

Royal National Institute of Blind People RNIB Gladstone 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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 29 August 2018 and was unannounced.

RNIB Gladstone House (Gladstone House) is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Gladstone House provides residential care to a maximum of six adults who are either blind or partially sighted. They may also have additional learning disabilities, autism, emotional or mental health needs. There were six people living in the home at the time of our inspection.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a registered manager, although they were on leave at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We previously carried out an unannounced comprehensive inspection of this service 23 June 2016 when we rated the service as Good. Since that inspection, a new registered manager has been appointed and the service has undergone a significant level of change at both provider and management level.

The physical environment at Gladstone House was not suited for the stated purpose of the service. In particular, the layout and stairways were not wholly appropriate for people living with visual impairment. The provider is aware of this shortfall and the RNIB are undertaking a major re-development project to provide more suitable accommodation to all the people they support across their services.

Along with its sister service (The Clockhouse), Gladstone House has recently been the subject of a Large Scale Enquiry (LSE) which was led by the local authority safeguarding team. Throughout this process, the provider and registered manager have cooperated with the investigation and extensive external auditing of the service has taken place. We have participated in the LSE and have been monitoring the service through regular phone calls, attending safeguarding meetings and reviewing ongoing improvement plans for the service.

The operational focus for the management team has been on implementing new systems to ensure people receive a safe and personalised service. A crucial part of this process has been recruiting a new and stable

staff time for Gladstone House. This has been a period of considerable uncertainty and change both for the people living at the service and for their family members. We have spoken with relatives throughout the LSE and also as part of this inspection and the feedback from all stakeholders is that whilst the service is not yet perfect, it has significantly improved and that people living at the service are looked after and happy.

The registered manager is responsible for both Gladstone House and The Clockhouse and until recently the primary focus had been on improving The Clockhouse, where the risks were higher. The management team were open about the fact that progress had therefore been slower at Gladstone House and shared the actions they were still working on to secure consistently good outcomes at this service.

We made two requirements about risk assessments and consent and one recommendation about best practice as a result of this inspection. We will also continue to review the service against their own improvement plan, in particular ensuring the provider continues to monitor and support the service and that there is sufficient leadership and oversight at both this location and The Clockhouse.

Whilst staff had a good understanding of people's individual support needs, some risks had not been properly assessed and mitigated. The service was asked to immediately consider how it could reduce the risk of one person propping open a fire door each day.

Staff respected people's choices, but the application of the Mental Capacity Act 2005 (MCA) was not always consistently applied in a way that fully protected people's legal rights. Care records did not fully reflect when how decisions had been made and it was not possible to ascertain whether best interests' principles had been followed in those situations where people were unable to consent for themselves.

There were sufficient staff to support people safely and in accordance with their needs. Appropriate checks were undertaken to ensure only suitable staff were employed. Staff had the skills and experience to support people effectively and safeguard them from abuse.

People were supported to remain healthy and well. Medicines were managed safely and people received their medicines as prescribed. People were supported to maintain a healthy and balanced diet.

Support was becoming increasingly person centred and staff responded appropriately when people's needs changed. People were encouraged to be as independent as possible and any concerns raised were taken seriously and acted upon. Access to meaningful activities was improving as staff continued to explore new opportunities for people to spend time doing the things they enjoyed and were interested in.

People had good relationships with staff who supported them with compassion, enthusiasm and respect for their individual and diverse needs.

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 wholly safe.

Risks to people had not always been properly assessed and mitigated.

Staff understood and followed systems in place to safeguard people from abuse.

There were sufficient staff in place to support people in a way that safely met their needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

Medicines were managed safely and people received their medicines as prescribed.

The service was clean and hygienic and infection control systems were in place to reduce the risk of cross-infection.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong.

Requires Improvement ●

Is the service effective?

The service was not fully effective.

The application of MCA and best interests' decisions were not always consistently applied. Care records did not fully reflect where people lacked capacity and the processes in place to ensure their legal rights were protected.

Staff had the skills, knowledge and experience to support people effectively.

People were supported to maintain a healthy and balanced diet.

Staff worked together as a team and with other professionals to enable people to maintain good health.

The design and layout of the premises was not wholly appropriate for people living with a visual impairment. The impact of this was minimal as people were used to their

Requires Improvement ●

environment. Provider plans were in place to improve this in the longer term.

Is the service caring?

Good ●

The service was caring.

Staff supported people with compassion, energy and enthusiasm.

People were involved in planning their own care and encouraged to be independent.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

Is the service responsive?

Good ●

The service was responsive.

Support was becoming increasingly person centred and staff responded appropriately when people's needs changed.

Access to meaningful activities was improving as staff continued to explore new opportunities for people to spend time doing the things they enjoyed and were interested in.

The views of people and their families were better listened to and concerns and complaints responded to in a way that improved the quality of care.

Is the service well-led?

Requires Improvement ●

The service was not wholly well-led.

Previous leadership failings had significantly impacted on people's lives and resulted in a period of instability at the service.

The registered manager and management support team had worked hard to engage effectively with people and their representatives, to improve the service. Greater management presence in the service was now needed to support and lead the service in accordance with the improvement plan.

New systems and governance frameworks needed to be embedded and sustained to ensure a future of consistently proactive and high quality support for people living with a visual impairment.

RNIB Gladstone 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 carried out to check whether the provider was now 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 29 August 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we met with five of the six people who lived at the service. We also received telephone feedback from five relatives. We spoke with five staff, including the registered manager for another RNIB service who was providing management support whilst the registered manager for Gladstone House was on leave. Through the LSE process we have also been gathering regular feedback from the local and placing authorities.

We reviewed a variety of documents which included the care plans for three people, two staff files, medicines records and other documentation relevant to the management of the service such as audits, meeting minutes, surveys and action plans.

Is the service safe?

Our findings

People told us that they felt safe living at Gladstone House. For example, one person said, "I do feel safe because it's a proper house." Other people talked about feeling safe because they got on well with staff and knew they were there to help them. Likewise, relatives confirmed that they had no concerns about their family member's safety and felt confident people were safe at the service.

Care records were in the process of being updated and at the time of our inspection the risk assessments in place did not fully reflect the current risks to people. For example, we noticed that one person's bedroom was propped open by a brief case. A staff member told us that the provider's policy had been changed and required all bedroom doors to be kept closed, but this person liked to have their door kept open and so wedged it open themselves each day. There was no risk assessment in place and no evidence that other options had been explored to manage this situation in a way which conformed with fire safety advice. Other risk assessments had also not been reviewed in line with people's current needs and choices.

The failure to assess and mitigate risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above concerns, staff had a good knowledge of people and individual risks were recognised and considered in the way support was provided. For example, staff talked confidently about the support people needed to keep safe in the community, manage their anxiety and safely take part in activities such as swimming and horse-riding. Two people had recently been on holiday abroad and detailed risk assessments had been completed which carefully explored the risks associated with safely supporting these individuals away from the service.

Equipment around the service supported people to live safely and independently despite their visual impairment. For example, the oven had a quick to cool hob and cover to prevent people getting burned after use. Likewise, the stairs had been recently fitted with additional lighting and a coloured stripe to better mark the edge of each step. Whilst the stairs were steep, we observed people navigating these confidently and safely.

Each person had a Personal Emergency Evacuation Plan (PEEP) that reflected their level of visual impairment and provided guidance to staff in the event of an emergency. The registered manager told us that they would be introducing the 'red bag' system to enable key information to be readily available in the event of an emergency. Staff were aware of this plan, but it had not yet been introduced. We will check this at our next inspection.

There were appropriate systems to safeguard people from abuse. People felt safe both with staff and the other people they lived with. The registered manager ensured that all safeguarding concerns were referred to the relevant authorities in a timely way. Recent safeguarding investigations highlighted that the provider and registered manager worked collaboratively with partner agencies to ensure people were safe. For example, after a recent safeguarding concern, new systems had been introduced to ensure people's

finances were managed in a way that better safeguarded their money.

Staff received relevant training and safeguarding was discussed at individual and group staff meetings. Staff understood their roles and responsibilities in keeping people safe from abuse and said that they felt confident to report abuse and escalate concerns if needed.

There were now sufficient staff in place to support people in a way that safely met their needs. Through the safeguarding process, the registered manager had been open about the number of staff vacancies within the service and the steps that were being taken to recruit. During this period, a high number of temporary staff were employed to maintain appropriate staffing levels. Whilst staffing numbers had been safe, people were affected by the lack of consistency and access to activities.

At the time of this inspection, most staff working at the service were now permanently employed. One person told us, "We have nice, new staff now." Likewise, a relative told us, "We are seeing the same staff when we visit now, which is much better."

Staffing levels enabled people to lead safe and active lives. Staff told us and the rotas confirmed that staffing levels were scheduled to reflect people's needs and activities. For example, whilst usual minimum staffing levels provided three staff in the morning, two in the afternoon and a sleep-in at night, additional staff were rostered on those afternoons or evenings when people accessed external activities. Two people received extra funding for 1-1 support at certain times and we could see this was provided. During the inspection we saw people accessing a range of activities and receiving support when they needed it. Staff confirmed that there were sufficient staff to care for people safely and effectively and that staffing was provided flexibly to meet people's needs.

There were systems in place to check the suitability of new staff. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS) prior to new staff starting work to help ensure staff were safe to work with people who use care and support services. Other information that had been collected included; staff employment history, references, medical fitness and proof that people had the right to work in the UK.

Medicines were managed safely and people were supported to take their medicines as prescribed. People told us that staff helped them with their medicines as they wished. For example, one person said, "I like to take my tablets with water and they [staff] get this for me." Likewise, another person liked to carry pain relief with them when they went out. There was a risk assessment in place for self-administration and the person knew to tell staff if they took them. We stock checked this medicine and the count tallied with the records in place.

Each person had a locked medicines cupboard in their own room and this facilitated medicines being given in a person-centred way. The temperature of storage cabinets was checked daily and we saw that where a cabinet had exceeded recommended storage temperatures on two occasions, staff had used an ice pack to lower the temperature and ensure medicines were stored at safe levels.

Staff understood how to support people safely with their medicines. Only staff that had completed training and competency assessments were permitted to give medicines. Policies and procedures provided staff with appropriate guidance to support people with their medicines in accordance with safe practices. There was also a policy for the use of "homely" or "domestic" remedies, such as those for minor ailments and the GP had authorised the safe use of certain medicines to enable people access to treatment if they had a cough or cold.

Staff completed Medication Administration Records (MAR) following the administration of medicines to people. The MAR charts we looked at had been appropriately completed with no gaps which indicated that people had received their medicines as prescribed. In line with an action from a recent external audit, staff were now using the appropriate codes to record when people were on social leave from the service.

The service was clean and hygienic and infection control systems were in place to reduce the risk of cross-infection. Staff completed training in infection control and food hygiene and were clear about the systems in place. Staff confirmed that they had access to appropriate personal protective equipment, such as gloves and aprons and that these were routinely used. Regular audits were used to identify and address issues as they arose.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong. The registered manager and provider have been open and transparent about how things had previously gone wrong within the service and demonstrated a commitment and drive to implement new systems to prevent re-occurrence. The management team have demonstrated a willingness to listen and learn from feedback. For example, during the inspection it was identified that the computer system did not allow the covering manager to have remote access to the full history of accidents and incidents within the service. Once highlighted, this was immediately addressed to enable them to have more efficient oversight of the service they were supporting. Where incidents had occurred, it was evident that staff had taken appropriate action to minimise the risk of re-occurrence.

Is the service effective?

Our findings

People told us that staff supported them to make their own decisions and respected their choices and we observed this happen in practice. For example, one person chose to get up late and whilst staff encouraged them to get up earlier and take part in their activities, they respected the fact that the person had the mental capacity to choose to do their own thing.

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. Whilst staff understood the importance of involving people in decisions about their support, the principles of the MCA were not consistently applied. Care records did not clearly record how decisions had been made and who had the legal authority to make decisions on behalf of others. For example, staff on duty were not clear about whether DoLS authorisations had been applied in respect of people living at the service. Likewise, people were subject to constant supervision and a door alarm prevented them from leaving the service unattended. There were mixed views amongst staff as to whether people had the capacity to consent to this or not and there was no information in care records to indicate that capacity assessments and where necessary, the best interests' process had been followed.

Provider audits and the improvement plan for the service highlighted that these improvements needed to be made, but sufficient progress had not been made to safeguard people's legal rights. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had the skills and experience to support people effectively. People clearly got on well with the staff that supported them and it was evident that staff understood people's individual needs and preferences. Ongoing training provided staff with the skills to deliver their roles. In addition to mandatory training in areas such as health and safety, first aid and positive behaviour support, all staff completed a mandatory course in 'sight guiding'. Observations and conversations with staff showed that they had a good knowledge of people's visual impairments and knew how to support them effectively. The registered manager had informed us prior to the inspection they were in the process of changing training providers and we saw that staff had been booked into other relevant training to further develop their skills and keep up to date with best practice.

New staff undertook an induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had

been recently recruited confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively. Each new member of staff had shadowed more experienced staff to get to know people and their individual needs and routines.

People told us they enjoyed their meals and that they had choice and control over their meals. For example, one person said, "We cook all our food fresh" and another commented, "We are involved in preparing the menu each week and I always choose what I have for breakfast and lunch." Discussion with staff confirmed that people were supported to maintain a healthy and balanced diet. One staff member told us, "There is always fruit and healthy snacks available and we encourage everyone to have their five portions of fruit and vegetables each day." Staff were working proactively with people who chose to lead a less healthy diet and develop their awareness. One person reflected, "I have a healthy diet most of the time, but I do like my treats. I walk a lot though." We saw information in care plans in respect of people who had received advice from the dietician and staff talked about how they implemented this advice.

People's specialist dietary needs were considered and planned for. One person required a vegetarian and Halal diet and we saw evidence that this was provided. Staff told us, "We have been working with [person's name] family and got recipes from them to make things like coconut dhansak curry which we know he enjoys." The person themselves told us that they had a varied diet and that there was always a vegetarian meal for them.

Staff and management worked effectively as a team and with other professionals to enable people to maintain good health and lead fulfilling lives. Staff and management had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks, including vision tests and eye health checks. Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

The design and layout of the premises was not wholly appropriate for people living with a visual impairment. The impact of this was mitigated for the people currently living there because they were familiar and adjusted to their home. An ongoing re-development project meant that people would have future access to a service that was designed specifically for their needs. The registered manager was in the process of introducing new technological ways of improving the service for people with sight loss. For example, there was a 'talking' microwave and voice activated tablets were being used to share important information with people. We will follow up on the impact of these improvements at our next inspection.

Is the service caring?

Our findings

People said they were happy living at Gladstone House and all those we spoke with confirmed that staff were kind and respectful towards them. When we asked one person how they felt about the service, they told us, "Things are really good. The staff, they are nice and helpful to you." Relatives informed us that their family members liked living at Gladstone House and were always happy to return after a visit home. One relative commented, "He gets on really well with the staff and the other people he lives with. His keyworker is a lovely bloke and they clearly get on well."

Staff supported people with compassion, energy and enthusiasm. People had good relationships with the staff that supported them and we saw lots of laughter and jokes being shared. Staff spoke passionately about how they were motivated to do the best they could for people. For example, one staff member told us, "I love the guys." Likewise another said, "They're happy and we do as much as we can to enable them to live a good life." Staff worked flexibly themselves to enable people to do the activities they wanted. As such, two people had recently returned from a holiday to Fuerteventura with two staff supporting them. All parties told us, "They had the best time. They chose everything and they are already planning next year's holiday."

People were actively involved in planning their own care. One person told us, "I have regular meetings with my keyworker and we talk about the things that make me happy and sad." Care plans were in the process of being reviewed and staff said they were doing this with people. For example, one staff member said, "[person's name] has done his care plan, not me." In reviewing the care plan in question we could see it had been written in the first person and included all the things the person told us were important to them.

People were encouraged to be as independent as possible. We saw people following their own individual routines and making lunch and snacks independently. Each week people had allocated time with their keyworker in which they were supported to tidy their room and do their laundry.

Care plans included a 'personal ability' section which outlined people's skills and support needs in respect of each area. For example, we read, '[the person's name] will speak on the phone to book a taxi, but staff need to dial the number.' The person confirmed this happened. Likewise, another person was able to dress independently, but sometimes struggled with fastenings. During the inspection we heard them say to a staff member, "Give me hand please. I need help with my buttons." This showed that care was delivered in a way that enabled people to maintain and develop skills.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People's bedrooms had been personalised and furnished with items that reflected their own interests and preferences.

Equality and diversity was managed well and people were supported to follow their own religious and cultural preferences and beliefs. Staff knew about people's beliefs and ensured these were respected in the way care was delivered. For example, people were supported to attend church services of their faith each

week.

Is the service responsive?

Our findings

Support was becoming increasingly person centred and staff responded well to people's changing needs. Each person had a personalised plan of care that outlined their individual needs and preferences. This included a pen portrait of the person that provided a summary of their needs, interests and care preferences. Care plans were in the process of being reviewed and improved. The new format provided a much greater focus on how people's visual impairment impacted on the different parts of their lives. The provider had a clear improvement plan in respect of updating the last outstanding records and we will continue to monitor this through our engagement with them.

The management of people's health and well-being was well documented and regularly reviewed. For example, people were regularly weighed and appropriate action taken where changes occurred. Similarly, where people had identified behavioural support needs there were guidelines in place for staff to follow. These included information about how to recognise possible triggers, the preventative measures staff should take to support the person and the necessary interventions if behaviours escalated.

Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites which were then regularly discussed with people in order to improve their care.

Staffing and management changes at the service had previously impacted significantly on people's opportunities to engage in activities that interested and developed them. Activity plans showed that people were engaged in a variety of internal and external activities.

Staff were continuing to explore new opportunities for people to spend time doing the things they enjoyed and were interested in. Staff said that a greater emphasis had been placed on arranging individual rather than group activities. For example, one person had expressed an interest in painting and as such staff supported him to enrol with a local art club. Another person had chosen to spend a day in Hastings with his keyworker. The person told us they had enjoyed this day and the daily notes recorded, 'he said it was one of his best days in a long time.'

The views of people and their families were better listened to and concerns and complaints responded to in a way that improved the quality of care. People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. At the start of the safeguarding process we spoke with relatives and at that time they felt frustrated that their concerns were not being heard. In particular, they expressed that their family members were not receiving consistent support and felt disconnected from the management team. Since that time, the registered manager had made regular contact with relatives and better relationships have developed. Relatives now told us that they felt better informed and listened to and confident that their concerns would be acted upon.

A copy of the complaints policy was displayed in the entrance of the home. The registered manager was also in the process of uploading a verbal complaint procedure to the house table to make this more accessible to

the people living at Gladstone House. The registered manager now maintained a detailed record of complaints and concerns that had been received and it was evident that feedback was being valued and responded to appropriately.

Is the service well-led?

Our findings

At the last inspection, there was no registered manager in place. Since that time there have been some leadership failings that significantly impacted on people's lives and resulted in a period of instability at the service. Over the last few months however, these failings have been openly acknowledged by the provider and they have worked hard with the new registered manager to bring about a positive change to the running of Gladstone House.

The provider had an ongoing improvement plan for the service which has been shared with us and the registered manager has been working hard to implement many new systems that have been recently introduced to take the service forward. Regular audits were completed both internally and externally, with the actions being fed into the overall development plan for the service.

Due to being responsible for two services, the registered manager's time was divided between two locations. Initially more time had been spent at the sister service and staff here told us that they had not always received the management support and leadership needed. The breaches of Regulations 11 and 12 identified in this report, show that further improvement is still required at Gladstone House. At the end of the inspection, the provider informed us that they had just recruited an interim manager and deputy manager to strengthen the management team across the two services. We will continue to monitor the service against their improvement plan and ensure that the actions from this inspection and those highlighted in the improvement plan are embedded and sustained.

The registered manager had a good understanding of their legal responsibilities as a registered person. For example, sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary. People and their relatives had been better engaged with and were now routinely involved in decisions about the service. Staff meetings were now taking place and were being used as a forum for sharing expectations and best practice. Feedback from other professionals highlighted that the service was continually improving and had positively embraced partnership working.

The RNIB Charity promote their services as offering bespoke support for people with sight loss. As such governance frameworks need to focus on outcomes and be more strategic in the capturing and development of the goals and ambitions of both people and the service as a whole. Likewise, the use of technology has started to be explored to improve independent living and this again needs to be continually developed.

We recommend that the provider seek advice from a reputable source regarding best practices for supporting people with people with long term visual impairment.

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 11 HSCA RA Regulations 2014 Need for consent The registered person had failed to appropriately safeguard people's legal rights in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had failed to appropriately assess and mitigate risks to people using the service.