Care Quality Commission

# Margaret Clitherow House Association Limited

# Margaret Clitherow House

## Inspection report

Priory Road
St. Marychurch
Torquay
TQ1 4NY
Tel: 01803 326056
Website:

Date of inspection visit: 2 & 3 December 2013
Date of publication: 30/07/2015

## 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 |

## Overall summary

The inspection took place on 2 December 2014 and 3 December 2014 and was unannounced.

Margaret Clitherow House provides care and accommodation for up to 41 older people. On the day of the inspection 37 people were living in the service.

The home did not have a registered manager in place. 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. The home's manager was going through the registration process with CQC.

At our inspection in September 2014 we asked the provider to make improvements. These included management of medicines and medical records, the number of staff on duty, staff training and supervision, care and welfare of people and assessing and monitoring the quality of service provision. The provider sent us an action plan which explained how they would address the

# Summary of findings

breaches of regulations. We asked the provider to take action to make improvements in updating people's care plans. At this inspection we found this action had not been fully completed although improvements had been made and the manager was taking action to address this.

Although people's care needs were met, the care records needed improvement to ensure they were accurate and reflected people's current needs. They were not personalised and did not show that people were involved in identifying their needs and how they would like to be supported. People's risk assessments had not been updated to ensure people were safe. The manager commented the updating of care plans and risk assessments would be completed as part of the introduction and development of new care plans.

People had enough to eat and drink and referrals were made to outside professionals. For example, to speech and language therapists (SALT) where people were identified as being at risk. However not all staff were aware of the nutritional advice and recommendations given by the SALT. Care plans did not record all updated advice given for staff to access**.** Inconsistencies in information created a risk that the staff were not responding to advice given.

The service did not have an effective quality assurance system in place. Accidents were appropriately recorded and analysed. Feedback from people, friends, relatives and staff was encouraged. However there was a lack of audits, for example care plans. Learning from accidents and complaints raised were used to help improve the service.

We observed people looked relaxed with the staff and there was a friendly and calm atmosphere. People and staff chatted and enjoyed each other's company. People told us staff were kind and caring, which our observations confirmed. People's privacy and dignity were respected by staff who provided individual and personalised care. People spoke highly about the care they received with one person saying; "I wouldn't live anywhere else."

People were protected by staff who knew how to keep them safe. Staffing levels had improved since the last inspection which meant there were sufficient staff to meet people's needs. People were protected by safe recruitment procedures.

People's medicines were managed safely. People received their medicines as prescribed and received them on time. Staff understood what the medicines were for.

Staff knew people's needs and were supported by ongoing training to keep their skills and knowledge up to date. Staff received an induction programme. People had access to health care services which ensured their health care needs were met. Staff followed the guidance provided by professionals to ensure people received the care they needed to remain safe.

A range of in house activities were provided which people were encouraged to participate in and many did, while others chose to spend time in their own rooms.

Staff were happy working at the service and told us the manager was supportive, kept them informed, listened to them and acted on any concerns raised.

Staff knew how to make sure people, who did not have the mental capacity to make decisions for themselves had their legal rights protected and worked with others in their best interest. All staff had undertaken training on safeguarding adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

The home had received the Investors in People award. This is a national award and is a management framework for high performance through people. The accreditation is recognised across the world as a mark of excellence. Organisations that demonstrate the Investors in People Standard achieve the accreditation through a rigorous and objective assessment to determine performance.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to the Health and Social Care Act 2008 (Regulated Activities) 2014, in relation to records and assessing and monitoring the quality of care provision. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was not always safe.

People told us they felt safe

People's risk assessments had not been updated to ensure people were safe.

There were enough staff to meet people's needs.

Medicines were administered safely and staff were aware of good practice. People received their medicines as prescribed.

People were protected by trained staff who understood the safeguarding procedures and would not hesitate to report concerns.

**Requires Improvement**

**Is the service effective?**
The service was not always effective.

People were supported to maintain a healthy diet. People were at risk as records did not record people's nutritional needs.

People were cared for by skilled and experienced staff who were trained and supported people.

People had access to health care services which meant their health care needs were met.

People were protected by the Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA) as all staff had received training and understood the requirements of the act.

**Requires Improvement**

**Is the service caring?**
The service was caring.

People praised the staff and were happy with the care and support they received.

People were given time to make decisions about their care.

People were given choices and time to respond to those choices.

People's privacy and dignity were respected and staff were kind and compassionate.

**Good**

**Is the service responsive?**
The service was not always responsive.

People's care records were inconsistent and not up to date. Therefore staff did not have full information to respond to people's needs.

People were not involved in the development of their care plans.

**Requires Improvement**

# Summary of findings

People were supported to undertake activities.

There was a complaints procedure which people and their families knew how to use if they needed to.

**Is the service well-led?**

**Requires Improvement**

The service was not always well led.

People and staff said the manager was very approachable and had made many positive changes to the culture and service at the home.

Audits on care records were not completed to help ensure risks were identified and acted upon.

People's views on the service were sought to ensure improvements were identified and addressed.

# Margaret Clitherow House

**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 was carried out on 2 December 2014 and 3 December 2014. The inspection team consisted of two inspectors and a pharmacist inspector who was involved in reviewing our findings in relation to the management of medicines. The inspection was unannounced.

Prior to the inspection we reviewed all the information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law.

During the inspection we met or spoke with 17 people who used the service, five relatives, the manager, and 12 members of staff. We spoke to three health and social care professionals visiting on the days we were inspecting and contacted and spoke with three after the inspection. These professionals were involved with people in the service.

We looked around the premises and observed how staff interacted with people. We looked at four records which related to people's individual care needs, 31 records which related to administration of medicines, four staff recruitment files and records associated with the management of the service including quality audits.

Requires Improvement

# Is the service safe?

## Our findings

At our inspection on 3 September 2014 and 10 September 2014 we found breaches of legal requirements, including management of medicines, staffing, individual fire risk assessments, risk assessments covering staff hoisting people safely and risk assessments to protect people's skin integrity. The provider sent us an action plan which explained how they would make improvements. At this visit we found most of these actions had been completed.

People's care records included risk assessments relating to their moving and handling needs, as well as the risks of falling, pressure ulcer development, and malnutrition. However not all risk assessments had been updated to ensure people were safe. For example, one person had a completed Waterlow prevention tool (Waterlow score is used to assist staff to assess the risk of a person developing a pressure ulcer) in place and was deemed to be at "very high risk". There was no record of any action taken to minimise the risk to keep this person safe. Another recorded they were at very high risk of developing pressure ulcers. There were no records of any actions taken as a result of this to minimise the risks. The manager ensured staff were made aware and updated the records before we left.

Not maintaining accurate records in relation to people's care and treatment is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. Comments included; "I feel safe with the staff", and "I like it here and feel safe." A relative commented; "Mum is provided safe care." All professionals agreed people were safe and well cared for.

People were protected from abuse because staff had an understanding on what abuse was and how to report it. Staff said they had completed safeguarding training and records confirmed additional safeguarding training was planned. Staff spoke confidently on how to recognise signs of possible abuse. They agreed that any reported incidence of suspected abuse would be taken seriously and investigated thoroughly. Staff knew who to contact externally should they feel that their concerns had not been dealt with appropriately. The provider had safeguarding policies and procedures in place and a whistle blowing policy that was available to all staff. Staff were aware of the policy. One said "I would report things I'm not sure about." A quote from the Investors in People report said that after recent safeguarding training, "staff were able to describe what they had learnt such as the importance of listening to residents".

There were enough skilled and competent staff to help ensure the safety of people. Care and support was given in a timely manner. The rota showed an increase in staffing numbers to meet people's needs since our last inspection. People told us they felt there were sufficient numbers of staff to meet their needs and keep them safe. The manager confirmed staffing levels were regularly reviewed to ensure they could meet people's needs. People told us staff had time to chat now with staffing numbers improved. Staff said there were enough staff on duty to support people. A staff member commented, "Much better now" and "more staff on duty - has been better for everyone as staff have more time to support people".

However during a shift handover, held in the staff's office, all staff attended. This left people without staff support and we observed an unsafe situation. For example, two people were becoming agitated with each other. We needed to intervene to support these people until staff arrived. This was fed-back to the manager who told us the handover system would be reviewed.

People were provided with a safe and secure environment. Fire safety checks including testing smoke alarms and evacuation drills were carried out to help ensure staff and people knew what to do in the event of a fire. Care plans and risk assessments detailed how staff needed to support people in the event of a fire to keep people safe. Everyone had a personal evacuation plan in place.

People were supported to take everyday risks. We observed people move freely around the home and others went out into the local community.

Staff files showed the home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service checks had been made to ensure staff were safe to work with vulnerable people.

People were given their medicines in a safe way. One person looked after their own medicines and we saw records that showed this had been assessed as safe for

Requires Improvement

# Is the service safe?

them to do. Medicines were stored safely, and at appropriate temperatures to make sure they were safe and effective. There were suitable arrangements for storage and recording of controlled drugs, and for the ordering, receipt and disposal of medicines. All medicines records were well completed when people received their medicines, or that appropriate reasons were recorded for any regular doses not given. We checked the medicines in stock and these confirmed people received their medicines in the way they had been prescribed. There had been improvements in recording and administration of medicines since our previous inspection. The manager told us that medicines were given by staff who were trained and they observed staff to make sure they gave medicines safely. However there were no records kept of these observations. The manager agreed to record their observations of staff.

Requires Improvement

# Is the service effective?

## Our findings

At our inspection on 3 September 2014 and 10 September 2014 we found breaches of legal requirements including lack of information on some records and staff not understanding about legal requirements in place for one person living in the home. The provider sent us an action plan detailing how they would make improvements. At this visit we found these concerns had been appropriately addressed.

People were involved in decisions about what they would like to eat and drink. Some care records identified what food people liked and disliked. However not all care records held nutritional need information for people. For example, people had two files. One held in their bedroom and one held in the main office. These contained conflicting information. For example one recorded poor dietary intake and the other no evidence this had been addressed. Another held a speech and language therapist (SALT) report that recommended this person have a pureed diet. There was no information in this person's care plan in relation to this. Some staff said they were unaware of the recommendations made by the SALT. This meant staff were not aware of people's nutritional needs. The manager said they would speak to the staff and address this and ensure records were updated to reflect people's dietary requirements.

Not maintaining accurate records in relation to people's care and treatment is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Menus were displayed for people and there were designated dining room staff to assist at meal times. One person said; "food… not so good" and another said; "I had a nice lunch". One person said, "they supply me with hot chocolate…even at 4am." People who needed assistance were given support and nobody was rushed. People who required assistance with their food were catered for first with one to one staff support.

People confirmed they were supported by skilled staff who had the knowledge to meet their needs effectively. One person stated; "I enjoy it here, I am well looked after and have a laugh and joke with the staff." Health and social care professionals felt the staff were well trained and had the skill to carry out treatments they requested.

One staff spoke well of their induction and training when they started at the service. The manager ensured staff completed the appropriate training, for example end of life care, and had the right skills and knowledge to effectively meet people's needs. New staff shadowed experienced members of staff until both parties felt confident they could carry out their role competently. Ongoing training was planned to support staffs continued learning and was updated when required. For example the staff noticeboard showed infection control and dementia training were booked. One member of staff told us; "Loads of training in last few months!" A quote from the Investors in People report said; "(The manager) seeks to achieve high standards of care through training staff to ensure they have the right skills, knowledge and values, and encouraging staff to work together as a team that has the needs of residents as its highest priority".

Staff confirmed one to one supervision and appraisals were completed. Staff agreed they had the opportunities to discuss issues of concern including during one to one supervision, appraisals and staff meetings. They stated that this, along with team meetings, provided opportunities to discuss issues of concern, highlight areas where support was needed, and encourage ideas on how the service could improve. One staff member said; "plenty of staff support" and "we have a shift co-ordinator on each shift… this is working well."

Staff told us they had handovers at the start of each shift. Staff said handovers were a time for them to catch up on people's needs and any significant events in the home.

Most staff had completed Mental Capacity Act 2005 (MCA) training and understood the principles of the MCA and the Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Records showed MCA assessments had been completed for people who needed

Requires Improvement

# Is the service effective?

them. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff confirmed they gave people time and encouraged people to make everyday decisions. For example, if they wished to join in the morning's activity.

Many people living in the service had capacity to make many decisions for themselves and we observed staff asking people for their consent to assist them.

People had access to healthcare services and a local GP surgery provided regular visits when required. When people's needs changed, the staff made referrals to relevant health services for support. People told us that if they requested a visit from their GP this would be arranged.

Health and social care professionals said that staff kept them up to date with changes to people's medical needs and contacted them for advice. Health and social care professionals confirmed they visited the home regularly and were kept informed about people's wellbeing. This helped to ensure people's health was effectively managed.

The home was warm, clean and comfortable. We saw there was signage around the home indicating where toilets and bathrooms were located so people could find them easily and quickly.

People were happy with their room and many had personalised them. One staff member commented; "this is the best maintained care home I have been in." One person stated their room was cold at night. We spoke to the manager about this. The manager confirmed the heating went off at night. The manager agreed to look at this to help ensure people were warm.

Good

# Is the service caring?

## Our findings

At our inspection on 3 September 2014 and 10 September 2014 we found breaches of legal requirements, including lack of interaction between staff and people and records did not promote people's independence. The provider sent us an action plan detailing how they would make improvements. At this visit we found these concerns had been appropriately addressed.

People said staff were caring. People spoke highly of the quality and consistency of the care they received. Comments included; "Staff are very, very nice - excellent" and "Staff are so polite, courteous and supportive" and "The girls do a splendid job - so caring!" A relative said; "I am happy with the care my mum receives - they are wonderful, helpful and kind" and another said; "more than happy with dad's care". Health and social care professionals agreed the staff provided a good level of care to people. A quote from the Investors in People report states; "Margaret Clitherow House offered first class facilities and first class care for the elderly residents".

People said they got the support they wanted. For example, one person often became anxious and staff were observed going to this person's aid frequently. Another person living with dementia required frequent assistance and reassurance and we observed staff provide that assistance regularly throughout our inspection. We observed staff sitting with people, encouraging and supporting them when they became upset or confused. Staff spoke with people in a kind and compassionate way. We heard staff asking people where they wanted to sit in the dining area and wait for their decision. A relative told us; "Dad becomes confused or upset and the staff provided the reassurance he needs. This can include offering him tea or a chat."

People who required assistance with personal care were given this in a timely manner. When staff assisted people they shut bedroom and bathroom doors and spoke with people quietly to offer assistance. Staff covered people discreetly when they had rearranged their own clothing which could cause them embarrassment. This meant people's privacy and dignity were maintained. One person told us, "I have assistance with my bath - always done very sensitively."

Staff encouraged people to be involved in activities and staff assisted people at their own pace during lunch. People were happy talking with staff. This interaction was typical of the many positive interactions we saw through the day. Some people needed assistance and support moving throughout the home. Staff ensured this was carried out with regard to people's dignity and in a thoughtful and reassuring manner.

Visitors confirmed they were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. One relative said; "staff are always kind to me when I visit" and "they (staff) look after me and my family well." The manager stated that relatives and friends were always welcome at any time.

Requires Improvement

# Is the service responsive?

## Our findings

At our inspection on 3 September 2014 and 10 September 2014 we found breaches of legal requirements including care plans that lacked detailed information on people's care and support needs and were not updated regularly, no information on people's social or personal history, what activities people enjoyed or people's preferences. The manager did not know about all complaints made. The provider sent us an action plan which explained how they would address the breaches of regulations. Whilst improvements had been made, some actions had not been fully completed, but these were being addressed by the manager.

People had two care files, one held in the main office and a second in their bedroom. These records did not always record consistent information. They lacked detail and did not contain appropriate advice for staff to follow. Information was missing. For example, we found people's needs were being met however there was a risk they may not be met due to the lack of recording, monitoring and reviewing. Important information which had been written in daily reports was at risk of being lost as not recorded or highlighted in people's care plans. There was little written information to confirm that people, their families or representatives had contributed to the assessment, planning or review of their care. The manager was aware of these issues and was working towards updating all care plans and files.

People's care plans held a "care plan assessment of needs for living". This included information in relation to people's likes and dislikes, daily routines and interests. The care files also included "support plans". However, not all files we looked at had this section completed. For example one person did not have information in relation to skin condition, pain, medicines, history of falls, hearing, sight or communication recorded. Another had no information on social interests, hobbies and end of life details or wishes. Therefore staff did not have full information to respond to people's needs. The manager confirmed improvements had been made since our last visit however was aware some plans still required updating and confirmed this was a priority.

Not maintaining accurate records in relation to people's care and treatment is a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives were unaware of their care plans and had not been involved in care plan discussions. We saw little or no information to confirm that people, their families or representatives had contributed to the assessment, planning or review of people's care. Both confirmed neither were aware of care files and had not been asked to take part in reviews. However people, when asked, said they were not concerned about being involved.

People made their own choices about how and where they spent their time. One person said they liked to stay in their own room. Another said; "I go to church when I want and the home respect my wishes to go."

People said they were happy with the activities provided in the home, although some people preferred not to join in. We observed one activity during our visit. Staff encouraged people to join in. People spoken with after the activity told us they had enjoyed themselves. One person said; "that was really good." We saw an activity programme was displayed in the home, which included a range of events. We spoke to a volunteer who assisted with the activities. They said; "We always try to get everyone involved - we have some trips out." The home's activities folder showed people had enjoyed craft sessions and a quiz. Other people said they chose to stay in their rooms and entertained themselves listening to the radio or watching their own television.

People were supported by staff to maintain relationships with family and friends. We observed many visitors throughout the day. Relatives confirmed staff promoted and encouraged visits. People said; "My son calls in most days." People were encouraged and supported to maintain links with the community. For example people attended the church next door to the home. We observed people go out independently either with their visitors or on their own. . People said; "they look after me and my family." One visitor said: "The staff are every kind to me when I visit and look after me well."

People knew how to make a complaint and felt any concerns or complaints would be acted upon. One relative said they had made a complaint recently and went on to say the manager was; "trying their best" to resolve it. The

Requires Improvement

# Is the service responsive?

complaint file showed complaints received had been responded to. We saw the original letter and the manager's response with action taken recorded. A relative told us; "If I have any concerns I just speak to the staff and it's dealt with immediately" and "I have never needed to make a complaint." Health and social care professionals all agreed they would raise any concerns with the staff and had confidence they would be listened to and acted upon.

Requires Improvement

# Is the service well-led?

## Our findings

At our last inspection on 3 September 2014 and 10 September 2014 we found breaches of legal requirements including the quality assurance system that had not identified medicine concerns and care plans holding insufficient detail. There were no audits in place to identify, assess and manage risks to the health, safety and welfare of people. The provider sent us an action plan detailing how they would make improvements. Whilst improvements had been made, some actions had not been fully completed, but these were being addressed by the manager.

There was a lack of audit processes. Accidents were appropriately recorded and analysed. Feedback from people, friends, relatives and staff was encouraged. However some quality assurance systems at the home were not robust and required improvement to ensure risks were identified and quickly rectified. For example, there were no care plan audits to determine whether information in the files was up to date and relevant. These included inadequate recordings in care records including food and fluid records, lack of significant details in care records on people's medical needs and daily care not recorded.

The lack of a system to assess and monitor the quality of services provided is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Surveys were sent to people who used the service, relatives, staff and professional. These covered all aspects of the service provided. We saw the manager had implemented improvements as a result of these audits. For example, additional staffing had been employed after surveys recorded shortages of staff.

People agreed the home was well led and made positive comments about the manager. For example; ""I wouldn't live anywhere else!" The service was led by a manager who was currently in the process of registering with the Care Quality Commission. The manager had only been in post for a few months. They told us the home had made good progress since the last inspection but the work was still "in progress". For example, the manager said the area they were most proud of was achieving the Investors in People's award. It recorded in the report; "The priority of the home - focused on ensuring residents received the best possible care and followed the values of choice, respect and dignity". Comments from staff included; "It's a very well run home." Health and social care professionals agreed that the home was well run.

The manager took an active role within the running of the home and had good knowledge of the staff and the people who used the service. There were clear lines of responsibility and accountability within the organisation. The manager confirmed they received support from the board of trustees.

There was a clear management structure in the service. Staff were aware of the roles of the management team, including the manager and the deputy managers, and they told us the management were approachable and had a regular presence in the home. During our inspection the manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff.

People and their relatives told us they felt listened to by the manager and said they would actively seek her out to discuss issues. The manager said they would arrange a residents meeting to ensure people were provided with the opportunity to raise issues.

Since the last inspection the manager had implemented a variety of methods to communicate with staff. This included supervision, handover and regular staff meetings. Regular staff meetings helped to update staff on any new issues and gave them the opportunity to suggest improvements. Staff told us they were encouraged and supported to raise issues at team meetings.

Staff were aware of accident and incident reporting processes and escalated any concerns to the registered manager. The manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal obligations. The manager kept relevant agencies informed of incidents and significant events as they occurred.

We saw that environmental health had carried out an inspection and rated the home as level five, which is the highest rating that could be achieved. Regular fire audits had also been completed.

Requires Improvement

# Is the service well-led?

Health and social care professionals, who had involvement in the home, confirmed to us communication was good. They told us the staff worked alongside them, were open and honest about what they could and could not do, followed advice and provided good support.

This section is primarily information for the provider

# Action we have told the provider to take

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

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers<br><br>**Regulation 10 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.**<br><br>The registered person did not regularly assess and monitor the quality of the services provided. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records<br><br>**Regulation 20 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.**<br><br>Care records lacked significant details on people's care needs and recording, monitoring and reviewing of care needs. Information contained in them was not consistent. This meant people may be put at risk, as staff did not have the most up to date information on people's care. |