Primecare Homes Britannia Limited

Heatherdene Residential Care Home

Inspection report

3 Upper Brook Street
Heatherdene
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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?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was carried out on 19 April 2016 and was unannounced.

Heatherdene residential care home is registered to provide accommodation with personal care for up to a maximum of 20 people. There were 18 people living at the home on the day of our inspection. Some people were living with dementia.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was last inspected on 15 June 2015 where we gave it an overall rating of requires improvement. We had identified that the provider was in breach of Regulation 11, 12, 17 and 18 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. The breaches related to a failure by the provider to ensure people's ability to make decisions had been properly assessed. The premises were unsafe for their intended purpose and were not used in a safe way. The quality assurance monitoring systems in place were not robust enough to ensure people received a safe and effective service. The provider had failed to ensure that all staff were competent and skilled or that staff received suitable training, supervision and induction. We asked the provider to make improvements to the environment and staff practice. The provider sent us an action plan detailing what action they had and proposed to take to address the concerns raised.

At this inspection we found that some improvements had been made. The restrictors on the windows had been repaired and electrical improvement work had been completed. Staff had received training on the Mental Capacity Act and the provider was no longer in breach of Regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulation 2014. However we found further improvement were still needed.

The leadership was not effective, while people and staff felt that they could approach the registered manager for support, areas of concerns were not always acted upon in a prompt or appropriate manner. People were not always protected from harm because not all staff had received training to help people move around the home safely. While there was secure storage for cleaning products, staff did not always lock hazardous products away after use. People were placed at risk because safe recruitment procedures were not followed. Checks of the environment were not regularly completed and concerns were not always reported or rectified.

People were not always kept warm and comfortable. People were not always involved in decisions about their care or support and their preferences were not known or respected. People told us they were not always given choice about what they wanted to eat. They did not know they could ask for alternatives if they did not like what was being served.

People told us there was a lack of stimulation. People were not always consulted about their interests and hobbies or about changes that were made in the home.
People received their medicine when they needed it. Staff made sure medicine was given to people safely and maintained accurate records. People were able to see health care professionals as and when needed.

People told us that staff asked their consent before supporting them and respected their wishes when they declined support. Where people were unable to make decisions for themselves we saw that decisions had been made in their best interest. People were supported by staff who were respectful and kind. People were supported by staff who knew them well and who had access to up to date information about their needs.

There was a complaints process in place and people and their relatives felt comfortable to raise complaints with staff or the registered manager. The registered manager sought the views of people, relatives and staff on the quality and development of the service.

You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not safe

People were not protected from the risks of receiving care or treatment that was unsafe or placed them at risk of harm. The provider did not follow safe recruitment procedures. People received their medicines safely and accurate records were maintained.

Is the service effective?

Requires Improvement

The service was effective

People were not offered a choice of meals and did not know they could ask for alternatives. Staff sought people's consent before supporting them. Where people were unable to make decisions for themselves these were made in their best interest. People had access to health care professionals when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring

People were not always kept warm and comfortable. People were not always involved in decisions about their care and support. People's preferences were not always known or respected. People found staff were kind and respectful and promoted their dignity.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People felt that there were limited activities to occupy their time. People were supported by staff who knew them well and had access to up to date information about their needs. People and their relatives knew how to raise complaints and felt that they would be listened to.

Is the service well-led?

Requires Improvement

The service was not well led

There was a lack of effective leadership, the registered manager did not always take prompt action to address areas of concern. The checks put in place to monitor the safety of the service were not always completed and did not identify all the shortfalls we found during our inspection. There were systems in place to seek the views of people who used the service. People and relatives found the registered manager and staff easy to talk to.

Heatherdene Residential Care Home

Detailed findings

Background to this inspection

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

This inspection took place April 2016 and was unannounced. The inspection was conducted by one inspector, one inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with five people who used the service and three relatives. We spoke with seven staff which included the registered manager, the deputy manager, two senior care staff, one care staff, a housekeeper and the activities co-ordinator. We also spoke with three visiting health care professionals. We viewed two records which related to assessment of needs and risk. We also viewed other records which related to management of the service such as medicine records, accidents reports and recruitment records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in June 2015 we found the provider did not have arrangements in place to ensure the premises were safe for their intended purpose or that they were used in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to tell us how they would make the necessary improvements. The provider sent us an action plan in November 2015.

At this inspection we found that the window restrictors had been repaired but further work was required to the windows as they could not be opened. The registered manager told us they had received quotes and the provider had agreed the funds to complete the works over the coming months. The fire service had completed an audit and the provider had completed actions they had identified. The provider had also completed some electrical work and had taken action to make other improvements to the environment. However, we found further improvements were needed to ensure the safety of the people who lived at the home.

There had been a fire at the home on 19 March 2016 involving a portable heater. The fire service had visited and identified a number of concerns. They had met with the provider and registered manager and developed an action plan to reduce the risk of further fires. This involved assessing the risk of using portable electric heaters. The registered manager told us they had since removed all portable electric heaters. During our visit we saw a trailing extension lead in one bedroom that led to an electric wall heater. We discussed the trip hazards with the manager who took action to rectify the situation. We also saw that there was a screen placed in front of a fire exit, the registered manager took immediate action to remove this.

People were at risk of harm as staff had not ensured they had locked hazardous cleaning products away after use. When we discussed this with the registered manager they acknowledged the risks and told us these should have been locked away. They told us they would take action to ensure staff stored cleaning products safely.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Three care staff we spoke with were aware of the risk associated with people's needs and the support and equipment they needed to use to reduce these risks. We were told that one person was cared for in bed and required help to reposition to prevent pressure areas from developing. Staff told us and we saw that charts were maintained to ensure that they were moved regularly.

People and their relatives felt there were enough staff working at the home. One person said, "I think there are enough staff here, they don't keep me waiting very long". Another person said, "There are always staff about". One relative told us, "[Family member] has buzzer and they [staff] respond quickly". We saw that there was a call bell fitted to the wall in the lounge, this was inaccessible to many of the people as they could not access without support from staff. This was confirmed by a person sitting in the lounge who said,

"If there was a problem in this room someone would have to go and find some staff." During our visit we saw that people were supported in a timely manner. The registered manager told us they had recently had the call bell system renewed and said they would request that call bells be added to the lounge area.

Staff were able to demonstrate they would take appropriate action in the event of an accident. They would seek medical assistance where necessary. The staff completed accident forms which were overseen by the registered manager. The registered manager kept a record of incidents and analysed then to see establish the cause and any action that could be taken to prevent reoccurrence. We saw that the registered manager had a discussion with the deputy about a person who recently had a number of falls. They arranged the necessary health checks for this person.

People were supported to take their medicine as prescribed. One relative told us, "[Family member] gets their medicine on time always, they ask for it". We saw that people were supported to take their medicine safely and were given a drink to take it with. Only staff that had training on the safe handling of medicines administered medicine. We saw that accurate records were maintained that medicines were stored safely. Staff told us and we saw that regular competency assessments were completed with them to ensure on-going safe management of medicines.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that the provider did not ensure that all staff employed were competent and skilled or that staff received suitable induction, training and one to one support which is called supervision. This was a Breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found people were not always supported safely. We saw two occasions where people were put at risk of falls when staff were supporting them to move from their chairs. In the one instance one of the inspection team had to intervene as the person was at risk of falling. In another instance a person nearly fell when being moved into their wheelchair. The person needed support to sit back in the wheelchair and the one staff member proceeded to put both their arms under the person's arms to lift them back in the chair. When we discussed the latter incident with registered manager they acknowledged they had witnessed the procedure. They had responsibility for providing training to staff on how to move people safely. They recognised that this could have caused the person injury but had not corrected the staff member. We asked the registered manager if the staff member had received training on how to move people safely and they confirmed that they had not. We requested that they took action to address this before the staff member supported people with their mobility.

People were at risk because the registered manager did not follow safe recruitment procedures. Two members of staff had begun working at the home without all the necessary checks to ensure they were suitable to work there. The registered manager told us they had not awaited all the checks to be completed as they risked losing these staff due to the length of time it took. While the registered manager told us these staff did not work alone with people we witnessed evidence to contradict what we were told.

We saw that mops were not stored correctly to prevent the risk of infection. We discussed this with the registered manager who told us they were the lead for infection control. They told us they did not fully agree with the Department of Health infection prevention control guidance and told us staff did not always follow instructions given. This demonstrated best practice advice was not always followed and that staff were not clear about their roles and responsibilities.

Since the last inspection staff supervisions had been split between senior care staff to ensure staff had opportunities to discuss their training and support needs on a regular basis. Staff we spoke with said they had regular supervision and felt better supported than previously. The deputy manager told us they were keen to acknowledge good practice and to provide support to develop staff skills. The registered manager told us they were working with the local college to provide staff with additional training relevant to their role. They had also introduced a range of training materials which staff could access. We spoke with a new member of staff who was on induction they said they worked alongside experienced staff who were supportive of them in their role. They had not yet had supervision to discuss their development needs.

Three staff members we spoke with felt that they had good training opportunities. The provider supported them to undertake vocational courses appropriate to their role. One staff member told us the registered manager had given them a lot of support with the course they were completing. Staff felt that the training they had attended was beneficial to their role and the people they supported. One staff member said,

"Training opens your mind up a bit more". Two staff had been on an advanced dementia course and had learned how the environment could impact on people living with dementia. For example, they learned that patterned carpet could cause anxiety and distraction to people living with dementia. Likewise they had learned that coloured crockery helped people to feed themselves independently.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider did not have arrangements in place to support people who lacked capacity to give consent to their care and treatment. Best interest meetings were not carried out to ensure decisions made on behalf of people were in their best interest. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan which detailed that where required mental capacity assessments had been carried out. They had also submitted Deprivation of Liberty Safeguards applications for some people living at the home. We found that some improvements had been made, staff had received training and mental capacity assessments had been undertaken. The provider was now meeting the regulation in relation to consent to care and treatment.

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.

We looked at staff understanding of the MCA and how they applied the principles in practice. One person said, "Staff explain everything". Staff told us they always explained things to people and ensured they understood what was being said to them so that they could make choices. If someone was reluctant to accept support they would talk to them in a calm manner to try and establish why and give reassurance where appropriate. If people continued to refuse support they would respect their choice and return later to support them.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us they had submitted several DoLS applications and were awaiting the DoLS team to visit and assess people. They had experienced some confusion over the DoLS application process but felt that they now had a greater understanding.

People had mixed views about the choice and quality of food available to them. One person said, "I have enough to eat, cereal and toast for breakfast, hot lunch about 12.00pm the food is ok, when I first came here we had a choice but not now. I didn't enjoy lunch today". Another person said, "The food is alright but it varies, sometimes not very good. There is no choice on what we eat. Plenty to drink here". A relative we spoke with told us, "[family member] is happy with the food, they get what they are given". Another relative told us their family member had been asked what they liked and disliked. The chef was not in work and the cooking was being done by a member of care staff. They showed us a four week menu plan that had been compiled by the chef following discussion with people about what they liked and disliked. There was also a list of people's dietary needs for the chef to follow. The staff member told us if people did not like what was on the menu then they would make them something else. For example, one person did not like what was on the menu on the day of our visit and an alternative was provided. There was a blackboard in the hallway

showing what was for lunch that day. However, this was not accessible to all the people as some were unable to walk around the home. People were offered a variety of drinks and snacks during our visit. We saw that lunch was a social able event with music playing in the background. Staff offered assistance to cut up people's food as required and people were offered a choice of drinks with their meals. Where required staff assisted people to eat.

People and their relatives told us that people could see health care professionals as required. One person said, "I can see a GP when I need to". Another person told us a staff member had escorted them to a hospital appointment the day before our visit. A relative we spoke with said, "Staff call the GP when needed, they're on the ball with that". Another relative told us, "[family member] hasn't needed a GP but has an annual check-up and their eyes are checked annually". We spoke with three health care professionals during our visit. They felt timely appointments were made and advice was usually followed. However, one professional stated they had asked staff to complete monitoring charts for one person prior to their visit and this had not been done. They felt this delay could have an impact on the person's treatment. When we discussed this with the registered manager they told us they were present when the senior asked a staff member to put the checks in place. They could not tell us why it had not been done but agreed to speak with staff and ensure the monitoring was done. We saw that the monitoring chart had later been put in place.

Requires Improvement

Is the service caring?

Our findings

People who were in the dining during the morning of our visit told us they felt cold. The builders were in making some alterations to the dining room at this time. When asked, the builders tried to keep the outside doors shut for the remainder of the time they were there. People told us it was often cold in this room not just when the builders were there. One person said, "It's always cold in this dining room". Another person who was sat in the dining room told us "I don't feel warm enough here". We intervened and told staff people were cold and they went to get people extra clothing to put on. The registered manager asked people if they wished to go and sit in the lounge instead. When we told the registered manager that people often found the dining room cold they told us they would take action to ensure that the room was kept warm.

People did not always receive care and support that was individualised. Two people we spoke with told us they had not been asked about their preferences or given choice about their care and treatment. "I prefer a shower, a male has showered me, I prefer a lady carer but I've never been asked if I mind, you just put up with it". Another person said, "I prefer ladies for personal care, I've not been asked but I'm lucky I've always had lady carers". When we discussed this with the manager they told us they always asked people their preference when they first assessed them. They agreed to review each person to ensure their preferences were respected.

People's personal space and surrounding environment were not always respected. One person told us they had not been consulted about the furnishing in their bedroom. They said, "I'm not really happy with my room, it's too small and too cluttered with their furniture. I haven't told them how I feel as I feel I would have to find somewhere else". During our visit we saw that some areas of the home were cluttered, curtains had come loose from the rails and looked dishevelled. The garden area was also untidy there were old pieces of furniture stored there as well as mops, buckets and other discarded items. One person told, "I haven't been out into the garden, there's not much there to go for". When we discussed this with the manager they told us they had made arrangements for the rubbish to be collected. They also said and we saw they had asked visitors for donations of plants to brighten up the garden. People felt that staff supported them in a respectful manner. Staff told us they were mindful of people's dignity and treated them as they would like to be treated themselves. We saw that staff spoke with and about people in a respectful manner and were discreet when supporting people with their personal care needs.

People and their relatives told us they were satisfied with the care they received and found staff to be kind. One person said, "The staff are nice and kind". Another person said, "I'm looked after well, you can't expect any more". A relative we spoke with told us, "The staff are caring and respectful. I don't worry, I know (family member) is clean, well fed and looked after very well". Another relative said, "Open visiting, I'm always made welcome. The care is excellent". We saw that there were positive relationships between people and staff. Lots of people were smiling and were happy in the company of the staff. Staff told us they talked to people and their relatives to find out about their past as they found this helped build relationships. Where staff had difficulty communicating with people verbally they would pay particular attention to people's body language to gain their views or wishes. They explained that some people were able to choose their clothes if they were shown options.

Requires Improvement

Is the service responsive?

Our findings

Three people we spoke with felt that there were limited things to do to keep them occupied. One person told us they went to bed early because of this. They said, "There's nothing else to do, so might as well go to bed". Another person said, "There's not a lot going on here, a few games, sometimes a singer comes there was Holy communion last week". Another further person said, "There's not much to do here. I twiddle my thumbs most of the day". The provider employed an activities worker who worked four days per week. The activities worker told us that they did not have a system for gathering people's ideas about what activities people would like to try. They organised activities around how people felt on the day. They explained each month up to five people could attend a local tea dance. This was confirmed by a relative we spoke with. A notice board in the hall showed that a different singer attended the home each month and there were also monthly keep fit classes. On the morning of our visit we saw no activities took place as the activity worker had to attend a meeting. During this time people sat in their chairs and watched television and others fell asleep. In the afternoon we saw the activity worker facilitated a game of skittles. People responded well to the activity worker and it was clear they were familiar with the people. The deputy manager told us one person had an interest in poetry and had been supported to enter a piece of their work into a local competition. The registered manager told us they sought opportunities to provide a range of activities for people living at the home. They said students from the local college visited once a week to spend time chatting and playing games with people. They told us we saw that they had various fund raising activities in place to help support people out on a more regular basis.

People were encouraged to keep in touch with friends and relatives. One person told us how they looked forward to their weekly visit from a friend who took them into the town. They said, "Just for an hour, it's fantastic, you don't know how good it is to get out into the fresh air". Another person told us they could have visitors whenever they liked. However, one relative told us the provider had recently stopped visitors attending at lunchtime. They said, "I wasn't asked for my opinion on the change. It just happened and I was told. I don't like to come too early as people are getting up and then I'm watching the clock to be out by 11.15am". People had not been consulted on the changes to visiting times. The registered manager told us they had followed the practice of hospitals as they found people were not eating their lunch when visitors were present. When asked if relatives were able to attend to help people with their lunch they said they would consider this on an individual basis.

The registered manager told us and showed us they had a system in place to keep people's care plans under regular review. They ensured us that copies of these were placed in people's care records for staff to access. Four of the staff we spoke with had worked at the home for a long time and were able to demonstrate they knew people well. This was confirmed by a relative who said, ""I think there are enough staff and they understand [family member's] needs". A new member of staff told us they were getting to know people and their routines. They had read some but not all of their care plans, if they were not sure of anything they told us they would ask other staff. Staff told us they were informed about any changes in people's needs at handover. They in turn would tell the registered manager if they identified changes in people's needs to allow them to update their care plans. Records we looked at explained the support people required with both their physical and emotional needs as well as details about their personal history. One person liked to

listen to classical music, we saw that they had classical music playing and were smiling as they listened.

One person told us, "I see the manager, they are available. I've discussed concerns, felt listened to and changes have been made to my satisfaction". Another relative said, "If I had any concerns I would speak to the manager, they seem pretty good". Staff were aware of the complaints process and said they would support people to make a complaint where necessary. The provider had a complaints process which was displayed in the home. The provider had not received any complaints since our previous inspection.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found that no action had been taken to address the risks associated with the safety of the premises first identified in 2014. We also found additional hazards that posed a risk to the health and safety of people living at the home. At this inspection we found some improvements had been made however, some risks remained and further improvements were needed to maintain people's health and wellbeing.

The provider had failed to ensure a safe environment for people who lived at the home. There were checks in place to monitor the quality and safety of the service but these were not always completed. The registered manager told us they had fallen behind with their health and safety checks and we were shown these were last completed in September 2015. During our visit we found safety hazards that should have been identified and rectified by them. The registered manager had also failed to take appropriate action to deal with known maintenance issues. For example, they told us one of the boilers was faulty but they had not reported it to the provider or taken action to have this repaired. We therefore could not be assured that people were protected from the risk of harm.

There were continued concerns about the management of the service. The registered manager told us that staff did not always follow guidance given to them such as, storage of cleaning products and materials. When asked, they told us they would discipline staff if they were found not to be following policies and procedures. However we witnessed unsafe manual handling practice that was seen but not addressed by the registered manager. We also found that they had not followed safe recruitment processes. The registered manager told us they monitored staff practice by working alongside them but did not carry out checks on the practice of night staff. This demonstrated there was lack of effective leadership as the registered manager had not learned from previous experiences where people's safety had been placed at risk.

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

People and their relatives saw the registered manager on a regular basis and found both them and the staff easy to talk to. One person said, "I know who the manager they come in here sometimes, seems approachable". A relative said, "The manager and deputy are always helpful". They went on to say, "There is a good atmosphere here, big house, big family". Another relative told us, "The staff attitude is very good". Staff found the registered manager supportive to them in their roles. However, some staff told us the registered manager did not always respond to issues raised in a timely manner. Staff told us they had regular team meetings where they were confident to give their views and felt they were listened to. For example, one staff member had suggested a low level bed and a crash mattress for person who was at risk of falls during the night and this was put in place. Staff told us they felt that they worked well as a team to meet the needs of the people living at the home. The cook was absent and the one staff member told us staff were, "Pulling together to get everything done". The registered manager told us they were supported by the provider who visited on a regular basis. They said the provider walked around the home, spoke with

people and looked at their care records and the quality checks. The registered manager showed they had a continual improvement action plan which they shared with the provider they said the provider was happy for them to authorise low cost expenditure. Any high cost repairs or improvements needed to be agreed by the provider.

The registered manager told us they sought people and relatives views about the service through meetings held at the home and through annual quality assurance questionnaires. One person told us the annual meeting took place recently. A relative told us, "[family member] and I attend the meetings and feel I can speak up". However, another relative told us they were not aware of meetings taking place. We saw that discussions were held about activities, nutrition and people were kept up to date about changes in the home. When asked, one person told us they had been asked if they were happy with their care. A relative told us they had completed a number of questionnaires over time. The registered manager told us that the meetings were often poorly attended and they had not received many completed questionnaires. They said they aimed to try and get feedback from visiting entertainers and professionals to increase the level of feedback they received. They told us we saw that that they had received positive feedback from relatives who had completed questionnaires. One relative wrote, "It is a home from home in the very best of ways and the staff make it so".

The registered manager told us they maintained links with the community. For example, a local church visited the home, students from the local college visited each week to do activities with people and they had visits from local school children. They supported people to go into town as required and continued to offer day care which was currently being used by two people. They were also working in partnership with local authority to provide temporary accommodation for people who required rehabilitation before returning home from hospital. This involved working with the community therapists to improve people's mobility and abilities before they returned home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure safe care and treatment

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 robust systems and processes in place to drive improvements in the service

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure that all staff employed were competent and skilled or that staff received suitable training and induction.