

La Rosa Homes Ltd

La Rosa 2

Inspection report

39 Stanthorpe Road
Streatham
London
SW16 2DZ

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16 November 2021
23 November 2021

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22 December 2021

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

About the service

La Rosa 2 is a residential care home providing accommodation and personal care for up to six younger and older males with mental health care needs. At the time of our inspection the service was supporting six people in one adapted building. Half the people currently residing at the care home were also living with dementia.

People's experience of using this service

People living at the care home were not always kept safe and had been placed at risk of avoidable harm. This was because the way the provider assessed, monitored and managed risks associated with the care home's environment, fire safety, medicines and infection prevention and control (IPC) systems was not effective. The provider needs to take action to improve the service and repair all the faulty fire resistant doors, risk assess and cover radiators, check the buildings electrical wiring/installations, store medicines safely and ensure staff follow best IPC and COVID-19 practices.

The service was not consistently well-led, which also placed people at risk of harm. This was because a suitably competent person had not been registered with the CQC, the provider was not clear about their regulatory requirements to report incidents to us and their oversight and scrutiny systems were not operated effectively. The provider needs to take action to ensure a suitably competent person is appointed and registered by us to manage the service. They must notify us without delay about any safeguarding incidents involving people living at the care home and use their established governance audits more effectively to help them identify and take appropriate action to improve La Rosa 2.

People lived in a suitably adapted care home however, the care home's environment was not appropriately maintained. Improvements are required and the provider agreed at the time of our inspection to resolve all the environmental maintenance issues described above by the end of 2021.

People told us they were happy with the standard of care and support provided at this care home.

People were protected against abuse and neglect. People were cared for and supported by staff who knew how to manage risks they might face. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

People received good care from staff who had the right levels of training and support to deliver it. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access community mental health and social care professionals as and when required.

People were treated equally and had their human rights and diversity respected. Staff treated people with

respect and dignity and upheld their right to privacy. People were supported to maintain and develop their independent living skills. People were encouraged to make decisions about the care and support they received and had their choices respected.

Up to date, person centred, electronic care plans were in place for everyone who lived at the care home, which helped staff meet their personal, emotional, health and social care needs. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in meaningful recreational and leisure activities that reflected their social interests. People were supported to maintain relationships with family and friends. People's concerns and complaints were listened to and investigated by the provider. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and wishes.

The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community mental health and social care professionals and agencies to plan and deliver people's packages of care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service has a new legal entity and was reregistered with us on 30th June 2020. This is their first inspection since reregistering with us. The last rating for the service under the previous provider was good (published 14 July 2017).

At this inspection we found multiple breaches of regulations and the need for this provider to make improvements. Based on the findings at this inspection the overall rating for the service is requires improvement.

Why we inspected

This was a planned comprehensive inspection based on the service having a new legal entity and reregistering with us.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches at this inspection because the provider had failed to ensure risks associated with fire safety, medicines and IPC arrangements were always safely managed, and their oversight and scrutiny systems were effectively operated.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect

sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

La Rosa 2

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspector.

Service and service type

La Rosa 2 is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was carried out over two-days on 16 and 23 November 2021. The first day was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service. This information helps support and plan our inspections.

During the inspection

We spoke in-person with four people who lived at the care home, the owner and three support workers, including a senior team leader.

We also looked at a range of records that included four people's care plans, four staff files in relation to their recruitment, training and supervision, and multiple medication administration record (MAR) sheets. A variety of other records relating to the overall management of the service, including policies and procedures were also read.

Following the inspection

We received email feedback about the care home from a local authority social worker.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection, which they did, in relation to staff medicines and infection prevention and control (IPC) training, their IPC and COVID-19 policies and procedures, and various health and safety certificates.



Is the service safe?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We were not assured people were always suitably protected against the risk of avoidable harm.
- The environment and systems in relation to fire and health and safety had not been appropriately monitored and managed. For example, fire resistant doors did not always automatically close into their frame when released and the buildings electrical wiring/installations had not been checked by a suitably qualified professional for over six years, contrary to fire, health and safety best practice. In addition, none of the home's radiators had been covered and the risks associated with older people living with dementia being harmed as a result had not been properly assessed.

We found no evidence that people had been harmed as a direct result of the fire and health and safety failures described above. However, it did place people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's risk assessments and care plans did enable staff to support them to take acceptable risks.
- Risk assessments included aspects of people's lives such as their emotional and physical health, activities and daily living. Assessments were regularly reviewed and updated as people's needs changed.
- Staff demonstrated a good understanding of the risks people might face and the action they need to take to prevent or minimise those risks. For example, people whose behaviours might be considered challenging at times, had clear records of incidents, and plans in place to reduce those incidences. Records showed that action was taken, as required and the advice of specialist professionals sought when necessary.

Using medicines safely

- Medicines were not always safely managed on behalf of the people living in the care home. This was because we found medicines were not always safely stored. For example, we observed several instances of staff leaving keys in the medicines cabinet door and the medicines fridge unlocked, which both contained various stocks of medicines at the time of our inspection. We also noted the office where both the medicines cabinet and fridge were kept was often left unlocked when staff were not visibly present in the office or the adjoining communal lounge and the conservatory/dining area. This meant medicines were at risk of being accessed by unauthorised people either living, working or visiting the care home.

We found no evidence that people had been harmed as a direct result of the medicines storage issues described above however; it did place people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at.
- Care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. Staff were trained to administer medicines safely and this training was routinely refreshed.
- Medicines were regularly audited.

Preventing and controlling infection

- We were not assured staff were always following current infection prevention and control (IPC) procedures, including those associated with personal protective equipment (PPE) and COVID-19.
- Staff failed to always check visitors to the care home had an up to date negative COVID-19 test and had a normal temperature, contrary to best IPC practice and the providers own IPC/COVID-19 policies and procedures. Furthermore, although staff had completed IPC training as part of their induction, no one had received any additional IPC, PPE or COVID-19 related training since the beginning of the pandemic.

We found no evidence that people had been harmed as a direct result of the IPC/COVID-19 issues described above however; it did place people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived and worked there were routinely tested for COVID-19.
- We were also assured staff employed were vaccinated against COVID-19 in line with government requirements. This was because the provider operated effective monitoring systems to check staff complied with best IPC practices and were fully vaccinated against COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded against the risk of abuse.
- People said they thought the care home was a safe place to live. One person told us, "I do feel safe here and I know the staff will make sure I'm looked after."
- The provider had clear safeguarding and staff whistle-blowing policies and procedures in place.
- Staff received safeguarding adults training as part of their induction, and they knew how to recognise and respond to abuse they might encounter, including reporting it. One member of staff said, "If I ever saw anyone being abused at the home, I would tell the person in charge straight away. I'm confident they would let the owner and local authority know what has happened."
- At the time of this inspection the care home had one safeguarding incident under investigation by the local authority.

Staffing and recruitment

- We were assured the providers staffing and recruitment systems were safe.
- We saw at least two care staff were always working in the care home throughout the inspection, which was the minimum number the provider had determined was required during the day to safely support the people currently residing at La Rosa 2.
- We observed numerous examples of staff responding quickly to people's requests to have their cigarettes or for assistance to make a hot drink or a meal.
- Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment

decisions.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received.

Is the service effective?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People lived in a suitably adapted care home that meet their needs.
- However, the care homes physical environment and interior décor was not being appropriately maintained. For example, in the kitchen we found a large gap in the damaged wooden flooring, lose or missing door handles on most of the cupboards and drawers, a window in the office that did not close properly and damaged walls throughout the care home caused by door handles.

We discussed these maintenance issues with the provider at the time of our inspection who agreed to ensure all the care homes outstanding repair matters would be resolved by the end of 2021. The provider sent us an action plan setting out how and when they planned to make these improvements to the care homes interior. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

Staff support: induction, training, skills and experience

- Staff had received all the relevant training they needed to effectively carry out their working roles and responsibilities. This was because it was mandatory for all staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. Staff had also completed up to date training in understanding mental health care and how to support people in a positive way to prevent or appropriately manage behaviours considered challenging.
- Staff had ongoing opportunities to reflect on their working practices and professional development.

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

- People's personal, and emotional and physical health care needs were comprehensively assessed, and their care and support delivered in line with legislation, standards and evidence-based guidance.
- People's care plans were based on their pre-admission assessments carried out by various external mental health and social care professionals and agencies. These assessments helped the provider identify people's emotional needs, which reflected the Care Programme Approach (CPA), a type of care planning specifically developed for people with mental health needs. A community social care professional told us, "The service effectively supports my client with his activities of daily living in accordance with his care plan."
- Staff were aware of people's individual support needs and preferences.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had received MCA and DoLS training as part of their induction. Staff told us they always asked for people's consent before commencing any personal care tasks.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- People told us they were happy with the overall quality and choice of meals they were offered at the care home. One person said, "The food is alright here and staff sometimes help me cook my own meals, which I do like to do."
- People's care plans included health, nutrition and diet information with health care action plans. If people required support with diet, staff observed and recorded the type of meals people received and encouraged a healthy diet to ensure they were eating properly. Whilst encouraging healthy eating, staff made sure people still ate meals they enjoyed.
- Staff had received basic food hygiene training as part of their induction.

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

- People were supported to stay mentally and physically healthy and well.
- People's care plans detailed their health care needs and conditions. For example, a person living in the care home, their community psychiatric nurse (CPN) and designated keyworker had all been actively involved in helping develop a risk management plan to prevent incidents of behaviours considered challenging happening in the service.
- Records showed staff ensured people routinely attended health care appointments and check-ups with a range of community health and mental health care professionals including GPs and CPNs. A community mental health care professional told us, "I am very pleased with the service they [staff] provide for my clients. I have never had any issues with the way staff support my clients with their mental health care needs at this care home."

Is the service caring?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by staff. For example, one person told us, "Staff are lovely. They [staff] always knock on my bedroom door and ask me if it's alright if they come in."
- We observed staff interact and speak with people living in the care home in a respectful and positive way throughout our inspection.
- People were supported to be as independent as they could and wanted to be.
- Staff told us they actively supported people to maintain and develop their independent living skills. For example, if people were willing and capable, staff encouraged them to manage their own medicines, travel independently in the wider community and make their own drinks and meals. One person told us, "Staff are very good at letting me do lots of things I can and want to do by myself. I often go out on my own shopping; cook the meals I like to eat and manage my own medicines."
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.

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

- People had their human rights and diversity respected and were treated with compassion by staff.
- People typically described the staff as "friendly" and "caring". For example, one person told us, "The staff are so friendly and kind to me. They know how to look after us and do treat us well."
- Interactions between people living in the care home and staff were characterised by warmth and kindness, and showed they knew each other well. People looked at ease and comfortable in the presence of staff.
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. One person gave us a good example of how staff helped them to buy the ingredients they needed to cook meals they enjoyed eating that reflected their cultural heritage. This person also told us, "Staff help me attend Mass at the church where my family go, which is not local."
- Care plans contained detailed information about people's spiritual and cultural needs.

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

- People were encouraged to express their views and make decisions about the support they received through regular house meetings, care plan reviews and satisfaction surveys. One person told us, "I often attend the house meetings where staff ask us to decide what we want to eat and do next week." We also observed staff support people who had decided to get up late to choose what they ate and drank for their

breakfast.

- People's care plans clearly identified how people expressed themselves, which enabled staff to support people to make informed decisions.
- People were consulted and agreed to the contents of their care plans. People had signed their care plan to show they agreed to them.

Is the service responsive?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care and support from staff according to their individual assessed needs and preferences.
- People's care plans were up to date, personalised and contained detailed information about their strengths, likes and dislikes, and how they preferred staff to meet their personal, emotional and health care needs.
- Input from people living in the care home, and where appropriate their relatives and external mental health and social care professionals was actively sought by staff to help them develop people's care plans and to ensure they were person centred. Care plans were routinely reviewed and updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met.
- The provider understood and worked within the principles of the AIS. For example, the owner told us the service users guide and the providers complaints procedure could be made available in a variety of different formats, including audio.
- Staff were provided with information about people's communication preferences and guidance on how best to communicate with them.
- People said staff communicated clearly with them which enabled them to understand what they meant and were saying.
- Staff supported people to use various electronic communication devices, such as mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

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

- People told us staff supported them to take part in various activities that reflected their social interests and spiritual wishes.
- Staff gave us a good example of how they used an external advocate who specialised in supporting people who were visually impaired to help one person who lived at the care home to access the wider community and safely enjoy more community-based social activities.
- Care plans reflected people's social interests, cultural needs and spiritual wishes, and whether or not they

were at risk of social isolation at home.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.
- People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.
- Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

- At the time of our inspection, no one was receiving end of life care.
- The provider had an end of life policy and people's care plans had a section they could record their end of life care and support needs and wishes, if they wanted to. People also had 'Do not resuscitate' information recorded in their care plans, that staff were made aware of.

Is the service well-led?

Our findings

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

This is the service's first inspection since they reregistered with us. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and/or take appropriate action to address a number of issues we found during this inspection, including those related to the management of risk, fire safety, environmental maintenance, infection prevention and control, medicines, staff training and reporting safeguarding incidents to the CQC.

We found no evidence that people had been harmed as a direct result of all the management oversight and scrutiny failures described above however, their governance systems were clearly not always operated effectively enough to minimise the risks associated with them. This placed people at risk of harm and demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was not always clear about their regulatory responsibilities to notify the CQC without delay about any incidents that adversely affect the health, safety and well-being of people living in the care home. This was because they had failed to always inform us in a timely way about safeguarding incidents involving people living in the care home.

We discussed this issue with the owner at the time of our inspection. They acknowledged there had been a number of failures lately where incidents that should have been reported to the CQC immediately were not. They agreed to develop an action plan to improve how they would keep us informed about such incidents without delay from now on.

- The service had not had a manager registered with the CQC since the provider reregistered the care home as a new legal entity 18 months ago in June 2020.

We discussed this management issue with the owner who agreed they would appoint a suitably competent manager and ensure they applied to the CQC to be registered as soon as reasonably practicable.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had most of the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

- The owner was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker, group house meetings with their fellow peers and satisfaction surveys.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from the services owner and senior staff team.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, the Local Authority, GPs, CPNs and social workers.
- The owner told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment
	People who use the service had been placed at risk of harm because the provider failed to do all that was reasonably practicable to mitigate risks associated with the care homes environment and ensure fire resistant doors, radiators and electrical wiring/installations, were always appropriately maintained and safe for their intended purpose.
	People who use the service had been placed at risk of harm because the provider had failed to ensure staff had the right up to date knowledge and skills to prevent and control infection safely, and always followed best infection prevention, detection and control practice, including those associated with COVID-19.
Accommodation for persons who require nursing or personal care	People who use the service had been placed at risk of harm because the provider had failed to ensure the proper and safe management of medicines. Regulation 12(2)(b)(c)(d)(g)(i)
	Regulation 17 HSCA RA Regulations 2014 Good governance
	People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(2)(a)

