Bupa Care Homes (CFChomes) Limited

The Springs Nursing and Residential Home

Inspection report

Spring Lane
Malvern
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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?	Requires improvement
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The Springs Nursing and Residential Home provides accommodation and nursing care for older people living with dementia, for a maximum of 65 people. At the time of our inspection there were 58 people living at the home. There were three separate units at the home, two that supported people with nursing care and one that was for people without nursing needs.

The inspection took place on the 9 and 11 September 2015 and was unannounced.

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

Summary of findings

about how the service is run. However the registered manager had been spending time supporting another home, there had been suitable arrangements in place during this absence.

People and their relatives told us that they felt safe and staff treated them well. However, because of staff vacancies and sickness sometimes there was a lack of staff to meet people's care needs. Staff we spoke with demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people who lived at the home. Staff knew people well, and took people's preferences into account and respected them.

On many occasions staff were seen to be kind and caring, and thoughtful towards people. However we saw staff did not consistently treat people with dignity and respect whilst supporting their needs. For example, we saw some staff not interacting with people whilst they supported them during mealtimes. The registered manager took action and improved the meal time experience for people living at the home. We saw people had food and drink they enjoyed.

People were able to make choices about their day to day care and staff supported them to make decisions in their best interest. The registered manager had identified that some people would need assessments by the local authority to ensure people did not have their liberty deprived in an unlawful way. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People told us they had access to access to health professionals were needed. Relatives told us they were constantly updated about their family member and were involved with their care provision.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. People and relatives knew how to raise complaints and were confident action would be taken if needed. The registered manager had arrangements in place to ensure people were listened to.

People were involved in some pastimes they enjoyed. Staff knew people and their needs well. Relatives told us they were consistently involved with their family member's care. They knew who to speak to if they needed to make a complaint and felt confident any issues raised would be resolved. People who lived at the home and staff were involved in regular meetings and most felt well supported by the management team.

Some staff showed a culture that was focussed on tasks instead of people. The quality of care provided by staff was not always monitored effectively to ensure people received quality care. Staff views and concerns were not always acted upon to improve service provision. There were concerns identified but full improvements had not been completed and some concerns found during the inspection had not been fully identified. The provider needed to action the on going concerns and effectively monitor the future quality of service provision.

See what action we told the provider to take at the end of the report.

Summary of findings

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 consistently safe

People did not consistently benefit from enough staff to meet their care needs. People were supported by staff who understood how to provide and meet their individual care needs safely. People received their medicines as prescribed.

Requires improvement

Is the service effective?
The service was effective

People enjoyed meals and were generally supported to maintain a healthy, balanced diet which offered them choice and variety. People and relatives were confident staff had contacted health care professionals when they were needed to meet people's needs.

Good

Is the service caring?
The service was not consistently caring

People living at the home were not consistently treated with dignity during their meal time experience. People and relatives thought the staff were caring and compassionate.

Requires improvement

Is the service responsive?
The service is responsive

People were involved in past times they enjoyed. People benefitted from regular reviews. People and relatives felt they were able to raise any concerns or comments with staff and these would be addressed appropriately.

Good

Is the service well-led?
The service was not consistently well-led

People were not consistently supported by staff who were monitored by the management team to ensure they received quality care. The management team were approachable for people, their relatives and staff at the home. People did not always benefit from a culture focussed on them.

Requires improvement

The Springs Nursing and Residential Home

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.

We made an unannounced inspection on 9 and 11 September 2015. The inspection team consisted of one inspector, a specialist adviser and an expert by experience that had expertise in Dementia care. 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 specialist adviser was a specialist in Dementia care.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service. Before the inspection, the 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 spoke with five people who lived at the home and seven relatives. We also spoke with a tissue viability nurse and a community psychiatric nurse. Both were involved regularly with people that lived at the home.

We observed how staff supported people throughout the day. As part of our observations 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 spoke with the registered manager, the operations manager, the deputy and 17 members of staff. We looked at four records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

Requires improvement

Is the service safe?

Our findings

One person we spoke with said, "I can call for help and they (staff) come quickly." However relatives told us that sometimes there were not enough staff on duty. One relative told us, "The staff are excellent here, I can't praise them enough, I just feel there's not enough." Another relative said, "There are usually enough staff, once they (staff) acknowledged they were short of staff and managed the situation really well and kept everybody safe." Some staff told us they were short of staff at weekends and during the night, others told us there was usually enough staff and only on rare occasions had they experienced being short staffed. One member of staff we spoke with said that sometimes even if there were enough staff on duty it could be a busy shift.

We saw over the two days of our inspection there were enough staff on duty to meet the needs of people through the day. However on the second day of our inspection we saw that there had been a shortage of staff during the night. We were told by staff that two staff had not arrived for their shift at very short notice. The senior staff on duty had contacted the out of hour's manager but they had been unable to resolve at such short notice. The staff told us how they had managed and done their best to support people without impacting on people's wellbeing. We spoke with one person and they told us they had felt supported, and had not experienced delays in receiving the support they needed. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home. The registered manager acknowledged that at times there were shortfalls in staffing levels. He had taken action by recruiting extra staff to support at busy times of the day, for example at lunchtimes and in the evening. He was in the process of completing this recruitment and evaluating any improvement for people living at the home. At the time of our inspection we found that there were times when there was a shortage of staff because of vacancies and staff sickness. There was a potential effect to people's health and welfare if there continued to be a regular shortage in the staffing levels .

The registered manager told us it was a challenge to keep regular staff and they were working on strategies to improve this to ensure there was constantly enough staff on duty.

People we spoke with told us they felt safe. One person said, "It's okay, brilliant actually." Some people we spoke with were not able to tell us if they felt safe. However we saw on several occasions through the interactions with staff that people appeared reassured when they became confused. We saw staff support people in a caring and sensitive way, and we saw through people's facial expressions they were more relaxed.

Relatives we spoke with said they felt their family member was safe. One relative told us, "It's safe because there's lots of eyes, everyone knows [family member] very well." Another said, "I am very happy with all aspects of care here." A tissue viability nurse that had regular involvement at the home told us that people living at the home had what they needed when they needed it, and were able to move around freely in a safe environment.

Staff said they were able to contribute to the safe care of people by giving information to their colleagues at handovers. They said they would discuss each person's wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. We observed several handover meetings across the different units and saw relevant information was shared with staff to enable them to support people. Staff said and we saw people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff regularly checked the whereabouts of a person to ensure they were safe, this was evidenced in the person's risk assessment and in their daily notes.

The staff we spoke with able to tell us how they would ensure people were safe and protected from abuse. One member of staff said, "We always safeguard residents." They said they would report any concerns to the unit manager and take further action if needed. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Requires improvement

Is the service safe?

Staff we spoke with said they had not worked alone until they had completed the main part of their induction training. The staff told us the appropriate pre-employment checks had been completed. These checks helped the provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported with their medicines. One person said, “They make sure I get the right medication and give me a routine.” Another person told us, “They know what they are doing with my tablets.” One relative said, “I have seen them (staff) administer the medicines in a really kind way, my [family member] never seems to be in any pain anymore.” All medicines checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines. We found people were asked for consent before their medicines were administered and people received their medicines as prescribed to meet their needs. There were suitable disposal arrangements for medicines in place. Some people were unable to say when they need their as and when medicines. There was clear guidance for staff to know when to administer them.

Good

Is the service effective?

Our findings

People and relatives told us staff knew how to provide support to people needed. One person we spoke with said, "They (staff) know what they are doing, they know about me." We saw staff had the skills to meet people's needs. For example we saw they supported people to move safely. Staff we spoke with told us they had received training in a range of areas to be able to do their jobs effectively. There were updates for this training scheduled to ensure that staff were able to continually improve their practice. Most staff, including auxiliary staff, had received dementia specific training, to support their practice. Staff told us this supported them to provide effective care to people with an improved understanding of what living with dementia really meant. The tissue viability nurse told us that staff at the home attended training with them to support better outcomes for people at the home.

We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the registered manager had completed this process for people when it was needed. For example, we saw one person needed to have their medicines covertly, without the person knowing they were taking medicines. The registered manager started the process by assessing the person's capacity to make that specific decision. When they established the person did not have capacity the manager ensured that decisions were made in the person's best interest which had included consulting with the person's relatives and GP.

People told us they were asked before staff supported them, one person said, "They (staff) are always asking first." Staff we spoke with understood the importance of ensuring people agreed to the support they provided. All staff we spoke with had an understanding of the MCA and how important it was for people to give their consent. They said they always passed on any concerns about people's ability to make decisions to the management team.

We looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people are looked after in a way that does not inappropriately restrict their freedom. Staff we spoke with had received training and were knowledgeable about what these meant. The manager had submitted applications and had received some confirmations from the local authority. They understood the process and were aware of how to access any further support. The registered manager told us they always rang the local authority if they were unclear on how to proceed.

People told us they enjoyed the food and were offered choice. One person said, "I do like the food it's very nice." Relatives told us they had seen that the food was generally good. One relative said, "The food is very good, it always looks nice, always looks homemade." Another relative told us they regularly were involved at mealtime and found staff really supportive. They were pleased that their family member had maintained a stable weight since living at the home.

We spent time with the cook and they showed us how people's nutritional requirements were met. They were aware which people had special dietary needs. They worked with staff and people to ensure everyone had the food they needed and enjoyed. Staff told us that people at risk of weight loss had been reviewed by their doctor and people who had difficulties in swallowing their food were referred for specialist advice from Speech and Language Therapists (SALT). We saw staff were aware of which people required special diets and we saw soft food options were offered to people who wanted or needed these.

People told us their GP came out regularly to monitor them, and their dentist and optician visited them at the home when needed. One person said, "They always call a GP if I need it." Relatives we spoke with said their family members received support with their health care when they needed it. One relative said, "They (staff) are very, very hot on contacting the GP when they need to, even out of hours. They have a very good relationship with the GP's." The staff we spoke with told us the importance of monitoring the health of each person. Some people were not always able to say if they felt unwell. Staff said they used observations and discussion with their colleagues and the unit managers to communicate and record any concerns about people's wellbeing. The two community nursing professionals we spoke with both told us they were confident that staff at the home were open and honest and would always seek support from them if needed. We spoke with a community psychiatric nurse and she said she regularly worked with staff at the home and they always put her suggestions into practice.

We saw that some adaptations had been made to the design of the home environment to support people with

Good

Is the service effective?

dementia. For example, textured art work was displayed in corridors however it was too high for most people to touch and explore. There was a sensory garden that was secure for people and their relatives to access, however people on the second and third floors were only able to access with support from staff or relatives. Also on the top two floors there was limited signage in the corridors for reassurance and to support the independence of people with dementia. People living at the downstairs unit were able to access the garden freely and had identifying features on their bedroom doors to support their independence. The registered manager told us there were refurbishment works planned and acknowledged some improvements could be made for the benefit of people who lived at the home.

Requires improvement

Is the service caring?

Our findings

People's meal time experiences were inconsistent because people experienced different levels of interaction from staff. During most of our observations through the day we saw good interactions and support being offered with meals in a dignified and caring way. We saw some positive examples of where people were supported to maintain their independence when eating and drinking. For example, one person was supported to eat their meal in the way they preferred at their own pace and ate all of their lunch. However this experience was not reflected consistently across all the units throughout all the meal times. On two of units we saw that people were not always supported with dignity at lunch time. Some staff on these units did not interact with people in a positive way to support them through the lunch time experience. For example we saw one person was left with a plate of food in front of them for a long period of time before support was offered. During that time we saw no one communicate with the person until support was offered by the member of staff. The person was reluctant to then eat their meal. Staff told us that this person had been reluctant to eat foods for some time, the person was weighed regularly and their weights were currently stable. We also saw staff did not always support people to eat at their own pace. We saw one member of staff not talking to a person as they supported them to eat, and appeared to rush them through the meal. We saw this affected the person's dignity during this experience. Staff told us it was not the usual practice, to leave the person so long before supporting them to eat, and not interacting with people as they supported them. We saw that staff had not been effectively deployed and led to ensure this did not happen.

The registered manager said they would monitor people's meal time experience to ensure people were supported with dignity every time. We saw some people living at the home were not always able to easily understand information. Therefore it was important that all staff consistently spent time with people so they could understand what was being said or asked of them. We saw many occasions when staff used different methods of communication, such as clear hand gestures and simple words to help people understand when they were supporting them. However, staff were not consistently supporting people in this way, for example, we saw a member of staff not speaking to the person they were supporting at lunch time. People were not consistently treated with dignity by staff.

For other aspects of care, people and their relatives we spoke with told us people living at the home were treated with dignity and respect. One person told us staff always respected their choices. They said, "I like to stay in my room with the door open, they (staff) come and chat when they can." We saw throughout the inspection this person's door was open, and we saw staff regularly popping into spend a few minutes speaking to them. A relative told us, "The dignity and respect here is very good, they always make sure the door is closed and pull the curtains to respect [family member's] privacy during personal care." The staff we spoke with told us how they maintained people's privacy and dignity. One member of staff said about people living at the home, "We always remember they are individuals, allow them personal space and make sure their privacy is maintained." The staff said ensuring people maintained their dignity was very important to them.

People told us staff were caring. One person said, "They (staff) are very caring, there's a good caring attitude. It's genuine; it's got to come from the heart." Another said, "Staff really care about me." One relative we spoke with said, "There's a lot of affection for the residents here, it's not a clinical environment, it's a very caring environment." Another said, "Staff are lovely, so caring." The two community nursing professionals we spoke with both told us staff knew people really well and appeared very caring.

Staff had access to people's personal histories to support them to provide personalised care and to get to know people's likes and dislikes. We saw staff chatting with people; they had a good knowledge of people's personality, their lifestyles and interests. We saw caring interactions between staff and the people living at the home. For example, we saw one member of staff had come in on their day off to show one person their dog, because the person had wanted to see the dog. We saw the person enjoyed the visit from the staff member. People told us they liked to have a chat with staff and staff listened to what they had to say, when they had time. When we spoke with staff about providing care and support to people they were respectful and showed they cared. One member of staff said, "I'm really happy here, I have never thought about changing my job." Another said, "It's a lovely home to work in."

Requires improvement

Is the service caring?

Some people who could not easily express their wishes did not have family or friends to support them make decisions about their care. Staff at the home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Relatives told us they were welcome to visit at any time. One relative said, “The staff have been a good support, there is always coffee and cakes available when I visit.” This helped people who lived at the home to maintain important relationships. All the relatives said they were involved in people’s care and this was important to them. They told us they were kept up to date with what was happening with their relative when they weren’t there. Staff told us they always included people’s relatives, and talked with them about what was happening with their relative.

Good

Is the service responsive?

Our findings

People we spoke with told us they were happy with their care and support. Relatives we spoke with said they were included in their family members care and involved in their reviews. One relative told us, "I was involved in sharing [family member's] life history, and lots of other information. I see the nurse regularly to review."

We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. Staff told us they added to this information so they knew as much as possible about the person and their history. The tissue viability nurse told us the documentation completed by staff supported any actions they needed to take when supporting people at the home. Staff we spoke with were able to tell us about the individual needs of each person as well as any health conditions that affected their care. We looked at three people's care plans and found that they were consistently updated and focussed on each person as an individual.

Relatives told us their family member had their care needs reviewed. For example one person need extra help for a period of time and this had been arranged with the support of the community psychiatric nurse (CPN). The CPN told us that staff from the home had worked with her to support this person and provide the care they needed.

On the first day of our inspection there was a coffee morning arranged for people and their relatives to be involved with if they wanted to. Some people from the different units attended and some relatives. We saw staff being responsive to people's needs. For example, one member of staff noticed one person had not drunk their drink. The member of staff then offered a choice of further drinks and explained to the person why they needed to drink as much as possible. They then spent time encouraging the person to drink. People and their relatives told us the coffee mornings were a regular event and they enjoyed them.

People said they were involved in activities they liked to do. One person said, "I can do what I want, but sometimes I don't want to talk to people." The activities organisers told us how they worked with each individual to find out the activities they enjoyed would stimulate their memories and promote their abilities. For example, they would use a multi-sensory way of activating potential for communication. This involved using a sensory area with a small group of people to improve the wellbeing and communication for those people. Relatives and staff said people benefitted from this time. Relatives told us their family members were sometimes involved with pastimes they enjoyed. We saw people involved in one to one pastimes that people enjoyed.

People said they would speak to staff about any concerns. One person said, "If I had a problem I would speak to the staff who would always help me." Relatives told us they were happy to raise any concerns with either the registered manager or staff. They said someone was always accessible to talk to about anything. One relative said, "I can raise any concerns and they are always actioned, I have never had to ask a second time." Another relative told us of an example where they had made a suggestion and it had been acted upon straight away.

The provider had a complaints policy in place. This information was available to people and was displayed in the home. In practice the registered manager showed that they were open to complaints and responded to these appropriately. The complaints policy showed how people would make a complaint and what would be done to resolve it. All complaints were recorded and monitored so improvements to the service delivery and learning could take place.

Requires improvement

Is the service well-led?

Our findings

The registered manager had spent the last four months supporting another home in the area. He had told us about these arrangements and continued to support the Springs Nursing and Residential home for one day a week, and the deputy manager supported the home with the registered manager duties. The registered manager and the operations manager acknowledged they could not consistently demonstrate good management and leadership during this period of time. There were several areas which needed improvement to ensure people received consistent quality care. After the inspection, the operations manager told us that the registered manager would no longer be supporting the other home.

We looked at the culture of staff providing care at the home. One relative told us, "The focus is on getting the paperwork done, they lose focus on why they are here. They (staff) sit in the communal room doing paperwork but not talking to people." We saw many examples of caring interactions between staff and people who lived at the home. However we also saw some staff that displayed a task focussed culture. For example, on the first day of our inspection during the lunch time, we saw one member of staff supported a person without interacting with them and not supporting them with patience and understanding. When we raised this with the registered manager we saw there was an improvement on the second day of our inspection. The registered manager said they would continue to monitor staff to ensure they were focussed on people not tasks. The unit managers made a difference when they were involved in the lunch time experience for people on the second day of our inspection. We saw them "leading by example" and deploying and monitoring staff effectively. The provider had not ensured staff provided consistent quality care for people living at the home.

We saw records of audits had been carried out to assess the quality of the service. These had identified areas where improvement was required and these had been actioned. However, we found some actions were not monitored to ensure they were effective. For example, there had been a medical alert sent through in February 2015 advising that a food supplement could be harmful to people if they consumed it in any quantity unsupervised. We saw this had not been fully actioned and the food supplement was left available at times for people to take and therefore potentially putting them at risk of harm. We advised the registered manager straight away, and they took immediate action to ensure the product was kept securely to ensure people were no longer at risk.

The registered manager and the operations manager told us they regularly checked for health and safety concerns around the home. However during our inspection we saw there were areas of the home where equipment was kept in an unsafe way. For example, in one of the bathrooms equipment such as wheel chairs and hoists were stored blocking the facilities for people to use. The door was open and any one could access and there was a potential for a person to fall if they entered the room because of the amount of equipment stored. We spoke with the registered manager and the provider and they were aware of the lack of storage options. They advised that this room would be locked to reduce the risk to people's health and wellbeing.

This highlighted that leadership needed to be strengthened in some areas to promote the safety and wellbeing of the people who lived at the home.

This was a breach in the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us their colleagues were, "Very good," and it was a "Lovely place to work." One member of staff said they worked together as a team. However some members of staff were dissatisfied with working conditions at the home. For example, some staff mentioned they felt there was a lack of staff cover particularly at night. They did not always have time to spend with people as they would like to. The registered manager and provider were already aware of the stress points for staff at certain times of the day and had partially recruited and were in the process of recruiting staff to specifically support during those times. They were also working on systems to support staff to stay working at the home which would alleviate the staff vacancies and improve the quality of care for people at the home. Staff told us they generally felt supported by the management team and there was always someone available to speak with them if they had a concern. However some staff were frustrated by the lack of action in some key area's such as staffing. The registered manager had taken some action, for example recruiting extra staffing; however staff had not felt the full benefit of these actions at the time of our inspection. Staff told us there were regular meetings with the management team to involve them in what was

Requires improvement

Is the service well-led?

happening at the home. The registered manager said he would use these meetings to encourage staff to express their views so the whole of the staff team would feel listened to and involved in the improvements within the home. Staff were aware of the whistle blowing procedures and one member of staff said, “We would not hesitate to report.” Staff we spoke with said they were confident to report any concerns and discuss with the management team.

The provider completed regular visits and assessed many aspects of care provision. For example there were regular audits on people’s care plans and we saw that care plans were generally complete and kept up to date. There was a key worker system where a specific member of staff was allocated to each person. Once a month the member of staff that was allocated as a key worker then reviewed all the care provision for that person, looking at what went well and what had not gone so well, this included talking to relatives and the person living at the home. Relatives we spoke with had not all experienced this system and we saw from the relatives meeting in July 2015 that this was still a work in progress.

People and their relatives told us the management team listened to their concerns and always took action when needed. They told us all the team were approachable and happy to speak to them. There were regular residents and relatives meetings that involved people in what was happening at the home. One relative said, “We don’t worry about the meetings I always speak regularly to the management team to know what’s happening.”

We saw the provider had made improvements to the home. The registered manager told us there were plans to further improve the way they provided activities in response to suggestions from staff. This was to support more one to one interactions with people who were not involved in group activities. This demonstrated that the manager was making improvements with particular consideration to meeting people’s needs and to enhance their wellbeing. There were also plans for continued refurbishment of the home with particular focus on the needs of people with dementia.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider did not have effective arrangements in place to monitor and improve the quality and safety and welfare of people using the service. Regulation 17(1) (a)**