of each person's physical and mental health either on admission or soon after. Staff had a good understanding of people's health needs and how to support people who might express their feelings through behaviour. For example, one person displayed signs they could be unwell. Staff reassured the person and then took prompt action to check if there were concerns about the person's health.
- People's needs had been assessed before they moved into the service to plan people's support and make sure staff had the skills needed to support them. The registered manager spent time with people prior to them moving to the service. This included assessing if the service would be the right place for the person to move in to and took in to account the size of the service. People had opportunities to visit the service to spend time and help them decide if they wanted to live there.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the relevant training needed to support people. This included training on supporting people with learning disability, people living with dementia and people who might display emotions through behaviour. Staff we spoke with were knowledgeable about how to support people.
- People who lacked capacity to make certain decisions for themselves or had fluctuating capacity had decisions made by staff on their behalf in line with the law and supported by effective staff training.
- Staff told us they felt well supported by the registered manager. The registered manager also regularly worked alongside staff and was able to oversee staff practice.

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

- People received support to eat and drink enough to maintain a balanced diet. We observed staff encouraged people to eat where people needed this support. Staff identified one person wasn't eating and needed help, staff assisted the person to eat in a kind and patient manner.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. Where people were at risk of dehydration, we observed staff encouraged them to drink. Staff tried different drink options. How much people drank was monitored, and staff knew what to do if people were not drinking enough.
- People were involved in choosing their food, shopping, and planning their meals. The registered manager told us the cook met with people to plan their meals. We observed people having drinks and snacks of their choice throughout the day.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's needs. There were two lounges and quieter spaces where people could spend time. There was a sensory room which we saw people using and a garden area which was accessible to people.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. One relative said, "I'm very pleased with the home, it's very clean and the bedrooms are all individual to the people living there."
- The design, layout and furnishings in a person's home supported their individual needs. One person told us they like their room and it suited their mobility needs.

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

- Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. One health care professional told us, "They always provide support to people when they are in hospital." One person was in hospital at the time of the inspection. The registered manager spent time with them supporting them with their needs and aiding communication.
- People were supported to attend annual health checks, screenings and primary care services. For example, staff had worked together with professionals over a period of time to support one person overcome anxieties which had enabled them to access a health check.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One relative said, "They keep a close eye on [my relative and their] health. [They] suffers a lot with [a health problem] and they call the doctor as soon as they think there may be a problem with it."

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff knew people had the right to make day to day choices. We saw staff offering people choices throughout the day, for example about what people wanted to eat and where they wanted to spend their time.
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. Staff ensured relatives were involved where appropriate in decisions which had been made on people's behalf. One relative said, "[My relative] isn't able to make decisions for [themselves] so they always ask me about any decisions that need to be made." A health care

professional said, "They are on the ball with mental capacity assessments, they are so good with best interests' decisions, they will make sure they are right for people."

- For people lacking capacity to make decisions about their medicines, best practice was followed and there were safe processes around medicines being administered covertly.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received kind and compassionate care from staff. We saw people chatted or communicated with staff and were relaxed in staff's company. Relatives told us, "Lovely, very chatty and friendly. With the residents they are very loving and caring people." And, "The staff are very caring and go the extra mile for the people who live there."
- Staff were patient and used appropriate styles of interaction with people. For example, one person communicated with gestures, we saw staff respond to these appropriately and this was important to the person.
- Staff members showed warmth and respect when interacting with people. We saw staff and people smiling together. Staff used touch in an appropriate way to reassure people.

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

- People were given time to listen, process information and respond to staff and other professionals. We saw staff were patient with people when they needed time to express themselves. We saw staff had a positive relationship with people and understood how people communicated.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences. For example, staff supported one person to follow their beliefs. They had considered the person's holistic needs and planned how best to support the person without this leading to anxiety when they were at social events where there was food present.
- People were supported to access independent advocacy. People had regular appointments with their advocate to support them to express their views. Independent advocates provide an opportunity for people to share their views and support to express those views.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted dignity for people. For example, we saw staff discreetly supported people during mealtimes to remove any foods they had spilt whilst eating. People's clothes and hands were clean. One relative said, "[My relative] is very happy living there, they genuinely care about [them] and show it." A health and social care professional told us, "Staff interactions with residents were respectful and appropriate."
- Staff told us they knew when people needed space and privacy and they would respect this. We observed staff offering people choice about spending time in their room. For example, one person normally ate with other people but did not want to do so on the day of the inspection. Staff listened to the person and respected this choice.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were met through good organisation and delivery.

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

- Staff had not always ensured people had access to information in formats they could understand. For example, there was no information on how staff made people's support plans as accessible to people as they could be. This is an area for improvement.
- We saw some people participating in everyday daily living activities. There was some evidence some people had been supported to increase some aspects of their independence. However, there was a lack of consistent individualised plan to support people to learn new skills or maintain existing skills. These aim to support people to achieve greater confidence and independence, where this was possible. For example, to support people to actively participate in managing their own laundry or making drinks for themselves with staff support. This is an area for improvement.
- There was limited information about people's wider aspirations and goals. There was a wish tree in place, this included some people's wishes for the year. For example, one person wanted to go to Legoland. However, there were no individualised plans which set out how people were to be supported to achieve their own aspirations. People had keyworkers in place. However, there was no evidence keyworkers had met with people to discuss these. This is an area for improvement.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us people had only recently started to go out in the community following Covid-19 pandemic. Some people had previously spent time at day centres which were not yet open to them.
- People and their relatives told us they were happy with the support they received to take part in activities. One person told us they liked to play computer games and were supported to get new games to play. We saw people participating in keep fit activities. Staff had ensured adjustments had been made so people could participate in this activity if they wanted to. Relatives said, "They do everything possible; they take [my relative] out to clubs and the theatre. They always look out for different events [they] might enjoy. They try to involve [them] in the home, but [they] like to sit and watch." Another said, "[My relative] is happy and content living there. [They like] keep fit too."

- Relatives told us they were happy with the support people had received to keep in touch with them.

Improving care quality in response to complaints or concerns

- There had been no complaints recorded at the service. However, people, and those important to them, could raise concerns and complaints easily. The registered manager spent time working with people and people were comfortable speaking with or communicating with staff. Relatives told us, "I would talk to [registered manager]. No, I have never had any reason at all to complain." And, "I can't imagine having to complain about anything there, but if I did I would speak to [registered manager]".

End of life care and support

- No one was being supported with end of life care at the time of the inspection. However, the service had provided support to people at the end of their life in the past.
- Staff had undertaken good quality training to support people at the end of their life. Health and social care professionals told us the service worked well with other agencies to provide this support.
- Staff considered people's wishes and preferences at the end of their life. For example, if the person might want music playing. The registered manager told us people were never left alone during this time. One health care professional said, "They will do anything to provide good support at the end of people's lives."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance processes were not always effective to keep people safe and provide good quality care and support. There were no audits of staff files to ensure recruitment checks had been undertaken appropriately and we found they had not been. Safety checks had not identified risks from the radiators in the service which had not been mitigated.
- The provider had sought feedback from people's relatives and those important to them. The feedback from relatives was positive. However, there was no evidence of feedback being sought from people. For example, there were no records of an annual survey or meetings for people to voice their views. People had keyworkers but there were no records that keyworkers supported people to feedback their views on their support.
- Staff knew people well. However, there were areas where people's support plans lacked detail. For example, some support plans would benefit from more information on how people communicated to support new staff to learn about people.
- There was a culture of treating people with kindness. However, there were areas where the service could improve in developing a culture of person-centred support which focused on enabling people. For example, through developing individualised plans to supported people to develop independence skills.

The provider had failed to assess, monitor and improve the quality and safety of the services. The provider had not always sought feedback from people. The provider had failed to ensure there was an accurate and complete record for each person. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager worked directly with people and led by example.
- Management were visible in the service, approachable and we saw they took a genuine interest in what people, staff, family, and other professionals had to say. One relative said, "The staff always make time to chat, even though they are so busy, and [the registered manager] is always available if I need her." And, "We always feel they are interested and do whatever we ask of them."
- Staff told us they felt able to raise concerns with the registered manager without fear of what might happen

as a result.

- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One staff said, "The manager is great. She organises the team really well and she cares. She's really supportive."
- The registered manager had the skills and experience to perform their role. However, there were areas where they would benefit from improving their knowledge of current legislation and best practice. For example, the registered manager told us they were not aware of the Accessible Information Standard. This is an area for improvement.
- The registered manager did not engage with groups organised by the Local Authority or other local networks which aimed to help improve care services in the local area and share best practice developments. This is an area for improvement.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The registered manager had submitted notifications to CQC as required by law.
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. The feedback we received from health and social care professionals was positive.

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 did not identify any duty of candour incidents. However, the registered manager understood their responsibilities if such an event occurred. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- Relatives told us they felt the staff were open, transparent and would keep them informed. One relative said, "Nothing is hidden or behind closed doors there, they keep me informed all along the way".

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 provider had failed to assess, monitor and improve the quality and safety of the services. The provider had failed to ensure there was an accurate and complete record for each person.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure safe recruitment procedures were established and operated effectively.