

The Koppers Care Limited

The Koppers Residential Home

Inspection report

The Street
Kilminster
Axminster
Devon
EX13 7RJ

Tel: 0129732427

Website: www.thekoppers.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 6 October 2016. The service was rated as Good. After that inspection, we received concerns in relation to the safety of people living at the service, staffing levels, the culture within the service, medicines errors in relation to the administration of anticoagulant medicines (a medicine used to keep their blood at the required consistency) and the safety of the premises. As a result, we undertook this focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Koppers on our website at www.cqc.org.uk.

The Koppers is a care home for older people who do not require nursing. There are 19 bedrooms, 14 of which are single and five rooms can be shared. There was capacity for 24 residents. At the time of the inspection, there were 21 people living at the service.

There was a registered manager in post although they made us aware at the inspection that they had handed their notice in to the provider the previous day and would be submitting their application to deregister with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

At this inspection, we found some of the concerns which had been raised with us were unfounded, in relation to medicines errors, staffing levels but other concerns remained. For example, whilst risks to individuals had been well assessed, this was not reflected in the care plans to guide staff on how to manage concerns. Environmental checks had been delegated to another member of staff because the maintenance person had been on sick leave for several weeks. There had been no additional time allowed for this and there were several gaps in the records. Some safety repairs had not been undertaken. For example, fire strips to reduce airflow in the case of a fire had been reported missing on three bedroom doors but they had not been replaced. We were made aware after the inspection that these have been replaced.

CQC had received concerns in relation to an alleged abuse taking place at the service which had not been reported to the local authority safeguarding team as required. CQC had also not been notified. The registered manager confirmed they were aware of their responsibility to notify CQC but owing to the high level needs of another person at the home they had forgotten to make the appropriate referrals. However, they had investigated the concern and had taken action.

Concerns had also been raised with CQC about the culture at the service and the openness of the registered manager. The registered manager made us aware at the start of our visit that she had resigned from her position and was in discussion with the directors regarding a potential new role within the service. The registered manager said they had recognised that, owing to personal circumstances, they found the role too demanding to fulfil as they felt they should like to do. Since the inspection site visit the local authority

safeguarding team have been working with the provider and registered manager in relation to another safeguarding concern which has been raised with them.

Staff had not always received formal regular supervisions and support with their performance and future development. There was a clear system for induction, mandatory training and supervision at the service. However, some deadlines for initial training had not been met and formal supervisions had not taken place. The registered manager was aware of these shortfalls but said she worked alongside staff so they could speak with her at any time. New staff undertook an induction when they started working at the service.

Concerns had been raised with CQC regarding medicine management at the home. We found people received their medicines on time and in a safe way. The pharmacy which supports the service had recently undertaken a review and raised no significant concerns.

The registered manager and staff were very welcoming, open and honest in answering our questions. Before the inspection concerns had been raised with CQC that not all staff were being treated equally in relation to the expectation of the amount of work they undertook, but no action had been taken to address this when it had been reported internally. This was confirmed by a staff member at the inspection although the registered manager did not agree this was the case. Following the inspection we spoke to the directors who said they were aware of this issue. They informed us that they were in the process of recruiting a new registered manager and they would be looking for a new role for the existing registered manager within the service.

Visitors to the service said they felt confident that the level of care being provided was good. During our visit, we saw there was good communication with healthcare professionals who were happy with the quality of care provided.

Staffing levels appeared sufficient to meet people's needs. There had been a significant staff turnover in recent months with several new staff starting. This meant existing staff and the registered manager had needed to undertake additional duties and support new staff in order to keep people safe. The registered manager had needed to prioritise their work in order to undertake shifts which had meant they had not completed all of the audits and checks required by the provider to monitor the safe running of the service. We had found a comprehensive quality assurance system had been in place at the time of the previous inspection. However, this had not been properly maintained, as gaps were found in several systems. The provider had not recognised that quality assurance checks were not always being completed.

While speaking with staff we spoke to a new member of staff who had a poor understanding of English. We were told by the registered manager that this would be closely monitored and managed.

Accident forms were being completed by staff at the time of incidents and action was being taken by staff to keep people safe. However these were not being reviewed by the registered manager to identify concerns in a timely way. Accident forms had not been reviewed for the three months before this inspection.

People had their nutritional needs met overall. However, there were concerns about one person who had lost weight not being referred to healthcare professionals in line with the guidance on the nutrition tool used by the service. Staff had identified the person had lost weight and had taken action themselves to support the person to increase their nutritional needs. There was no care plan of action in place to direct staff consistently about how to support the person.

The registered manager had a clear understanding of their responsibilities under the Mental Capacity Act

2005. Several applications for authorisation under the Deprivation of Liberty Safeguards (DoLS) process had been made. Any best interest decisions had been discussed with family members.

We found two breaches of Regulations in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and of the Care Quality Commission (Registration) Regulations 2009 (part 4). The action we have asked the provider to take can be found at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Staff understood signs of abuse and were confident concerns reported were investigated and dealt with. However safeguarding issues had not always been reported to the appropriate external agencies.

Improvements were needed to ensure the environment was maintained in a safe condition for people living at the service.

Risks to individuals were assessed but not always reflected in their care plans as a guide to practice.

People received their medicines on time and in a safe way.

There were effective recruitment processes in place.

People were supported by enough staff so they could receive care and support at a time convenient for them.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had not always been provided with the right training, support and supervision to enable them to meet people's needs effectively.

People's rights were protected under relevant legislation.

The majority of people were supported to have a balanced diet to maintain good health.

Good ●

Is the service well-led?

The service was not always well led.

The quality assurance system in place was not being completed fully which meant that risk was not always identified or responded to promptly.

Requires Improvement ●

Accident forms had been completed by staff and the registered manager was aware of accidents. However auditing of accidents had not been completed for several months to identify patterns, trends and action required.

The provider had not identified shortcomings in quality assurance.

The registered manager had decided to resign and therefore a new registered manager was being sought.

The Koppers Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We last inspected the service in October 2016 when it was rated Good overall with no breaches.

We undertook this unannounced focused inspection of The Koppers on 6 June 2017. This inspection was carried out to look at concerns that had been raised about the service. The inspection was completed by two adult social care inspectors. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well led?

Before the inspection, we looked at information the Care Quality Commission held about the service. This included statutory notifications. A notification is information about important events which the service is required to tell us about by law. We also looked at recent safeguarding information.

We spent time observing care and support, reviewed three care files, spoke with seven staff, including a staff member who had left the service, the registered manager and the two deputy managers. Most people at the service were unable to give us their views on how well they felt their care needs were being met. Therefore we spoke with two relatives who were regular visitors to the home. We spent time observing care and support given to people at the home. We looked at a range of other records including three staff recruitment files, three people's care records and six medicine administration records (MAR). We also looked at quality assurance audits and policies.

Is the service safe?

Our findings

Before the inspection, we received concerns that people were not safe at the home owing to staffing levels, medicines errors in relation to the administration of anticoagulant medicines (a medicine used to keep their blood at the required consistency) and the safety of the premises. We were also informed that the registered manager had not taken appropriate action with regard to reporting safeguarding issues.

We looked at these concerns during the inspection. We found there were enough staff on duty to provide people the care and support they needed. The registered manager confirmed the preferred staffing levels were a senior member of staff and three care staff throughout the day with two staff at night. There was an hour overlap between the night shift and the morning shift and again between the morning shift and afternoon shift. This meant there were more staff available during the busy lunchtime period to support people who required help with their meals and in the morning to help people with their morning care. Ancillary staff were also employed, such as a maintenance person, a cook, a laundry person and housekeeping staff.

The night before the inspection, three care staff had been on night shift because one was new and shadowing the other staff as part of their induction. The registered manager made us aware several staff had left in recent months. Staffing levels were sufficient but the addition of several new staff had impacted on the workload of existing staff and the registered manager. This was because they had to take additional responsibility of supporting new staff which added additional pressure.

The provider had been actively recruiting and had filled some of the vacant positions. They were awaiting appropriate pre-employment checks before new staff could start. This meant the registered manager had needed to undertake additional duties which had meant managerial responsibilities had not always been undertaken. Staff undertook additional duties where able and confirmed that agency staff were used if absolutely necessary. This was to ensure consistency for people living at the service so they knew the staff supporting them.

Medicines were safely managed and procedures were in place to ensure people received their medicines as prescribed. People's medicines were administered by staff who had received medicine training. We observed part of a medicine round undertaken by the deputy manager. They administered medicines in a safe way and assisted people in a calm and unrushed manner. Where people had medicines prescribed as 'when needed', (known as PRN), protocol care plans were in place about when and how they should be used. There was a system in place to monitor the receipt and disposal of people's medicines.

We found there was a safe system to ensure people who required anticoagulants (a medicine used to keep their blood at the required consistency) received them safely and as prescribed. These people regularly had their blood monitored by their GP, who would prescribe the required dosage which could be ever changing. There was a robust system to ensure the dosage prescribed by the GP was recorded so the person received the required amount. There was a safe system to ensure people had their prescribed topical creams administered as required.

Medicines were locked away in accordance with the relevant legislation. Medicine administration records (MAR) were accurately completed. There were up to date photographs of people in the medicine folder. However, these were not named so it was not clear if the photographs related to the MAR chart in that section. The registered manager said they would take action to put people's names next to the photographs so it would be clear. The pharmacy which supports the service had recently undertaken a review and raised no significant concerns.

There was a procedure to monitor daily the temperature of the medicine fridge and area where medicines were stored to ensure it was at the recommended temperature. However, at the time of our visit there were no medicines in the home which required refrigeration so these checks were not being undertaken. The medicine policy did not contain information to guide staff in relation to what action they would need to take in the event the temperature of the medicine fridge or store area was outside of the required range. The registered manager showed us guidance sheets they had acquired from a local NHS which did contain the guidance. They also made us aware the provider was purchasing a new system which would include new policies. They said they would be reviewing the medicine policy to ensure it contained all of the guidance staff would require.

We had received concerns that maintenance issues were not being dealt with promptly. There was a system for staff to record maintenance issues in the "Handyman Fault Reporting Book" and issues identified by audit processes. Some entries made in the reporting book had not been signed as being completed. An entry on 15 May 2017 reported fire strips were missing on three people's bedroom doors. Fire strips are designed to reduce airflow and therefore reduce risk of fire spreading. We checked the rooms referred to and found that they were still missing. The registered manager said that the maintenance person had been on sick leave for three weeks and that responsibility for checking environmental risks had been delegated to another member of staff. A checklist of window safety had not been completed for a two-week period. We were told by the staff member to whom the task was delegated they "didn't have time". This meant that important safety checks were being missed and therefore people living at the service might be put at risk. The provider confirmed after the inspection an external provider had inspected all fire doors and they were now fit for purpose.

Risks to people's personal health and safety had been assessed. Risk assessments and care plans were in place and described what staff should do to reduce the risks. These included areas such as falls, pressure damage, and nutrition. Where people were at risk of pressure damage, pressure relieving equipment was available, such as mattresses and seat cushions. People's weight was monitored and the appropriate risk assessment completed. However, where one person had lost weight and had been identified as at risk, there was no care plan to guide staff about what action to take. The staff had not followed the guidance on the nutrition assessment tool to monitor the person's dietary intake for three days, to refer to a dietician or GP and weigh weekly. The registered manager said they had taken action to support the person with their meals, as they felt this was the reason they had lost weight, but agreed they had not recorded the actions in the person's care plans.

Recruitment and selection processes were in place to protect people from unsuitable staff. Appropriate checks were undertaken before staff began work at the service. Since our last inspection, the provider had introduced new application forms. These contained a place for new applicants to record their employment history. However, as part of the process of recruiting two new staff at the service the registered manager had not identified there was no clear timeline of their employment history. They were therefore unaware of any employment gaps. Other pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

The Care Quality Commission (CQC) had received concerns in relation to an alleged abuse taking place at the service which had not been reported to the local authority safeguarding team and notified to CQC as required. The registered manager confirmed they were aware of their responsibility to report the alleged abuse but owing to dealing with another person at the home with a high level of needs they had forgotten to make the appropriate referrals. The registered manager had investigated the alleged incident and had taken action. Since the inspection they have submitted the required notification to CQC and spoken with the local authority.

Two staff members we spoke to were aware of how and who they would raise a safeguarding concern with and were confident it would be acted upon. However, one member of staff said "I don't think I've had any training in that (safeguarding) yet." Other members of staff confirmed that they had received safeguarding training.

New care staff confirmed they had seen no poor practice since being at the service. When asked about how they would raise any concerns one said, "I would tell (registered manager and deputy managers), whoever was on duty. I hope I never see it. I hope they would take action." Another member of staff said, "I think the standard of safety is very high from what I've seen." People appeared happy at the home and two visitors felt happy their relative was 'safe'. One relative said, "I am sure they would get good care with the carers they have here."

The home was clean throughout but in places a little tired. There was a redecoration programme in place. On the day of the inspection the lounge was being painted. The laundry room was well organised, clean and equipped with a modern washing machine and tumble dryer. It contained a pad macerator which might have been a concern regarding cross infection. However, staff confirmed clean laundry was not stored in the laundry room, but was transferred upstairs to be ironed and placed in people's respective rooms. Therefore we found there was a system to keep clean laundry away from the pad macerator. There were systems in place to protect staff when dealing with any soiled linen. There were ample supplies of protective equipment, such as disposable aprons and gloves around the building which staff used.

People were supported to transfer safely using equipment, such as hoists. Staff used the equipment confidently and competently and ensured people understood what was happening throughout. People were reassured by this and transferred safely. One relative confirmed that they felt people were supported in a safe way. They said, "I have come unannounced and have not caught them out on a thing. During our visits we see the staff hoist people and this is done safely."

A Personal Emergency Evacuation Plan (PEEP) was available for each person at the service. This provided staff with information about each person's mobility, visual and communication needs and the support they would require in case of an emergency evacuation of the service.

Is the service effective?

Our findings

Before the inspection we received concerns about the quality of staff training. The registered manager had a training matrix where they recorded the training staff had received. The provider's mandatory training included manual handling, food hygiene, infection control, fire safety, safeguarding, Mental Capacity Act (2005), Deprivation of Liberty Safeguards, health and safety and dementia. They explained that this was the training new staff were required to undertake in their first twelve weeks of training if they did not have a current training certificate from a reputable company. New staff who had not had previous experience of working in care undertook the 'Care Certificate' programme which was introduced in April 2015 as national training in best practice. The registered manager said the provider had purchased additional training credits and a new training system and they were looking at implementing training for this staff member. They confirmed that a member of staff with first aid training was scheduled on each shift. They also confirmed that on the day of our visit, they had planned fire training. They said they had food hygiene training booked the following week and would reschedule the fire training.

Two relatives said they had confidence in the staff's ability and were happy they had a good understanding of dementia. One of them said, "They have a handle on (name) behaviour and know how to distract. They make sure she has enough fluids and fruit and are on the ball with her laxatives. They have been emotionally supportive to us as a family." Another relative said, "They are excellent, my expectations were very high and they have met them, they are excellent. They phone if there are any changes and we can visit anytime we like. If they have a concern they are on it."

While speaking with staff we spoke to a new member of staff who had a poor understanding of English. We discussed this with the registered manager who explained they had two new staff employed through an agency and they were aware neither of them had good spoken English. The registered manager explained that as part of their induction they would monitor them and support them with developing their spoken English. The registered manager was clear that improving their spoken English was important for them to stay working at the home. They said they would use a local person to help improve their English.

The registered manager said they had an induction pack that new staff completed. New staff shadowed a more senior member of staff for two weeks. The deputy manager and registered manager reviewed their progress to decide if they could start working alone. Staff confirmed that new staff shadowed experienced staff for two weeks and then they discussed their learning with the deputy manager and decided if they were ready. One care assistant said "I did two to three weeks induction shadowing. I have done manual handling training and health and safety on the internet, I think there are plans for more."

Staff had not always received formal regular supervisions and support with their performance and future development. There was a clear system for induction, mandatory training and supervision at the service. However, some deadlines for initial training had not been met and formal supervisions had not taken place. The registered manager was aware of these shortfalls but said she worked alongside staff so they could speak with her at any time.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met. People who lacked the mental capacity to make particular decisions were protected. People's liberty was restricted as little as possible for their safety and well-being. The registered manager was aware they needed to undertake an assessment whenever the use of bedrails or a pressure mat was considered for the person's safety. Some people were not free to leave the service and were under constant supervision. As a result, the registered manager had made DoLS applications to the local authority DoLS team and the service was awaiting a decision.

The registered manager had an understanding of the MCA and DoLS and how to ensure people's legal rights were protected. The registered manager had involved relatives, staff and other health and social care professionals in 'best interest' decisions made about people but had not always formally recorded this. They also said they had an independent mental capacity advocate (IMCA) who visited the service to support people without relatives to help them make decisions. Consent had been gained when people arrived at the service in relation to the use of key pads for the doors. Staff were seen during our visit asking people what they wanted to do, if they wanted to sit in the dining room or stay in the lounge. They were respectful of their choices.

People were offered a varied and nutritious diet. We observed people having their lunchtime meal; they appeared to enjoy their meal. Prior to the meal a person living at the service started to lay the table which staff supported them to do. The person's relative was present while this happened and commented how much the person loved helping. They said that the staff were very good at allowing the person to actively help undertake tasks of their choosing.

Where people required a special consistency diet because of swallowing issues, these were catered for. One person had a minor choking incident during our visit. Staff acted appropriately to reassure the person and keep them safe. We discussed this with the registered manager who said this was their first incident for this person and that they would be making a referral to the local speech and language team (SALT). In the meantime as a precaution they would be receiving a soft diet.

Concerns had been raised with us that the home had run out of incontinence pads over a bank holiday weekend. The registered manager said this was not the case, as there had been three full packs at the home. They had recognised they were getting low and had made an order which was delivered on the first working day after the bank holiday. The registered manager was aware of the process to get people's continence needs assessed and to acquire the appropriate resources.

People had access to health care professionals to meet their needs. For example, GPs, opticians, psychiatrist, audiologist and community nurses. People's care records showed their health needs had been assessed and were being monitored. For example, where one person required a procedure in relation to their ears, the staff were working with their GP to get this arranged. During our inspection, two healthcare professionals visited and there was a clear rapport between them and the staff. The registered manager was aware that a person required a blood test and requested that this was carried out, as they did not want it to

be overdue.

Is the service well-led?

Our findings

When we inspected in October 2016 we found that the service was well led. Before this inspection we received concerns about the registered manager and the culture at the home.

The registered manager disclosed to us at the start of the inspection that they had spoken with the directors and asked to step down from the role as registered manager and take on a different role. They said they had recognised that they had been unable to fully fulfil their managerial role owing to personal circumstances. They said the directors were visiting the following day to discuss how to progress this. An application has been received by CQC from the registered manager to cancel their registration. The directors informed us that they were in the process of recruiting a new registered manager and they would be looking for a new role for the existing registered manager within the service.

At the previous inspection there was a comprehensive quality assurance system in place which was being completed. However at this inspection we found gaps in several systems which showed it was ineffective. The registered manager said they had needed to prioritise their work in order to undertake shifts. This had meant they had not completed all of the audits and checks required by the provider to monitor the safe running of the service. Examples of omissions included, the staff rota not identifying who was on call, room cleaning checklists, handover sheet and in the diary. This meant that sometimes it was not clear whether people living at the service had received the support they required. For example, one person required assistance from a health care professional. This was written into the diary for a specific day, but had not been ticked off, so it was not clear whether the support had been given or not.

Similarly, people's names were recorded in the diary for who was to have a shower or a bath. This had not been ticked, it remained unclear whether someone had been showered or whether it simply had not been documented. These omissions were brought to our attention by a staff member because they said it showed that work was not being completed properly. We saw there was no one listed as being on-call on the rota from the 5th to 9 June 2017. This meant that it was not clear to staff who was on call should they require additional assistance should this be required. We also found that risks identified within the building had been identified through the quality assurance systems but not acted upon.

Accidents and incidents were recorded by staff and the registered manager was aware of all accidents and falls at the home. However the system to formally review these had not always been recorded to identify ways to reduce risks as much as possible. No summary analysis of accidents had been completed for the months of March, April and May 2017. The registered manager said accidents were normally audited at three monthly intervals. The most recent audit was overdue at the time of the inspection and this timescale did not allow for action to be taken promptly in response to findings.

We spoke with the registered manager about these issues and were told that this was in some cases the result of a communication failure. The registered manager confirmed that in the past months they had needed to prioritise their work, due to personal commitments. They had needed to undertake some care duties with the additional task of supporting two staff who had taken on the new role at the service of

deputy manager. They said they had prioritised, "residents and staffing and the paperwork had lapsed". This had meant the recording of managerial checks they were required to do as part of their responsibilities as the registered manager had not always been completed.

The provider had not identified shortcomings in quality assurance. The provider did not appear to be aware of the deficits in the managerial oversight as no action had been taken by them.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider took appropriate action in relation to safety of the premises. They also created a new post of Administrative Manager to monitor quality assurance processes, undertook a survey of staff and residents and selected a new registered manager. This person was due to take up the post 10 weeks after the date of the inspection.

The provider has legal obligations to submit statutory notifications when certain events, such as a death or injury to a person occurred. We identified they had not notified the CQC as required on two occasions since our last inspection. These related to a person who sustained an injury and the second, a safeguarding concern reported to the registered manager.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

The registered manager and staff were very welcoming, open and honest in answering our questions. Before the inspection concerns had been raised with CQC that not all staff were being treated equally in relation to the expectation of the amount of work they undertook, but no action had been taken to address this when it had been reported internally. This was confirmed by a staff member at the inspection although the registered manager did not agree this was the case. Following the inspection we spoke to the directors who said they were aware of this issue.

The directors visited most weeks and were available by email or phone if needed. The registered manager said they had been very supportive and when they had been unwell they had come to the home to relieve them. They also confirmed the director had started to undertake quality assurance checks when they visited, during which they spoke with staff, visitors and people and looked at care plans and risk assessments. These were not available for us to see at the inspection. Following the inspection we received evidence that a questionnaire had been undertaken with some staff and residents. We were informed that the organisation was in the process of switching to a new provider of policies and procedures. The hope was that this would be completed shortly in order to improve quality assurance process.

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 18 Registration Regulations 2009 Notifications of other incidents The provider had not notified the Commission without delay of incidents specified in paragraph (2) 18(1)(2)(a)(e)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems or processes established and operated effectively to assess, monitor and improve the quality and safety of the services provided. 17(1)(2)(a)(b)(c)