

# Sahara Care Limited

# Sahara House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sahara House is a residential care home registered to provide accommodation, personal care and support for up to 19 people, with a learning disability and/or autism and physical disabilities.

At the time of our inspection, 13 people were living in the home.

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

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

#### Right Support

We found that people were not always protected from the risk of harm as risks were not always identified in people's risk assessments. Some people's records contained inconsistent information in care plans in regard to the support they needed. However, at the time of our inspection, the registered manager was in the process of changing over people's care records to an electronic care plan and reviewing people care needs.

The risks related to people's medicines were not thoroughly assessed and identified. We observed that staff did not always support people in a person-centred way when supporting them with their medicines.

People were not always supported to have maximum choice and control of their lives. For example, some people's Mental Capacity Assessment (MCA) and best interest forms were not fully completed to help support people to make decisions in relation to the use of surveillance system [CCTV] in the service. However, the registered manager was in the process of holding MCA and best interest meeting with people and their family's. People were supported by staff to pursue their interests.

#### Right Care:

The providers systems and processes were not always effective. The service was in need of redecorating and in some of the communal area's maintenance was also required such as the kitchen was in need of refurbishing. The laundry room and bath rooms were not clean, which is a potential infection control risk. People told us they received care that met their support needs and preferences and that they were treated with kindness and respect. We received mixed feedback from relatives about the care and support to people. Staffing levels were sufficient to meet people's needs.

The provider had systems in place to carry out recruitment checks to ensure that staff were recruited safely.

Staff received up to date training to meet people's support needs.

#### Right Culture:

The provider did not always identify areas of improvement in their audits that were carried out and issues with safety concerns were not picked up. The registered manager had an action plan to help improve the service. There were systems in place to receive feedback, however we were informed that not everyone was asked to give feedback.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, managing the risk of preventing and controlling of infections, need for consent, care and treatment must be appropriate and assessed, monitor and mitigate risks to the health of people who used the service. We have made 2 recommendations in relation to preventing and controlling infection and for the provider to review their current communication plans for people.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

**Requires Improvement** ●



# Sahara House

## 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 IPC 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 team consisted of 2 inspectors, 2 medicines 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

Sahara House 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. Sahara House 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 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 also reviewed notifications that the registered provider had sent to us since the last 6 months. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

## During the inspection

We spoke with the registered manager. We reviewed a range of records. This included 6 people's care records, staff files, training records, risk assessments and satisfaction surveys. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

We spoke with 2 people during our inspection and 8 relatives by telephone to obtain their views of the service. We also spoke to 7 care staff during our inspection, to ask them questions about their roles.



# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider's systems and processes were not always effective. For example, we identified that staff did not consistently follow processes or have access to information that would help support staff to administer prescribed medicines safely and effectively and that not all risks were fully addressed as required
- People were prescribed thickeners (Thickeners are used to thicken fluids for people with swallowing difficulties), which was not stored safely and securely. We asked the provider to ensure thickening agents were stored safely and steps were taken to ensure this was done at the time of the inspection.
- We saw that there were some handwritten parts of people's medicine administration records (MAR). MAR lacked double signatures to evidence checking of information before transcribing and administering. There were no processes in place to show that staff were reviewing alterations and amendments to prescriptions when handwriting MARs.
- PRN medicines, which were medicines when needed, we found protocols were missing for 2 people. These documents can help staff identify how and when to safely administer PRN medicines.
- We saw that 1 person was supported to have their medicine hidden in food to help them to take their medicines. The MAR however, did not contain information that medicines were administered in this way.
- We observed that 1 person received their covert dose mixed with custard whilst they were lying down, which could be a potential choking hazard. This placed the person at risk of harm.
- A person was prescribed a medicine that required additional monitoring but there was no information about the additional risks associated with this medicine. This has now been completed by the registered manager.
- We identified that not all choking risk assessments had specific detail, on how to support someone who was at risk of choking that was a wheelchair user. This could be a potential risk for the person not receiving first aid until the emergency services arrived. The registered manager acted immediately in updating the person's risk assessment and care plan and took professional advice.
- Although there had been positive actions that had been taken to help improve the service, from reviewing and learning when accidents and incidents such as medicine errors happened, we were not fully assured, that the service learnt from all incidents relating to medicine errors that had occurred at the home.

We found no evidence that people had come to harm. However, this put people at risk of harm because the provider failed to administer people's medicines safely and identify potential risks. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The provider responded to our findings during the inspection, they were also taking action to address previous medicine errors and were in the process of changing pharmacies.
- Care plans contained a lot of information that could become confusing for staff to follow; however, the registered manager was in the process of introducing a new online care planning system, which will help to ensure that information is up to date and accurate.
- Staff confirmed they received regular updates and meetings by the registered manager on any changes as part of lessons being learnt. We saw that the registered manager completed actions from lessons learnt and fed this back to the staff team.
- The service had an out of hours contact number, which they were able to call for advice in the event of an emergency.

#### Preventing and controlling infection

- We were not fully assured that people were always protected from the risk of infection as the provider did not always have effective systems in place to identify concerns. For example, the baths were not clean. The laundry room was also not clean and had thick dust and cobwebs around doorframes and doors. The room did not look clean and could be a risk of the spread of infection. The registered manager addressed the concerns immediately.

We recommend that the provider sought guidance from a reputable source on safe infection and prevention control.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- At the time of our inspection there were no restrictions on friends and family visiting people at the home.
- A relative told us, "There are no restrictions I come anytime I choose to."

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

- The service had systems in place to identify and report concerns of harm, which were reviewed by the registered manager. We saw evidence that the registered manager reported safeguarding concerns to the local authority.
- People told us they felt safe living at the home. A person told us, "I feel safe here, I have no worries. I am able to talk to the staff if I have any concerns."
- The provider had easy read safeguarding information in place to support people to raise safeguarding concerns.
- Staff were supported by the provider to receive up to date training on how to protect people from abuse.

#### Staffing and recruitment

- The service ensured that there were enough staff on duty to ensure people's needs were met. For example, the registered manager had completed a referral to the local authority to request that 1 person care package was to be reviewed and increased due to changes of the persons support needs.
- The registered manager followed robust processes for all staff before they were able to care for people. This process helped to ensure staff were recruited safely and staff had the right skills and experience to meet people's needs. The checks consisted of a pre-employment check, employment references, proof of identification, criminal background checks and right to work in the UK.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The provider's systems to assess people's mental capacity and best interest decisions were not robust or effective to ensure people's rights were consistently upheld.
- We reviewed MCA documents and identified that documents had several decisions that have been completed all at once, which meant that the MCA process was not fully followed. For an example, every decision should be assessed individually and broken down into an individual format to help people understand the information that works for the person and at their pace.
- Although the service used the best interest process, we found that MCA documents for 1 person lacked specific details, which would help to support the person to make their own decisions. For example, there was no evidence on how the service supported the person to be involved in the process and what communication systems were used.
- We identified that the provider had a surveillance system [CCTV] in the communal areas without fully following the MCA process. There was evidence that consent forms were being put in place, however we saw that 1 person had a consent form that was signed by a relative and at the time of our inspection they did not have the legal authority to be able to sign on the persons behalf. The registered manager confirmed that not everyone had an MCA or best interest form completed for the surveillance system, however they informed us they were in the process of arranging meetings with people and their relatives as well as health professionals to attend.

The provider did not consistently act in accordance with the Mental Capacity Act 2005 and associated code of practice. This was a breach of regulation 11 (need for consent) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were able to give examples of how they asked people for their consent before supporting them, we observed staff sought consent before carrying out care and support.

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

- The service was designed to meet people's physical needs. We saw that people's bedrooms were personalised with items of people's choice. A person said, "I chose how I wanted my room to be painted and what furniture I wanted to have."
- We identified that the home needed improvements. For example, the kitchen area was in need of replacing due to wear and tear and the communal areas were in need of redecorating. The registered manager provided us with an action plan of the works that will be taking place in the following months. After the inspection, we were sent evidence that the kitchen has been refurbished.

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

- People's needs were assessed, and care plans were in place about how to support them in ways that supported their preferences, culture and sensory needs.
- From the provider's completed needs assessment, a care plan was developed, with the support from the person who used the service, which covered people's choices and preferences.
- We saw that the service supported people to have a care review, to review their care and outcomes.

Staff support: induction, training, skills and experience

- The provider implemented a training programme for all staff, which covered a range of training. For example, the training records showed staff received training in first aid, Mental Capacity Act, food hygiene, infection control, safeguarding, diabetes care and supporting people with mental health, dementia and learning disability. As well as positive behaviour support training (PBS) in how to manage people's anxieties.
- People told us they felt their care and support was given by staff who knew them well and had a good understanding on how to meet their individual needs. A person told us, "Staff are good, they know what they need to do to help me with my care."
- We received mixed feedback from relatives about the staff that worked at the service. Comments included, "I have no issues about the care", "[My relative] is happy living at the home." Another relative told us they felt that the registered manager lacked information regarding their relative. "If I ring [the] manager and ask about [my] relative, they ask staff, I expect [the manager] to know [information regarding my relative]."
- Staff told us that they felt supported by senior staff and they received regular supervisions. Records confirmed that staff received supervisions and appraisals.
- The registered manager told us that they were in the process of being trained as a trainer to teach staff on how to manage people's anxieties and behavioural triggers. This training will support staff to better understand on how to de-escalate and respond to people's anxieties and reduce such behaviours.

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

- Staff supported people to ensure they received a well-balanced diet and had sufficient amount of fluids to maintain their health.
- People told us they were given a choice of different meals and drinks. A person told us, "I am able to choose my meals and eat when I want."

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

- People were encouraged and supported to access a variety of health professionals such as the GP, optician, chiropodist, and dentist.
- Care plan's held information of outcomes of people's health appointments. We saw that people had up to date oral healthcare plans in place.

# 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 good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Ensuring people are well treated and supported; respecting equality and diversity

- We saw that people were treated as individuals and observed positive interaction and communication between people and staff.
- There was mixed feedback from relatives we spoke with. Comments included, "[My relative] gets very good care", "[My relative's] mental health has improved so much in the past few years, due to changes made [due to the support]" and "No one ever contacts me, we don't visit very often, [due to personal issues]. [Staff] say they will agree to something, but it never happens." The registered manager was aware of the concerns and told us that appropriate actions have been taken to address this.
- People told us they got on well with the staff. A person said, "The staff are nice to me here, they are good."
- People's cultural and religious needs were being supported. Care plans held information on how people chose how they wanted to be supported with their spiritual cultural beliefs.

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

- We saw that people were involved in their day-to-day decisions about their care and well-being. For example, the service supported 1 person who expressed their views about them not wanting to be supported on a pureed diet, following an assessment that was completed by the speech and language therapist. The person's decision was respected and agreed that the person had the right to how they were to be supported. A relative told us, "I feel staff listen to [my relatives] views."
- The registered manager was positive on how people were encouraged to participate in making decisions about the day to day running of the home.
- Staff were clear on how to access independent advocacy support for people, if needed to.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to promote people's privacy in terms of closing doors and curtains when providing personal care and not discussing people's care needs to anyone without the right to share.
- People and relatives told us that staff respected their privacy. A person said, "Staff know when to give me my space and to knock on my door before coming in."
- The service supported people to have adaptations put in place to help meet their individual needs and to support people them to be as independent as possible.

# Is the service responsive?

## Our findings

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

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

Improving care quality in response to complaints or concerns; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection we recommended the provider consider current guidance on complaints process and act to update their practice. The provider had made improvements.

- The provider had a policy in place to address concerns and complaints. Complaints were reviewed and investigated by the registered manager and actions were taken.
- We identified that some people's care plans lacked specific detailed information such as seizure protocols for service users with epilepsy. Plans were generic seizure protocols and were not individualised to the person. For example, there was lack of guidance for staff in relation to signs staff should look out for when that the person may be about to have a seizure.
- We observed staff did not always carry out personalised care. For example, we saw that a person was not ready to receive their support at the time it was given by staff. This meant that the person was not given a choice of when his care was given.
- Staff were clear of the actions that were needed if a person were to make a complaint. A staff said, "After speaking to the [person, I would record the concerns and inform the person of the actions that I was taking and inform my line manager"
- There had been a number of incidents relating safeguarding concerns and quality issues since the last inspection. The registered manager had devised an improvement action plan to help the staff team keeping focused on the action that were required to help develop the service.

The provider failed to detail specific information about people's support needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives knew how to raise a concern or complaint. There was mixed feedback from relatives regarding the service. A relative said, "I'd speak to the manager, not had any concerns, all okay." Another relative told us, "I have no concerns apart from the clothes. They have been ruined due to how the staff wash them, the manager is addressing this. Another relative said, "There has been some concerns regarding my [relatives] nails needing to be cut, as this was not happening regularly. Also concerns regarding bedding not being changed enough, there had [stains] on it."
- We discussed the above concerns with the registered manager who told us that the concerns were being addressed and health professionals were also involved in regard to supporting the person with their nail care.

- People and relatives told us that they were involved in the planning and reviewing their care plans. A relative told us "My [relative] points his finger at [the staff who he wants to be supported by] most of the time males staff."
- Staff demonstrated their understanding and knowledge of delivering person centred care and respected people's choices. People received a full assessment of their needs prior to moving into the home.

#### End of life care and support

At the last inspection the service was given a recommendation to seek and implement best practice guidance on end of life care such as staff training on end of life care. At this inspection, we found there had been improvements made.

- Details for people's wishes related to end of life care and preferences were recorded in some care plans.
- Staff received end of life training and the provider had an up-to-date policy in place to give staff guidance around people end of life care.

#### 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.

- We saw that people had communication plans in place. However, MCA assessments showed the service did not always act to adapt communication methods to ensure people received information in a way they could understand the information.

We recommend the provider sought guidance from a reputable source on how to address peoples varies forms of communication.

- During the inspection, we saw positive communication between people and staff.
- Staff received training in supporting people's communication needs. The registered manager told us, "I am in the process of arranging Makaton training for the staff team."
- The provider had an assessable communication policy in place.

# 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 good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The providers systems to assess the quality and safety of the service were not always effective. For example, not all environmental concerns were identified or addressed. During the inspection we noted a number of repairs that needed to be carried out throughout the home. The bath tub was unclean. We were informed that people did not use the bath tubs, however, this could still be a potential infection control risk.
- Risks were not always being identified by staff. For example, we saw that people 's medicines were stored in individual bedrooms and not within recommended temperature levels, which meant medicines may lose its efficiency.
- We received mixed feedback from relatives about managers and staff being clear of their roles. Comments included, "I think the new manager is [more involved] than the last one, they keep me up to date", "I know the [manager] they listen to me", "When we [visited], I asked staff about a [health issues] and staff said they will find out, however they have still not updated me.
- At the time of the inspection not all records were in order or organised efficiently in care plans, this was due to the amount of information within care plans, which meant information was not easily found. However, the registered manager was addressing people's care plans, as the service was transitioning to electric files, which meant that staff would have up to date information.
- The registered manager and staff confirmed that continuous learning and improvement to the service was taking place. However, we identified concerns that still needed addressing. not all audits identified and ensured people always received safe care. For example, we identified that not all staff were always person centred in administering medicines to people and that not all risk assessments picked up risks related to medicines and health conditions.
- The provider's CCTV policy was generic. It stated it was in place to detect, prevent and reduce the incidence of crime on the property. There was no information about what sort of crime people were at risk from or why CCTV was a proportionate and balanced response to people's right to privacy. The registered manager told us it was in place to protect and support people's activities without restrictions. There was no information about how CCTV actually reduced restrictions upon people.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- Staff were positive about the culture within the service and the staff team. They felt the registered manager was supportive and they were able to raise concerns.
- People's care and support reflected their cultural needs.

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 understood their responsibility to keep people, relatives and professionals informed when incidents happened in line with the duty of candour.
- The provider reported concerns to the relevant organisations and shared outcomes with people, their relatives and the staff team.

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

- The registered manager told us how they have worked with health and social care organisations since working at the service, to help improving people's health outcomes.
- We received mixed feedback from relatives about how the provider engaged with them. Comments included, "They've been helpful and listened to [my views]" and "We don't get feedback."
- Staff meet with people on a regularly basis to discuss their support needs and had meetings to discuss the running of the service.
- Staff supported people with their equality characteristics. Care plans had information on how people have chosen to be supported with their diversity, cultural and religious beliefs in mind.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  Providers must make sure that each person receives appropriate person-centred care and treatment that is based on an assessment of their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Providers must make sure that they obtain the consent lawfully and that the person who obtains the consent has the necessary knowledge and understanding of the care and/or treatment that they are asking consent for.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The intention of this regulation is to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The providers governance systems was not effective to ensure

oversight was robust and did not pick up concerns.