

Sheffield Health and Social Care NHS Foundation Trust

Wainwright Crescent

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This inspection took place on 12 September 2017 and was unannounced. This meant the staff and provider did not know we would be visiting. The service was previously inspected on 10 and 17 May 2016. At that inspection we found the registered provider was in breach of the following regulations: Regulation 12: Safe Care and Treatment and Regulation 17: Good Governance. Following the inspection, the registered provider sent us an action plan to say what they would do to meet legal requirements in relation to these breaches. At this inspection we checked that they had followed their action plan, and to confirm that they were meeting all of the legal requirements.

Wainwright Crescent provides respite support and step down support for people with mental health conditions. It can provide a service for up to twelve people. At the time of the inspection there were eleven people using the service. One person was admitted on the day of the inspection. Wainwright Crescent was in the process of changing its function and the proposed new model was to increase step down provision and reduce the respite provision. The service would also provide short stays for people using the Community Enhancing Recovery Team (CERT) service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection we found people were not always protected against the risks associated with the management of medicines. At this inspection we found sufficient improvements had been made to ensure medicines were managed safely at the service.

At this inspection we found new concerns about some people's risk assessments. An assessment of risk had been completed prior to a person being offered a place at the service, but this required improvement.

We also saw the assessment of people's individual potential risks and/or the measures in place to reduce and manage the risks to the person required improvement. Although we did not find this had negatively impacted on people using the service; this presented a risk that staff may use inconsistent and ineffective practices to support people. We spoke with the registered manager at the time of our inspection, and they assured us immediate action would be taken to review people's risk assessments and care plans.

This was a continued breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At the last inspection we found that ineffective systems were in place to monitor and improve the quality of the service provided. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we saw a plan of action had been completed by the registered provider to improve the systems in place to monitor and improve the quality and the safety of the service provided. We saw these systems had been embedded in practice. We saw sufficient improvement had been made to meet the regulation. However, our findings during the inspection showed the system in place to audit people's care plans required additional improvements. We shared this feedback with the registered manager; they assured us immediate action would be taken to make these improvements.

People we spoke with told us they felt 'safe' and had no worries or concerns.

Staff recruitment procedures ensured people's safety was promoted.

Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm.

People and staff we spoke with did not express any concerns about the staffing levels at the service.

We did not find any concerns about infection control during our visit. However, we saw the service would benefit from being refurbished.

People we spoke with made positive comments about the quality of care they had received. We saw people responded well to staff and they looked at ease and were confident with staff.

The service had received compliments about the care and support provided from people who had used the service and from people's relatives.

In people's records we found evidence of involvement from other professionals such as mental health professionals.

People took responsibility for their own meals. During the inspection we saw people preparing food and drinks for themselves.

Staff had received formal supervision and an annual appraisal, although the frequency of their supervision sessions was not in line with the provider's own policies.

Staff had undertaken mandatory training which was regularly updated. We discussed with the registered manager how staff may benefit from receiving more in depth training to increase their knowledge about mental health conditions. Following the inspection the registered manager sent us details of further training that had been arranged for staff for the next three months. They also told us they were identifying other mental health training for staff to complete.

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

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect.

The service no longer employed an activities worker. The registered manager told us they had been considering obtaining an occupational therapist student for the service to support people to participate and engage in meaningful activities.

The service had not received any complaints since the last inspection. There was a complaints procedure available to people and their representatives. The service had introduced a local 'grumbles' procedure to encourage people to voice any concerns they may have.

The service held regular community meetings for people using the service to attend. This showed the registered provider actively sought out the views of people to continuously improve the service.

Accidents and untoward occurrences were monitored by senior managers to ensure any trends were identified. These checks helped to identify any concerns so appropriate action can be taken to improve the quality of support provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We saw the assessment of people's individual potential risks and/or the measures in place to reduce and manage the risks to the person required further improvement.

People told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard the people they supported.

There were sufficient staff to meet people's needs.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good ●

The service was effective.

People we spoke with were satisfied with the support they had received.

Staff had undertaken mandatory training which was regularly updated.

Staff had a good understanding of the Mental Capacity Act 2005.

We saw staff received appropriate support to enable them to carry out their duties.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect, and their privacy was protected.

People made positive comments to us about the staff who supported them.

Staff enjoyed working at the service. They knew people well and

were able to describe people's individual needs.

Is the service responsive?

Good ●

The service was responsive.

We saw a few people's care plans needed to be reviewed so they included a plan of care for all their identifiable risks. We spoke with the registered manager about this at the inspection. They assured us this action would be completed.

There was an on call service provided where staff could contact senior managers if they required assistance.

Complaints were recorded and dealt with in line with the providers own policy.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The quality assurance and audit processes had improved since the last inspection. However, we found the care plan audit process still required further improvements.

During the inspection we found some concerns relating to people's risk assessments and care plan records.

The provider actively sought out the views of people to continuously improve the service.

Wainwright Crescent

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 September 2017 and was unannounced. This which meant the staff and provider did not know we would be visiting. The inspection was led by an adult social care inspector who was accompanied by a mental health inspector 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.

Before our inspection, we reviewed the information we held about the home. We gathered information from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was reviewed and used to assist with our inspection. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered. We spoke with six people using the service, the registered manager, the deputy manager, the operational supervisor, one support worker and a support worker apprentice. We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms. We reviewed a range of records including three people's care records, records relating to the management of medicines, four staff files and records relating to the management of the service.

Is the service safe?

Our findings

At the last inspection in May 2016, we found concerns about the management of medicines. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) 2014, Safe Care and Treatment. The registered provider sent us a report with details of the action they would take to meet the regulation.

At this inspection we found sufficient improvements had been made to the management of medicines. However, we found new concerns relating to people's individual risk assessments.

The registered manager told us that prior to an admission an assessment was made on whether a person would be offered a place at the service. For example, the service would not be suitable for someone who required personal care and/or they were unable to self-administer their medicines. The decision to offer a place was in consultation with other healthcare professionals involved in the person's care. The registered manager regularly attended a meeting at the Trust (registered provider) to discuss individuals (people currently in hospital) who may benefit from step down support. The registered manager showed us their handwritten records relating to these discussions. We saw the records to evidence that an assessment of risk had been completed prior to the person being offered a place at the service required improvement. Providers must have processes that enable them to identify and assess risks to the health, safety and/or welfare of people who want to use a service. An accurate, complete record of this assessment must be available. We discussed this with the registered manager at the inspection; they assured us that these improvements would be made.

We saw that individual risk assessments were completed for people using the service. The purpose of a risk assessment is to identify any potential risks and then put measures in place to reduce and manage these risks. For example, a person's risks related to their health. The system in place to identify and manage individual risks was not robust and required improvement.

The care records we viewed did not demonstrate that each person's known risks had been fully assessed and that sufficient management plans were in place for such risks. For example, there was little or no information provided for staff about how they should respond to individual risks, such as where someone may present with agitation and anxiety; or how to respond if a person started to misuse drugs or alcohol where they had a known history of such misuse. Although we did not find this had negatively impacted on people using the service; the lack of detailed risk assessments and management plans meant staff may use inconsistent and ineffective practices to support people.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe Care and Treatment.

The registered manager told us people using the service had control over their own medicines and had a lockable drawer in their room to store them securely, although some people using the service were prompted by staff to take their medicines. A few people using the service were prescribed controlled drugs.

These are medications which are subject to regulation and separate recording. Any medicines that were controlled drugs (CDs) were kept in a cupboard in the staff office and this complied with the legal requirements. This meant that controlled medicines could not be mishandled or misused by other people, and that they were safe to use.

We saw a plan of action had been completed by the registered provider since the last inspection to improve the management of medicines at the service. This action included developing a local medicines management policy. A number of practice changes had been completed since the last inspection including, medication administration record sheets included a staff signature column. When required (PRN) medicines sheets had been amended to include a 'purpose' column for the medicines. A disposal bin was now in place at the service for any medicines left at the service and processes in place for regular emptying. All the medicines that were brought into the service at the point of admission were recorded. At the point of discharge medicines held by the service would be recorded against what was held at the point of admission.

Since the last inspection the service had appointed an operational supervisor who was responsible for monitoring and auditing the management of medicines at the service. We saw evidence that these audits were being completed on a regular basis. Issues identified had been acted upon and improvements made.

The registered manager told us staff did not complete the Trust's management of medicines training. Staff were provided with service specific medicines training and an annual check on the staff member's competence was completed. We discussed with the registered manager how staff may benefit from receiving more in depth training to increase their knowledge about medicines.

We looked at the safety of the building. We saw there were a range of checks completed on the safety of the building and equipment at the service. We saw a ligature risk assessment had been completed at the service. This is an assessment of anything that could be used as a potential anchor point to attach a cord, rope or other material for the purpose of strangulation. The risk assessment had identified all ligature risks as low risk. No actions had been identified as being required. The manager said such risks would be managed individually if a person had specific needs relating to their welfare. We discussed with the registered manager the methodology used to assess the level of risk. There needs to be clear guidance and staff awareness in the event risk levels may change. The registered manager assured us the risk assessment would be reviewed to include this information.

People we spoke with did not express any concerns or worries about their safety. The service had a process in place to respond to and record safeguarding concerns. Staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. The service had a whistleblowing policy and procedure. Whistleblowing usually refers to situations where a worker raises a concern about something they have witnessed at their workplace. Workers are more likely to raise concerns at an early stage if they are aware that there is a whistleblowing procedure.

At the time of the inspection there was nobody using the service who received support to manage their monies. There was a policy and procedure for staff to follow if this support was required.

People and staff we spoke with did not express any concerns about the staffing levels at the service. We discussed with the registered manager how the system in place to calculate staffing levels would benefit from being more methodical and systematic. This would help ensure staffing levels reflected the level of support people needed using the service at that particular time.

We reviewed the staff recruitment records for four staff members. The records contained a range of

information including an application form, references, employment contract and Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) provides criminal records checking and barring functions to help employers make safer recruitment decisions. We saw the files for staff who had been recruited within the last two years were in good order. We saw there was a clear audit trail to show that staff had been assessed as safe to work with people who may be vulnerable due to their circumstances. We saw the older staff files would benefit from being reviewed to clearly evidence this assessment had been completed. We shared this feedback with the registered manager.

The service had a process in place for staff to record accidents and untoward occurrences. The registered manager told us these occurrences were monitored to identify any trends and prevent recurrences where possible. The Trust also reviewed these records to ensure appropriate action had been taken. The registered manager told us any accidents or untoward incidents were discussed at staff meetings. A staff meeting had been scheduled to take place on the day of the inspection. The registered manager showed us details of three untoward incidents that had been discussed and what action had been agreed to prevent recurrences where possible. This reduces the risks to people and helps the service to continually improve. The registered manager also showed us details of the analysis that they were in the process of completing to see if the number and types of incidents had increased since the service provision had changed.

The service was clean and smelled fresh. However, we noticed the service would benefit from being refurbished. For example, some carpets were stained. The registered manager told us the areas requiring refurbishment had been discussed in the quarterly governance meetings held with the Trust. We saw the registered provider had plans to make the necessary improvements.

We saw that regular fire risk assessments had been completed at the service. Each person using the service had a personal emergency evacuation plan in place.

Is the service effective?

Our findings

All the people we spoke with told us they were satisfied with the quality of care they had received. People told us they were supported to access to healthcare services when required. One person told us they were being supported by staff to obtain suitable accommodation to live in when they left. People using the step down support service had a weekly meeting with a support worker. We saw that weekly meeting topics were personalised to the individual.

One person described the positive effect coming to the service for respite care had on their wellbeing. Their comments included, "Coming to Wainwright is a welcomed break for me. I feel a lot better once I come here. Coming here is like a booster for me."

We reviewed some of the compliments received by the service within the last six months. People's comments included: "Thank you so much for all your amazing support, patience, advice and time. It has been invaluable" and "Wainwright has always felt like a safe haven for me." Two relatives had complimented the staff on how well they had supported their family member.

We reviewed three people's care records, including records held on Insight (TRUST records). In people's records we found evidence of involvement from other professionals such as occupational therapists, pharmacist and mental health professionals.

People took responsibility for their own meals. During the inspection we saw people preparing food and drinks for themselves. There was information about food allergies and healthy eating in a folder in the dining area. It also included recipes people could follow. People were supported with their dietary needs, where this was part of their plan of care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (Dolls). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act. We checked whether the service was working within the principles of the MCA.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (Dolls). The registered manager was aware of the need to submit applications for people to assess and authorise that any restrictions in place were in the best interests of the person. The registered manager told us no applications had been submitted as no one had needed this level of support.

Staff we spoke with demonstrated a good understanding of MCA. People were supported to have maximum choice and control of their lives at the service. One person said, "I bring my own food and prepare my own

meals. Do my own washing, dry and put everything I use away." People had a key to their own room and were free to leave the building when they wish to do so. The registered manager told us people were encouraged to hand in their key for safekeeping and to let staff know they were going out. One person said, "I can come and go out as I want when I am here."

The registered manager used a staff training matrix to monitor that staff had undertaken their mandatory training. We saw evidence that this mandatory training was regularly updated. Some staff we spoke with told us they had not received any formal specialised mental health training. We discussed with the registered manager how staff may benefit from receiving more in depth training to increase their knowledge about mental health conditions. Following the inspection the registered manager sent us details of the further training that had been arranged for staff. For example, domestic abuse and mental health and alcohol over 50s and mental health. The registered manager told us they were also identifying further mental health training for staff to complete.

Staff told us they felt supported and senior managers at the service were friendly and approachable. We saw staff received one to one supervisions, group supervisions and an annual appraisal. However, the one to one supervisions were not carried out as frequently as the registered providers policy stated. We spoke with the registered manager, they told us they were considering having a service specific supervision policy which reflected that staff participated in group supervisions. Supervision is regular, planned and recorded sessions between a staff member and their manager to discuss their work objectives and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months.

Is the service caring?

Our findings

People we spoke with made positive comments about the staff and told us they were treated with dignity and respect. People described the staff as being helpful and that they were "very good". One person told us, "I know everyone [staff] and everyone [staff] knows me as well. Every one [staff] is very caring here. This is a great comfort for me." We saw the service had received compliments about how caring the staff were from people who had used the service and relatives.

There was a welcoming and friendly atmosphere at the service. In the reception area of the service there was a range of information available for people and/or their representatives. This included a welcome poster, NHS values, the purpose of Wainwright Crescent to support individuals on the recovery journey and details of the service's community meetings. The registered manager told us people were given the opportunity to come and visit the service, before accepting a place. They could also bring someone with them to look round the service.

We looked at the service's welcome pack; this contained a range of information including details of the service, room details and facilities, arrangements for visitors, cooking and food storage, laundry and comments, complaints and suggestions. The welcome pack also included information about the standards the service upheld which were respect, fairness and safety. This was to maintain an ethos of a respite service. It also contained details of behaviour and actions which were not acceptable at the service. For example, oppressive language or behaviour, harassment or victimisation.

People's confidentiality was respected and all personal information was kept securely. Staff were aware of issues of confidentiality and did not speak about people in front of other people. During the inspection we observed staff knocking on people's doors and gaining consent from people before entering their room. This showed people's privacy and dignity was promoted at the service. However, the layout of the service meant that rooms were all on one corridor and there was no separation of male and female accommodation. There were separate toilets and showers for both males and females. These were adjoined to each other however and had the potential to compromise dignity if males and females were using these facilities at the same time. The registered manager told us people were encouraged to keep the doors of these facilities locked when they were using them. There was a poster in the reception area asking people not to wear nightwear attire in the communal areas.

We observed staff had a good rapport with the people they were supporting and people appeared comfortable and happy to be with staff. It was clear from our discussions with staff that they enjoyed supporting people using the service. Staff we spoke with were able to describe people's individual needs, people's likes and dislikes.

Staff were able to describe how people were promoted to be as independent as possible and to make decisions for themselves.

Details of different advocacy services available for people to use were displayed in the reception area.

Leaflets were available for people or their representatives to take away. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Is the service responsive?

Our findings

People we spoke with told us they were fully involved in their care planning. People told us that staff responded to any calls for assistance. We saw evidence that people were actively involved in their care planning and were asked to sign their care plans.

We reviewed three people's care plans. We saw they contained a range of topics including: "joint aims for my stay, how I will achieve my aim and interest, likes and dislikes." During the inspection we found a few people's identifiable risks had not been included in their risk assessments. Risk assessments form the foundation upon which a care plan is constructed. We shared this feedback with the registered manager and they assured us people's care plans would be reviewed immediately.

The service had a tranquillity room which had mood music and lighting with a recliner chair for people to use. The lavender room was also a quiet area for people sit in and read or just have some quiet time. During the inspection we saw a few people sitting in the garden area or sitting in one of the communal lounges. One person told us it would be really good if a free Wi Fi internet service was available for people to use at the service. They told us they would be able to access activities online, and also look for community based activities and courses to join. We shared this feedback with the registered manager; they told us a free internet service had been discussed as part of the plans to refurbish the service.

The registered manager told us the service had been nominated for a positive practice mental health award in 2017 and was a finalist in the acute and crisis services category. We looked at the information about the service that had been posted on the positive practice website in June 2017. The service had received positive feedback about the activity programme that had been run at the service. The programme had offered opportunities for both group and individual activities. People had been encouraged to re-engage with hobbies and interests that they enjoyed in the past, helping them to build resilience and enhance their wellbeing. During our visit we did not see any activities being provided at the service or staff engaging people in activities. There was an activities room at the service, which contained crafting material, books and games for people to use. The registered manager told us the service's activities worker had retired and there were no plans in place to recruit another activities worker. The registered manager told us they had been considering obtaining an occupational therapist student for the service to support people to participate and engage in meaningful activities.

There was a scheduled verbal and written handover between staff coming on and going off duty. The registered manager described how these handovers enabled information about people's wellbeing and support needs to be shared effectively and responsively. Different tasks were also delegated to each staff member on duty.

The senior managers did not work weekends at the service. Staff we spoke with described what they would do if they required support from a manager. They told us they would contact the TRUST and their call would be transferred to a senior manager providing the on call service. Staff also told us they could obtain guidance and advice from the Community Mental Health Teams and out of hour's team.

The NHS complaints process was displayed in the reception area. Complaints were recorded and dealt with in line with the NHS complaints procedure. Since the last inspection the service had introduced a process for local 'grumbles.' Details of this process were also displayed in the reception area. We reviewed the records for local 'grumbles' which people had made. The record of each comment included what had happened, the date and time, action that had been taken, the date and feedback given to the person and whether they were satisfied with the outcome.

Is the service well-led?

Our findings

The manager was registered with the Care Quality Commission. People we spoke with made positive comments about how the service was run and made positive comments about the registered manager.

The registered manager told us the service had been going through a number of changes relating to service provision. There had been discussions around the future of the service, including whether a change of location would be appropriate. The registered manager told us the future of the service and the decision to remain in its current location had been agreed. The service was in the process of changing its function. The proposed new model was to increase step down provision and reduce the respite provision. The service would also provide short stays for people using the Community Enhancing Recovery Team (CERT) service.

At the last inspection we found there were ineffective systems in place to monitor and improve the quality of the service provided. This was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. At this inspection we saw a plan of action had been completed by the registered provider since the last inspection to improve systems in place to monitor and improve the quality and the safety of the service provided. We saw that a range of audits were now regularly completed at the service. For example, medicines audit and health and safety audits. We saw sufficient improvements had been made to meet the requirements of the regulation.

However, our findings during the inspection showed the system in place to audit care plans required further improvement. The current system in place had not identified the shortfalls we found in some people's records during the inspection. It is important that care plans are fit for purpose. We spoke with the registered manager about this and they told us there was a plan to provide collaborative care plans. The registered manager assured us immediate action would be taken to improve the system in place to audit people's care plans and risk assessments.

We saw monthly compliance meetings were held at the service. We reviewed the minutes of the meetings completed in May, June and July 2017. We saw a range of topics were discussed including compliments and complaints, local 'grumbles', incidents, risk register, case file audits, community meetings, medicines management, the building, staff training and supervisions. The minutes included details of the corrective action to be taken by staff.

We reviewed the minutes of the quarterly governance meetings held with the TRUST for January, April and August 2017. A range of topics were discussed under the key questions of safe, effective, caring, responsive and well led. Regular meetings with the provider help services to improve the quality of support provided and to underline vision and values.

People could make suggestions by leaving suggestions in the comments box in the reception service. The registered provider had sent out a survey to people who had used the respite service in October 2016 to gain their views. The registered provider told us a current microsystems project was taking place around improving step-down admission criteria. This was being led by a service user in collaboration with the staff.

This showed the registered provider actively sought the views of people to continuously improve the service.

The service also held weekly communal meetings with people using the service. We reviewed the minutes of two of the weekly communal meetings held in August 2017. We saw a range of topics were discussed at these meetings including smoking off premises and support available for nicotine replacement, housekeeping, activities equipment available for people to use, the use of mobile phones in the communal area. At one of the meetings there was a discussion on how money raised for the service via a raffle could be spent at the service. We saw some suggestions had been made such as large print books and a daily newspaper. These suggestions were still being considered at the time of the inspection.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not protected service users from the risk of receiving unsafe care.</p>