

Caring Homes Healthcare Group Limited

Galsworthy House Nursing Home

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

We undertook an unannounced inspection on 24 and 25 May 2016. At our previous inspection on 21 January and 4 February 2014 the service was meeting the regulations inspected.

Galsworthy House Nursing Home is registered to provide accommodation, care and support for up to 72 older people, some of whom have dementia. At the time of our inspection 68 people were using the service. The service was currently undergoing a refurbishment programme and the manager had purposefully left some rooms empty to provide additional space whilst the upgrade to the environment took place.

At the time of our inspection the service did not have a registered manager. The new manager had applied and was in the process of becoming the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of the signs of possible abuse. However, we found that processes were not followed in regards to reporting possible abuse to the local authority safeguarding team. This meant appropriate investigations could not take place to identify whether abuse had occurred and to protect people from harm.

Staff assessed and identified the risks to people's health and safety. We saw that the majority of these risks were managed appropriately. However, sufficient action was not taken to protect people from the development and deterioration of pressure ulcers. Staff did not follow guidance in people's care plans in regards to frequency of repositioning, which could put people at further risk of breakdown in their skin integrity.

Safe medicines management processes were not consistently followed. We identified stock discrepancies and people were not always receiving their medicines as prescribed.

Care plans were developed outlining people's initial support needs. This included their capacity to make decisions. The majority of care plans contained detailed information about people's support needs. However, we found that care plans were not always updated as people's needs and capacity changed.

A full training programme was in place to enable staff to update their knowledge and skills. However, we found that staff were not up to date with this programme and had not completed the necessary training for their role. A system was in place to supervise and support staff. However, this was not being adhered to and staff were not receiving the support they required to undertake their duties.

Systems were in place to monitor and review the quality of service delivery. We saw that these reviewed all aspects of service delivery and had identified the concerns we found during this inspection. However, they

were not that effective as they had not ensured that standards of service were consistently maintained and sufficient action had not been taken to address these areas requiring improvement.

Staff engaged people in activities. There was a programme of activities delivered at the service, and we saw for people with dementia this included sensory stimulation. However, the range of outings for people was limited and there was a reliance on people's friends and family members to take people out in the community and to access local amenities.

Staff had built caring working relationships with people. Staff were knowledgeable about the people using the service, including the support they required, their preferences and their interests. We saw that people were supported in line with their preferences and staff offered people choices about aspects of their daily lives.

Staff adhered to the Mental Capacity Act 2005, including the Deprivation of Liberty Safeguards. Staff were aware of who needed to be deprived of their liberty in order to keep them safe, and had applied to the local authority for authorisation to do so.

Staff supported people with their nutritional needs. They were aware of people's dietary requirements and provided them with the support they required at meal times. Staff liaised with healthcare professionals as required to ensure people's medical needs were met and they received the specialist care they needed.

There were sufficient staff to meet people's needs. There had been a high staff turnover in the months prior to our inspection, and there was a new management team in place. Despite this, staff felt there was good teamwork and felt comfortable approaching the new management team if they needed any advice or support. They felt able to express their opinions and that their views were listened to.

People, and their relatives, felt able to approach staff if they had any concerns. A complaints process was in place and people, and relatives, said any complaints made were listened to and dealt with.

We found breaches of the legal requirement requirements relating to safe care and treatment, safeguarding, staffing and good governance. You can see what action we have asked the provider to take to address the breaches at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Possible safeguarding concerns were not consistently reported to the local authority's safeguarding team to ensure these were appropriately investigated and people were protected from harm.

Risks to people's safety had been identified. However, appropriate measures had not been taken to protect people from the development and deterioration of pressure ulcers.

Safe medicines management processes were not consistently followed to ensure people received their medicines as prescribed and all medicines were accounted for.

There were sufficient staff to meet people's needs and safe recruitment practices were followed.

Requires Improvement ●

Is the service effective?

Some aspects of the service were not effective. Staff had not completed the required training or received adequate support to ensure they had the skills and knowledge to undertake their roles.

Staff were knowledgeable about and adhered to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported at mealtimes and received the support they required with their nutritional needs. Staff liaised with healthcare professionals as required to ensure people's health needs were met.

Requires Improvement ●

Is the service caring?

The service was caring. Staff had built positive working relationships with people. Staff spent time with people and engaged them in conversations. Staff were aware of people's communication methods and ensured they involved people in decisions about their care.

Staff respected people's individual preferences. Staff maintained people's privacy and dignity. They respected people's religion,

Good ●

culture and spirituality and supported them to practice their faith.

People were supported to make end of life choices and received care in line with those choices.

Is the service responsive?

Some aspects of the service were not responsive. Staff were aware of people's support needs. We saw that for the majority care plans were developed in line with these needs. However, we saw that care plans were not always reviewed in line with changes in people's needs.

We saw that activities were delivered at the service, however, there were limited opportunities for people to access the community. There was a reliance on friends and family members to support people to access activities in the community.

People and their relatives were aware of how to make a complaint, and felt any complaints made were listened to.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led. Systems were in place to monitor and review the quality of service delivery. Through these processes the management team had identified the same concerns we had during this inspection. However, sufficient action had not been taken to make the necessary improvements.

There had been recent changes to the management team. Staff felt able to approach their managers and speak openly to them.

The service adhered to the requirements of their registration with the Care Quality Commission.

Requires Improvement ●

Galsworthy House Nursing 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.

This inspection took place on 24 and 25 May 2016 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist professional advisor (SPA). The SPA's specialism was in tissue viability. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the 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.

During the inspection we spoke with four people, five relatives and eight staff, including the manager. We reviewed records of nine people's care and two staff recruitment records. We also reviewed medicines management arrangements for six people. We looked at records relating to the management of the service and in regards to the team's training, supervision and appraisals. We undertook general observations and used the short observational framework for inspection (SOFI) during lunchtimes. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection we spoke with two representatives from the local authority commissioning and safeguarding teams.

Is the service safe?

Our findings

People felt safe staying at the service. One person said, "I feel safe. The staff are lovely here." Despite the positive comments from people, the provider did not have effective arrangements to ensure the safety of people, staff and visitors to the home.

Staff were able to describe signs and symptoms that a person was possibly being harmed and were aware of their responsibilities to report any concerns they have to their senior management team. The management team were aware of how to report safeguarding concerns. However, two people had acquired grade three pressure ulcers whilst at the service. Whilst these had been reported to the tissue viability nurse for advice on management, these had not been reported to the local safeguarding team. The management team told us they weren't aware that they needed to report all grade three or above pressure ulcers. We spoke with the safeguarding team that confirmed they did need to be notified in line with national guidance. The safeguarding team liaised with the manager to inform them of this responsibility. We also identified for one person that unexplained bruising had been noted by staff when they were supporting the person with their personal care. This bruise had been photographed and recorded. However, the records did not detail how the bruise occurred, if there was an investigation and whether the possibility of abuse had been considered. We asked the management team to send us evidence that safeguarding procedures had been followed in regards to unexplained bruising but this was not submitted. We could not be assured that potential safeguarding concerns were reported to the local authority as required, so that they could be investigated and protection plans could be put in place to prevent people from being harmed.

The provider was in breach of regulation 13 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staff assessed and identified the risks to people's safety, however we found appropriate action was not always undertaken to manage and minimise those risks. We saw that formal assessments were undertaken to identify those at risk of falling, malnutrition or dehydration, and the risks associated with manual handling. People also had individual assessments in respect of needs unique to them, such as risks arising from specific health conditions. Staff and care records confirmed they had also identified who was at risk of developing pressure ulcers. As part of the plans to prevent the development and deterioration of pressure ulcers people had pressure relieving equipment in place, and staff were instructed to regularly support people to reposition, to relieve the pressure to parts of their body. However, we saw from turning charts that people were not repositioned as frequently as stipulated in their care plans. Some people had developed a pressure ulcer and these had deteriorated whilst being at the service. Wound care plans were in place and staff had liaised with the tissue viability nurse to obtain specialist advice about how to dress and care for the wounds, and staff were supporting people in line with the guidance provided. However, the lack of frequent repositioning and investigations when pressure ulcers developed to learn lessons, could have potentially added to the deterioration of people's skin integrity.

People told us the staff looked after their medicines for them and some people were aware of what medicines they were required to take. However, people did not consistently receive their medicines as prescribed. We saw that one medicine had been administered at a time different to what was instructed on

their medicine administration record, at the person's request. A nurse confirmed that the person might not have received the full effects of this medicine as they were taking another medicine which could have interacted with the first medicine if taken around the same time. One person had not received a pain relief medicine which was applied through a patch. When it was identified that the person had not received their pain relief patch this was administered and instructions were left to the night staff to ensure it was left on for the required amount of time for the person to receive their pain relief. Accurate stocks of medicines were not sufficiently maintained. One person had paracetamol prescribed to be taken when needed. However, when we checked there were none in stock and therefore if the person required them they were unable to have them and may be left in unnecessary pain. Another medicine had two less tablets in stock than expected and staff were unable to explain where the missing tablets were. We saw that one medicine was prescribed to be taken one or two tablets as required. Staff had not recorded whether they had given one or two tablets on the medicine administration record and therefore staff were unable to track how many medicines the person had received.

The provider was in breach of regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

We saw that medicines were stored securely, including controlled drugs. Accurate records were maintained for the controlled drugs we reviewed and stocks we checked were as expected.

People and their relatives commented that at times there appeared to be a shortage of staff, particularly with the recent change in management and care staff. However, they felt there were staff around to support them/their family member when they required it. People said if they used their call bell staff would always respond to their request for help. Call bell times were monitored by the management team to ensure people receive prompt support. Staffing levels were determined by the level of support people required. The manager used a dependency tool to calculate staffing levels. Staff felt there were sufficient staff on duty to enable them to undertake their duties and spend time interacting with people. There had been a recent change in management and staffing at the service, and there had been a high turnover in staff. At the time of our inspection, there were still vacancies within the staff team, but recruitment was underway to fill these. These vacancies were being covered by bank staff to ensure adequate numbers of staff on each shift.

We saw from staff records that safe recruitment processes had been followed and staff had relevant experience and qualifications, including national vocational qualifications in health and social care. Checks were undertaken to ensure staff were suitable to work with people, including checking their identification, obtaining references from previous employers and completing criminal records checks.

Systems were in place to ensure a safe environment was provided, this included gas safety, water safety and electrical safety checks. The London Fire Brigade had undertaken a recent check on fire safety and staff confirmed that no improvements were required. People had personal emergency evacuation plans which instructed staff what support they required to evacuate the building safely, for example in the event of a fire.

Is the service effective?

Our findings

People's relatives felt the staff had the knowledge and skills to look after their family member. One relative said, "The service is good and yes [their family member] is well cared for."

A centralised system was available to track staff's compliance with training considered mandatory by the provider. From this system, and confirmation from the manager, we saw that staff were not up to date with their mandatory training. 23 staff were required to undertake refresher training on safeguarding adults, 11 staff were required to undertake manual handling training, 26 staff were required to undertake the provider's 'living in my world' dementia training and 17 staff were required to undertake training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This meant the service was not meeting the provider's targets in regards to percentage of staff that should have completed the required training. The manager informed us they were trained as a trainer for safeguarding adults and another member of the senior management team was a manual handling trainer. They said they would organise for training courses to be delivered, and the manager was to meet with all staff to remind them of the importance of completing the required training to ensure they had the knowledge and skills to undertake their roles.

The provider's supervision policy states staff should receive regular supervision at least six times a year. Some staff said they had not received supervision recently and the manager and supervision records confirmed this. Staff were not receiving supervision as frequently as stated in their policy. We saw from supervision records that seven nurses had not received supervision since February 2016 and one nurse had not received supervision since January 2016. We also saw that ten health care assistants had not received supervision since February 2016. The manager confirmed that they did not currently know when staff last received an annual appraisal and did not have access to these records at the time of our inspection. Staff had not received the regular support they required to undertake their roles.

The provider was in breach of regulation 18 of the HSCA (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where it was identified that a person needed to be deprived of their liberty to keep them safe, the manager had applied to the local authority for legal authorisation to do so through the DoLS. Staff were aware of who needed to be deprived

of their liberty to remain safe. For people who did not need to be deprived of their liberty staff ensured they were aware of their freedom to move around the service and to enter and exit the service. There were key codes on the external doors but staff opened these for those able to leave the service safely.

Staff were aware of who had the capacity to make decisions and what decisions they were able to make. Care records clearly identified who had a lasting power of attorney in place and we saw that these nominated individuals were involved in decisions about the person's care and finances. If people did not have the capacity to make a decision and they did not have a nominated individual to legally make decisions for them, the staff organised for best interests decisions to be made on the person's behalf. Staff were knowledgeable that people's capacity to make decisions fluctuated and they continued to offer people choices and involve them in decisions about their care as much as possible.

People's care plans included information about people's food preferences and there were clear instructions on any dietary needs. One person had a specific goal of putting on weight and records showed they had been supported to achieve that goal. Staff supported and encouraged people who needed help to eat at mealtimes. We saw those who required a soft diet were provided with this and that when staff were supporting people with a low appetite they offered a lot of positive reinforcement.

Through our observations we saw staff asked people if they were enjoying their meals and people responded positively. One person said their food was "very nice indeed." Another said, "Yes, it's good." People were offered a choice of meals and were able to eat at their own pace. Drinks were offered throughout mealtimes and were available throughout the day to ensure people stayed hydrated.

Staff supported people to access healthcare services. There was a regular visiting GP service and staff liaised with the local nursing IMPACT team to ensure people's primary health needs were assessed and met. Staff also organised for dentists, opticians and chiropodists to visit people. When required, staff organised for specialist healthcare professionals to review people's needs so they had dedicated, individualised advice. This included liaising with speech and language therapists, dieticians, tissue viability nurses and community mental health teams. If people needed to attend hospital appointments, staff organised this for them. We saw there was good communication between the hospital and the service, including copies of discharge documentation, to ensure staff have the information to provide consistency in care. A 'transfer' booklet was produced with key information about people in case of transfer to hospital. This enabled ambulance and hospital staff to have the information they required to provide a service tailored to the individual and ensure they have information about people's communication and support needs.

At the time of our inspection the service had started their extensive refurbishment programme. The work being undertaken on the day was done with the least disruption to people's experience of the service as possible. Whilst some people and relatives commented that at times there was noise disruption, they said this was kept to a minimum. People were unable to access the areas of the building where the work was being undertaken and therefore this did not pose a risk to people's safety. Interim arrangements had been organised to minimise disruption to people whilst large communal lounges were refurbished and upgrade work was completed to people's en-suite bathrooms.

There were a range of communal areas and private space at the service and we saw these were well used during our two days at the service. Areas of the service were clearly signposted so people were aware of their use, for example, communal lounges and communal bathrooms. We saw that on the floors dedicated to people with dementia that each person's bedroom door was decorated with pictures and objects that were meaningful to them.

Is the service caring?

Our findings

People liked the staff. They found them caring, considerate and kind. People's relatives felt the staff were "very good" and there was good communication from the staff about changes in people's health or support needs. One person's relative said, "The service is good. I think that [their family member] is happy so it makes me comfortable and puts my mind at ease knowing she's ok."

During our observations at lunchtime we noted that staff smiled at people and interacted with every person at the table throughout the meal, no matter how much or little support they needed. They spoke respectfully, used humour and positive body language and clearly knew people well as they used different communication styles with different people.

Care plans included information about how people communicated and how staff should facilitate this, for example, one person presented with slurred speech, so staff were instructed to allow adequate time for them to communicate and to listen carefully.

People were involved in decisions about their care and the support they received. One person's relative told us, "They consult him for everything. He's involved, very much so." Care records showed that people's preferences, for example, around bedtime routines, were respected. Care plans included an individual preferences questionnaire. This included information about how people liked their support to be provided. Staff were aware of people's personal preferences and their routines, this enabled them to provide a service tailored to the individual. Staff were able to describe the people that used the service, this included their family and life histories, their previous occupations and hobbies and interests they had.

People were supported to practice their faith. Information was gathered during assessment as to whether they had any particular needs in regards to their religion, culture or spirituality, and whether they needed any support from staff to undertake this. We observed on the second day of our inspection a representative from the local church came to the service to have Holy Communion with some of the people using the service. They informed us this was a regular occurrence to ensure these people were able to respect their faith.

One person's relatives said, "Dignity and respect is kept at all times." Staff respected people's privacy and asked people's permission before entering their rooms. They were conscious to support a person to maintain their dignity. We observed staff speaking to people politely and respectfully.

People were involved in decisions about what end of life care and arrangements they wished to have. We saw that advanced care plans were developed outlining people's preferences, including where they wished to receive care and whether they wanted to be resuscitated. We saw that these decisions were reviewed and care plans and do not attempt resuscitation documentation was updated in line with people's choices.

Is the service responsive?

Our findings

One person told us, the staff are "very good" and "I get everything I need." People felt involved in their care. One person told us they have been involved in the development of their care plan. They said they had "a long chat" with staff about what support they wanted.

Care records were not up to date and did not reflect the care and support provided. We heard from staff that they involved people in decisions about their care and they were aware of people's fluctuating capacity. However, this was not reflected in people's care records and we saw that mental capacity assessments and best interests' decisions were not revisited as people's capacity changed. We also saw in one person's care records that they had a history of presenting aggressive behaviour. Staff confirmed that they had spoken with the community mental health team in regards to this behaviour and were aware of how to manage the risks associated with this behaviour. However, this was not documented in their care records.

Staff assessed people's needs, and on the whole initial care plans were developed outlining what support people required and how staff were to deliver this. For the majority care plans were in place where people were identified as needing support and in line with risk management plans. This included care plans relating to personal care, mobility, nutrition, and continence care. We saw that care records detailed the equipment people required to help with mobility and what resources they used to support with continence care. Staff were knowledgeable about the support people required and on the whole provided them with this support.

There were a range of activities offered at the service. One person said the "entertainment programme is very good." We observed activities taking place during our inspection including knitting, puzzles, scrabble, and reminiscence conversations. On the top floor where there were more people with dementia there was a slightly different activities programme which focussed on sensory stimulation. We observed larger group activities taking place in communal lounges as well as smaller activities with two or three people who had similar interests. However, people also said there were limited opportunities to go out in the community. People, and relatives, told us there was a reliance on friends and family members to take people out in the community and to access local amenities. We discussed this with the manager who agreed that this was a current limitation of the service, and they were in discussions with the staff who led on activities to develop the activities programme. They were liaising with another service to look at what activities they delivered and share ideas.

People and their relatives had no concerns or complaints about the service, but would feel able to speak with staff if they were unhappy about anything. People, and their relatives, were aware of the complaints process and there was information displayed in communal areas about how to make a complaint. We reviewed the complaints received and saw that these had been investigated and responded to promptly. The service adhered to the duty of candour and apologised if mistakes had been made.

Is the service well-led?

Our findings

People, and their relatives, were aware of who the manager was, and said that they were always available to speak with.

The service had systems in place to monitor and review the quality of care delivered. There was a range of audits undertaken, including reviewing care records, medicines, infection control, catering, and health and safety arrangements. Management visits were also undertaken at night and on weekends to check the quality of care delivery. Systems were also in place to monitor the support provided to staff and compliance with training requirements. Through these systems the manager had identified the concerns that we found during our inspection. They had started to work on and improve the quality of service delivery, including delivering care records training on the day of our inspection. However, the provider had not made sufficient improvement to ensure people received a high standard of care that was consistently provided and which kept people safe. They had also not yet addressed the shortfalls we identified in regards to the training and support of staff to ensure they had the necessary skills and support to undertake their roles.

The provider was in breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014.

A medicines audit had been undertaken by the pharmacy which had identified a number of areas that required improvement. We saw that some of these improvements had been made including ensuring accurate records were maintained in regards to controlled drugs, putting protocols in place for 'when required' PRN medicines and improving stock management for warfarin.

There had been a recent change in management at the service. The new manager was in post and had begun the process of becoming the registered manager. The manager had met with all the staff and was working on building working relationships with the staff. The staff we spoke with felt comfortable approaching the manager and felt able to have open and honest conversations with them. One staff member said, "I can talk to her any time I want, anytime I need her." Meetings were held with all staff, different staff groups and management levels to discuss service delivery. Staff felt able to express their opinions during these meetings and that their suggestions were listened to. These meetings were also used to discuss any concerns the manager had and improvements that needed to be made to service delivery.

There had been a number of changes to the service and the manager was aware of the improvements they would like to make to the service. One of the newer changes had introduced a hand held electronic device to improve care records and recording of daily support provided to people. This had been introduced on the top floor and we saw that staff were competent in using the device. This enabled clearer recording of daily support and monitoring.

People, and their relatives, were involved in the service and there was regular communication from staff about any proposed changes to the service. We saw that regular satisfaction surveys were completed and the findings from these were used to inform service planning. The findings from the surveys showed that people felt involved in decisions and their choices were respected, that staff were polite and they felt safe.

The management team were aware of the requirements of their registration with the Care Quality Commission and submitted statutory notifications as required.

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 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The registered persons did not ensure that service users were protected from unsafe care and treatment, by;
Treatment of disease, disorder or injury	Ensuring risks to service users were assessed and mitigated. Regulation 12 (1) (2) (a) (b). Ensuring proper and safe management of medicines. Regulation 12 (1) (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Diagnostic and screening procedures	Effective systems and processes were not in place to protect service users from abuse and improper treatment. Effective systems were not in place to investigate all allegations of abuse. Regulation 13 (1) (2) (3).
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The registered person had not ensured that effective systems were in place to monitor and improve the quality of the service. Regulation 17 (1) (2) (a).
Treatment of disease, disorder or injury	
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure that staff received appropriate support, training and supervision to enable them to carry out their duties. Regulation 18 (2) (a).