

## Ryding Care Services Limited

# The Court

### Inspection report

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Date of inspection visit:  
14 June 2023

Date of publication:  
22 August 2023

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

The Court is a residential care home providing personal care to people, some of whom were living with dementia. At the time of inspection, there were 13 people living in the home.

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

The findings of this inspection raised serious concerns with the management of the service and the safe delivery of care. Systems in place to monitor the quality and safety of the service were not fully effective in identifying areas that required improvement and when risks were identified by other professionals, they were not always actioned. There was a lack of systems in place to monitor and oversee records within the service, to ensure they were maintained accurately.

Risks were not always assessed and mitigated safely, leaving people at of risk harm. For instance, fire safety measures were not adhered to, as the fire risk assessment was not adequate, fire doors were wedged open and the external fire escape was not well maintained. There were also risks within the environment, as radiator covers were loose or broken, and there were broken pots and laundry detergent in the garden. Individual risks to people were not always assessed and records did not always show people received the support they required. Although accidents and incidents were managed, there was no evidence that they were reviewed regularly to look for potential trends and ways to minimise any further potential incidents.

Medicines were not always stored and managed safely. For instance, the room medicines were stored in was not maintained at the recommended temperature and prescribed thickening agent for drinks, were not stored securely. There was a lack of information for some medicines prescribed as and when required, or with a variable dose and people's creams.

People's nutritional needs were not always assessed and met adequately, as nutritional risk assessments were not in place for all people and when they were, the identified risks were not always acted upon. Care plans did not all reflect people's current needs, or the nutritional advice provided by other health professionals. When there was a concern regarding how much people ate and drank, monitoring forms were put in place, but they were not completed comprehensively. People told us there was enough food and drinks available.

Infection prevention and control (IPC) practices were not always effective in minimising the risk of infections spreading. Some areas of the home required additional cleaning and although cleaning schedules were in place, there was no evidence of what cleaning was completed each day. There were adequate supplies of personal protective equipment (PPE) available.

People's care was not always planned in a person-centred way; care plans were not all reflective of people's current needs, and preferences regarding their care needs could not always be met.

People were not always supported to have maximum choice and control of their lives, and records did not show that staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Although some systems were in place to seek and record people's consent, they were not always consistently applied to ensure consent was recorded in line with the principles of the Mental Capacity Act. The environment had not been adapted to meet the needs of people living with dementia.

People told us The Court was a safe place to live. Safeguarding referrals were made when required and although not all staff had undertaken safeguarding training, there was a policy in place to guide staff in their practice. Feedback regarding staffing levels was mixed and there was no staffing analysis tool used to help establish required numbers of staff. Records showed safe recruitment procedures had been followed for most staff.

Records showed that not all staff had received relevant training and support to ensure they could carry out their job role effectively. Staff completed an induction when they started in post and received support through group supervisions and team meetings. Staff felt well supported in their roles and able to raise any issues they may have.

People and their relatives provided mainly positive feedback about the support provided and the management of the home. They told us they were kept informed and could raise any complaints or concerns they had. People were supported to maintain relationships with friends and family, and relatives told us they could visit the home at any time.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was requires improvement (published 21 September 2020). At this inspection the rating has changed to inadequate.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to risk management, fire safety, medicines, safety of the environment, infection prevention and control, governance systems and meeting people's nutritional and hydration needs at this inspection. We also made recommendations in relation to consent and person-centred care.

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

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this time frame and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

# The Court

## 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 Health and Social Care Act 2008.

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

The inspection was undertaken by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager (who is also the nominated individual), deputy manager, cook and 3 care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 person who used the service and 4 relatives, about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 4 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Risks were not always assessed and managed safely.
- People were at unnecessary risk of harm in relation to fire safety as fire doors were wedged open, some did not close fully, the fire risk assessment was not adequate, there was a lack of fire exit signage and not all people had emergency evacuation plans in place. The external fire escape was not well maintained and was covered with overgrown trees. We made a referral to Merseyside Fire Service regarding this.
- People were at further risk of harm as the environment was not safely maintained. For example, radiator covers were loose and broken, toiletries were left in the communal bathroom and the garden posed risks from broken pots and containers of laundry detergent.
- Individual risks to people were not always assessed, such as for the use of bed rails. One person had no risk assessments in place to help identify and mitigate potential risks.
- Records did not evidence that people received care that met their needs. One person had no detailed plans of care to identify what support they required, and another person required assistance to reposition every 2 hours, but there was no evidence this support was provided. Other people's care plans did not provide accurate information about their current care needs.

The failure to ensure risks were managed and mitigated, demonstrates a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were not always managed safely.
- Information to support staff to safely administer 'when required' (PRN) medicines was not always available, including guidance when there was an option to give a variable dose. There was a risk people might not get their medicines consistently and when they needed them.
- Stock balances of medicines were not always correct. Therefore we could not be assured that people received their medicines as prescribed.
- Medicines were not always stored safely, as the temperature in the medicine room had been above the recommended range on several occasions and there was no evidence action had been taken to address this. People's prescribed topical creams were seen to be left in a communal bathroom, and a prescribed thickening agent was in an unsecured cupboard in the open kitchen, posing a risk to some people.
- The medicine room door was not always closed and locked securely when staff left the room. This meant people were at increased risk of accessing medicines that were not prescribed for them.

Failure to ensure medicines are managed safely is a breach of Regulation 12 of The Health and Social Care



Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- Infection prevention and control practices were not always effective in minimising the risk of infections spreading.
- Some areas of the home required additional cleaning, such as the communal bathroom and the cleaning trolley which was dirty. Although cleaning schedules were in place, there was no evidence of what cleaning was completed each day.
- IPC practices were not all followed. For instance, mops were not stored in line with guidance, there was no fly screen on the kitchen window and there were no paper towels available in the communal bathroom.
- Not all staff had completed IPC training to ensure they had the required knowledge to minimise risks to people.

Failure to adhere to infection prevention and control guidance is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were adequate supplies of personal protective equipment (PPE) available for use when required.

#### Staffing and recruitment

- There were systems in place to ensure enough safely recruited staff were available to support people in a timely way and these were usually adhered to.
- Records showed that relevant checks had been made to ensure staff were suitable to work in social care. This included a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. However, records did not reflect if the DBS was clear.
- Safe recruitment practices were evident in most of the staff recruitment files viewed. However, one person did not have any interview notes, had only one reference on file and their application form had not been fully completed.
- Feedback regarding staffing levels was mixed. Comments included, "Staff, I don't think there is enough, that is why I think [relative] is dishevelled," "Staff are run off their feet", "It is warm, welcoming, staff are lovely but just think that there are not enough" and "I give a hefty shout and they do come very quickly, at night when I pull my buzzer they come quickly, same at weekends."
- There was no staffing analysis tool in use to help the provider establish required staffing levels, however people did not have to wait long for support during the inspection.

#### Visiting in care homes

- People's friends and relatives told us they were free to visit at any time, in line with current government guidance. However, records in people's care files did not reflect current visiting practices and required updating.

#### Learning lessons when things go wrong

- Records showed that accidents were recorded and reported, and appropriate actions were taken to ensure people's safety.
- Although accidents and incidents were managed, there was no evidence that they were reviewed regularly to look for potential trends and ways to minimise any further potential incidents.

#### Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were managed appropriately.

- Records showed that not all staff had completed safeguarding training, however staff knew how to raise concerns, and a policy was in place to help guide staff.
- People and their relatives told us they felt The Court was a safe place to be. Comments included, "Yes I feel very safe, no one can get in unless they ring the bell and staff open the door" and "Care has been superb, [relative] is safe."

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

- People's nutritional needs were not always assessed and met adequately.
- Nutritional risk assessments were not in place for all people and when they were, the identified risks were not always acted upon. Care plans did not always reflect people's current needs with regards to diet and fluids.
- Records did not evidence that advice from health professionals regarding people's nutrition and hydration was followed. A dietician had made recommendations to support one person's weight gain, but this advice was not transferred to their care plan and there was no evidence the additional support recommended had been provided. Records showed they continued to lose weight.
- Daily records in relation to how much people ate and drank were not always completed robustly when concerns had been identified and people's intake needed to be monitored. There was no oversight of the records that had been completed to ensure people ate and drank enough. One person required their fluid intake to be monitored at the request of their GP, but records were not available for several days and those that were showed insufficient fluids had been offered.
- There was a menu that evidenced a choice of meal at lunchtime, but we did not see a choice offered, or an alternative meal available during the inspection. There was no choice of meal reflected on the menu for evening meals.

Failure to ensure people's nutritional and hydration needs were assessed and met is a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Feedback regarding meals was generally positive. People told us there was enough food and drinks available.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Although some systems were in place to seek and record people's consent, they were not always consistently applied to ensure consent was recorded in line with the principles of the MCA.
- Records regarding consent contained several inconsistencies as to whether people had capacity to consent to specific decisions or not.
- When people lacked capacity to make a decision, best interest decisions were made, but there was no clear record of who had been involved in the decision and what their views were.
- We found consent forms had been signed by family members or staff who had no legal authority to consent on the person's behalf.
- DoLS applications had been applied for when required for most people, but oversight of this was not clear as records were not up to date.

We recommend the provider reviews and updates its practices to ensure people's consent is consistently sought and recorded in line with the principles of the MCA.

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

- People's needs, risks and choices were not always assessed robustly on admission to the home. This meant staff lacked essential information about people's needs and how best to support them.
- Outcomes of assessments including those from other health and social care professionals, were not always incorporated into people's plans of care.
- Records in relation to people's day to day care were poor. Some records were impossible to read due to the quality of the handwriting. This meant it was not easy to identify important information or changes in people's care. Other records were not completed consistently to enable people's needs to be monitored effectively.
- Some best practice guidance was available within the home, such as NICE guidelines for the administration of medicines.

Staff support: induction, training, skills and experience

- Records showed that not all staff had received relevant training and support to ensure they could carry out their job role effectively.
- Although staff told us they had access to training, records showed that not all staff had completed training in essential areas such as IPC, safeguarding and fire safety. There was no evidence that the cook had completed food hygiene training.
- Records showed that new staff completed an induction and received support through group supervisions and team meetings. Staff felt well supported in their roles and able to raise any issues they may have.

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

- People received support to access a range of other health and social care professionals when required.
- Referrals were made to relevant professionals for their advice, but records did not always evidence the advice had been followed.
- People and their relatives told us GP advice was sought quickly when needed and relatives were kept

informed of any changes in their family members health and wellbeing. Comments included, "I can always ask for the nurse who comes from to doctors to see how I am" and "Every incident they are on the phone straight away."

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

- The environment had not been adapted to meet the needs of people living with dementia.
- On the first floor the doors and walls had mainly been painted white with no identifying features or signage, making it difficult for people to navigate independently.
- The main lounge people used was a walk-through space, with the kitchen, laundry and a person's bedroom directly off it. This meant staff were regularly passing through and did not provide a calm area for people to relax in.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people were not always well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Although people provided positive feedback about the staff that supported them, the provider's lack of effective systems in place to ensure the care was of a good quality, did not demonstrate a caring service.
- People and their relatives told us, "Staff are very kind and caring, I have never seen any uncaring staff," "I am confident that the staff are caring and they do try and get [relative] to do things, trying to keep [relative's] independence but safety wise they need to help [them] and [they are] is being encouraged" and "[Staff] are respectful and do respect [relative's] dignity."
- One person's bedroom had little privacy as it was immediately off the sitting area. We saw that their door was open all day, with the person sat in full view of everybody in the lounge area.
- Daily records and other records relating to people's care did not always show people received the care they needed. For example, some people's monitoring records showed they did not always receive appropriate nutritional or repositioning support in line with their needs.
- The home environment did not promote people's choice and independence. For instance, there was a lack of appropriate signage to encourage people living with dementia to identify different areas of the home and be able to navigate to them independently.

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

- There were some systems in place to gather people's views about the service. For instance, residents' and relatives' meetings had recently been commenced and records showed people had shared their views. However, there was no evidence the suggestions and requests made had been acted upon. People and relatives we spoke with were not all aware of these meetings.
- Staff meetings were also held, and staff told us they were able to share their views and raise any issues with the management team.
- People's views were also gathered through an annual survey.
- There was a service user guide available that provided information about the home and facilities available, which could help people make decisions about their care.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant people's needs were not always met.

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

- People's care was not always planned in a person-centred way.
- Although most people had individual plans of care, one person did not have any detailed care plans in place to help inform staff of their needs and preferences and what support they required. Another person was referred to by a different person's name on several occasions throughout their care plans.
- Not all care plans reflected people's current needs. For instance, a dietitian advised one person required additional support to meet their nutritional needs and this had not been reflected within their care plans. Another person required their fluid intake to be monitored, but this was not reflected in their care plan.
- One person's care plan showed they preferred female staff to support them with any personal care needs. However, there was regularly only male staff on duty, so this preference could not be met.
- There was also no bath available within the home, only a shower. This meant people did not have a choice as to how their hygiene needs were met.

We recommend that the provider reviews and updates its practices to ensure care is planned in a person-centred way, reflecting people's choices and preferences.

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

- People were supported to maintain contact with their friends and family members.
- Relatives told us they could visit the home at any time and stay as long as they wanted.
- There was a schedule of activities displayed but none took place during the inspection. Relatives told us they were not aware of many activities taking place but were aware they were advertised. There were no trips out of the home, although some people did go out with relatives.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which detailed how complaints would be managed. This needed to be updated to reflect the most appropriate organisation to escalate complaints to if people were not happy with provider responses.
- Relatives told us they could speak with the registered manager or staff if they had any concerns. Nobody told us of any formal complaints made.

End of life care and support

- There was nobody receiving end of life support at the time of the inspection.

- There was no evidence staff had undertaken training to ensure they had the skills to effectively support people at the end of their lives.

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems in place helped ensure the Accessible Information Standard was met.
- People's communication needs had been assessed and support required was reflected within care plans to help ensure staff knew how best to communicate with people. For instance, if people required glasses or hearing aids to support their communication.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The governance systems in place to monitor the quality and safety of the service were ineffective.
- Although some audits had been completed, they did not identify the issues we highlighted during the inspection. The maintenance audit did not identify issues with the environment or fire safety fire doors and medication audits did not identify issues regarding the storage or stock balance of medicines.
- The audits completed did not cover all aspects of the service, such as care planning and risk management.
- The findings of this inspection raised serious concerns with the management of the service and the safe delivery of care. The provider failed to ensure risks to people's health, safety and welfare were mitigated.
- Previously identified risks had not been acted upon. For instance, Merseyside Fire Service had identified fire safety concerns and made several recommendations in November 2022, but these had not been addressed.
- There was a lack of systems in place to monitor and oversee records within the service, to ensure they were maintained accurately.

Failure to ensure effective systems were in place to monitor the quality and safety of the service is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service failed to promote good outcomes for people as people's care was not always planned comprehensively, and it was difficult to tell if people received the support they needed.
- However, people, relatives and staff told us they felt the home was well managed. Comments included, "Any problems I go and see the manager, she is very approachable", "It runs very good, I am certainly happy here, I would recommend it" and "It is well managed, the manager is lovely, very pro-active and very caring."
- Staff told us they were well supported and could speak with the registered manager if needed. One staff member told us, "[Registered manager] is approachable and does her best to accommodate before you even speak."

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

- The registered manager acted on the duty of candour; they were open and honest with people, their

family members and relevant others about things that had gone wrong.

- The registered manager had reported notifiable incidents to CQC as required. For example, safeguarding events and accident and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Although referrals were made to other professionals when required for their specialist advice and support, records did not reflect that the advice was actioned to ensure people's needs were met.
- Meetings took place with people to gather their views of the service, in areas such as meals and activities.
- Records showed that staff meetings took place and staff told us they were able to share their views at any time.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not robustly assessed and mitigated. Medicines were not always managed safely. Current guidance regarding infection prevention and control procedures was not always adhered to.

### The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  People's nutritional and hydration needs were not always fully assessed and met.

### The enforcement action we took:

A warning notice was issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems in place to monitor the quality and safety of the service were not effective.

### The enforcement action we took:

A warning notice was issued.