

Regal Care Trading Ltd

# Blenheim Care Home

## Inspection report

39-41 Kirby Road  
Walton On The Naze  
Essex  
CO14 8QT

Tel: 01255675548  
Website: [www.agincare.com/care-homes/dorset/blenheim-care-home-bournemouth](http://www.agincare.com/care-homes/dorset/blenheim-care-home-bournemouth)

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08 September 2020  
09 September 2020  
10 September 2020  
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16 September 2020

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Blenheim Care Home is registered to provide accommodation with personal care for up to 57 older people in one adapted building, including care and support for those living with dementia. There were 18 people living at the service at the time of the inspection.

### People's experience of using this service and what we found

The service was inspected in March 2020 prior to the official lockdown period due to the coronavirus pandemic. Six months prior to the pandemic CQC and the local authority had significant concerns about the lack of systems and leadership in the service. The lack of leadership, oversight and scrutiny by the registered persons failed to identify poor care practice and significant shortfalls in the management of the service. These failings placed people using the service at risk of harm, and significant exposure to the risk of harm. When the pandemic came, the service was ill prepared to manage the outbreak, resulting in significant consequences for the service, people and staff.

The registered manager resigned after the March inspection. A new manager was appointed in April 2020, and formally registered with CQC on 17 September 2020. Whilst the registered manager had worked hard to improve and stabilise the service over the last few months, the providers systems for identifying, capturing and managing organisational risks and issues still require improvement.

The provider had appointed a governance team with specific roles and accountabilities with regards to oversight and development of the service. However, we found their processes for implementing and monitoring improvements required improvement. Where audits have been completed, these lacked details and did not reliably identify where improvements were needed, such as risks to people choking and medicines being out of stock. Where improvements had been identified to improve fire safety and the environment, action plans did not contain measurable timescales for the required improvements to be made. The lack of effective provider oversight has resulted in continued breaches of regulatory requirements relating to safe care and treatment and good governance. A further regulatory breach has been cited in relation to the providers lack of transparency in response to complaints.

The area manager and registered manager were confident the service was moving in the right direction but acknowledged there was still more to do. Further improvements were needed to ensure risks to people were identified, and all reasonably practicable measures are taken to reduce that risk. This relates to medicines management, evacuation plans in the event of fire and choking due to swallowing difficulties. People's care records needed further information to guide staff on how to meet people's specific needs, including where they have had a stroke, have a diagnosis of dementia and behavioural needs associated with dementia.

The 18 people currently residing in the service, are all accommodated on the ground floor. Before the provider considers opening the first and second floor to new admissions, they need to have a planned programme of refurbishment to ensure the premises are fit for their intended purpose and consider national

best practice in relation to dementia settings.

People's medicines were generally managed well, however staff failed to follow the providers medicines policy and procedure to check medicines for expiry dates, and report to the registered manager, GP or pharmacists where people repeatedly refused their prescribed medicines.

We have made a recommendation about managing medicines.

Infection control and prevention had improved, and we were assured the service now had systems in place to respond to coronavirus and other infection outbreaks effectively. Staff were clear of safeguarding process, when and how to raise concerns.

The registered manager had successfully recruited a new staff team. There were enough staff employed to meet the needs of the eighteen people currently residing in the service.

Feedback from people's relatives and staff is that the culture in the service has improved under the direction of the registered manager. Staff felt supported, had direction and leadership, and had received training that gave them the skills and knowledge they needed to carry out their roles effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was inadequate (published 07 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, not enough improvement had been made and the provider was still in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 03 and 04 March 2020. Breaches of legal requirements were found. These breaches related to a lack of governance and managerial oversight of the service. The failure to have good oversight and leadership had resulted in people not being treated with dignity and respect, being placed at risk of harm, because staff had not understood, or followed arrangements to safeguard people from the risk of abuse. Infection control arrangements were poor. Equipment and the premises had not been safe or suitable for the people who lived there which placed them at risk of harm. There had been insufficient staff deployed across the service. Staff had lacked the competency, skills and experience to carry out their roles.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. Although safe and well led domains have improved to requires improvement, the overall rating for the service remained inadequate. This is based on the findings at this inspection.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blenheim Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 breaches in relation to safe care and treatment, responding to complaints and ineffective governance arrangements at this inspection.

Please see the action we have told the provider to take at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

## 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.

## Special measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Blenheim Care Home

## 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 looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by four inspectors, and an assistant inspector. Three inspectors visited the service on 08 September 2020. The fourth inspector and assistant inspector reviewed records and assisted with telephone calls to staff between 09 and 11 September 2020.

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

The service has a registered manager in post. They were formally registered with the Care Quality Commission on 17 September 2020. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we were mindful of the risks associated with COVID-19 and requested information prior to the inspection to minimise the time spent in the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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.

#### During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with the area manager, registered manager, a senior carer, five care staff, estates manager, maintenance person, a domestic and the cook. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

#### After the inspection

We spoke with the registered manager and eight members of staff between 09 and 11 September 2020. We also provided feedback of our inspection findings on 16 September 2020 to the registered manager and area manager, who is a representative of the organisation. We looked at information relating to people's care and support needs, including risk factors, staff training data and the provider's policies, procedures and quality assurance arrangements.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Assessing risk, safety monitoring and management

- Our previous inspection found risk management was poor. At this inspection we found systems for checking the safety of people and equipment had improved. However, further improvements were required to ensure care records contained the specific nature of risk to people, to ensure staff were clear of what steps they need to take to mitigate that risk.
- At the last inspection, we identified concerns about staffs lack of knowledge where people were at risk of choking due to swallowing difficulties. Staff have now received training and were aware of three people identified at risk. However, only one of three people identified at risk of choking had an assessment and care plan in place informing staff of the risk and actions they should take to mitigate that risk.
- Information in people's Personal Emergency Evacuation Plans (PEEPS) had improved, however further work was needed to ensure information about risks and safety were accurate. For example, the care plan of one person with vascular dementia, identified they were not able to mobilise independently, unable to use their call alarm facility and had behaviours that challenge, both verbally and physically. However, their PEEP dated 02 June 2020 referred to them being able to raise the fire alarm, being able to open the fire door and to telephone the emergency services. Failure to have the correct information placed this person at risk of not being safely evacuated from the premises in the event of a fire.

The provider must ensure effective arrangements are in place to ensure they have done all that is reasonably practicable to reduce the risk of harm to people using the service. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014

Following the inspection, the registered manager told us they had implemented the recently introduced 'Resident of the day'. This policy involves reviewing all people's care plans to ensure information is accurate and reflects up to date discussions with the person and their relatives about their care needs and preferences. Five peoples' plans had been reviewed and updated.

- Significant improvements had been made to ensure people were hydrated. People's records confirmed they were maintaining consistent fluid intake.
  - People's weights were being monitored on a regular basis, and where weight loss had been identified referrals to the dietician had been made.
- Moving and handling practices had improved. Staff were observed using equipment safely to help people to move. Where people were at risk due to decreasing mobility, referrals had been made to health



professionals, for additional support.

- Improved monitoring of people at risk had resulted in a reduction in the number of falls. Additionally, improved use of technology, such as personal alarms were being used to alert staff when people with poor mobility were moving.

#### Using medicines safely

- A review of Medicine Administration Records (MAR) found people's routine medicines in tablet form tallied with the stock held confirming they were receiving their medicines as prescribed by their GP, including pain relief. However, we found where a person was prescribed eye drops, there were missing signatures on three days in August. There was no other information recorded to say if they had refused or why they weren't given. Additionally, the box had been dated 05 August 2020, on opening, and should have been discarded after 28 days, however these were still in use.

- Staff were not following the providers administration of medicines policy and procedure which stated staff must check the physical state of the medicines, including expiry dates. The policy also stated, if medication is refused, this must be recorded on MAR chart and reported to the registered manager. Refusals must be documented, and the GP or pharmacist telephoned for advice.

- Information on the MAR charts showed people frequently refused their medicines, however there was no record of why they had refused and whether staff had attempted to give the medication again.

- Where people were not always compliant with taking their medicines there was no information in their care plan to inform staff of what to do if they refused or continued to refuse and the risks from not taking their prescribed medicines.

We recommend the provider seek advice and guidance from a reputable source to ensure the service manages medicine's safely and in line with nationally recognised guidance, such as NICE guidelines for managing medicines in care homes.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes for safeguarding people using the service had improved. The previous inspection found high levels of unidentified bruising and skin tears, that had gone unreported. This inspection found significant improvements in the care provided, people looked well cared for, with no visible bruising or injuries.

- The registered manager confirmed they had provided staff with a copy of the safeguarding policy and procedure and held discussions with staff on how to escalate and report safeguarding concerns.

- All eight staff spoken with told us they had completed safeguarding training and were aware of their responsibilities to raise concerns about safety incidents. They were aware of the safeguarding protocols, and who they should report concerns to.

#### Staffing and recruitment

- Five staff were on duty across the daytime hours of the inspection, with three at night. A review of the last four weeks rotas showed these numbers were being consistently maintained.

- Staff were visible in communal areas and were observed attending to people's needs promptly throughout the day, however there was still a lack of meaningful engagement. Moving forward the registered manager told us they have recruited an occupational therapist to assist with activities and promoting a member of staff to a full-time activities' role.

- Staff told us staffing levels had improved. One staff member commented, "Before we had up to 48 residents, but now we have less residents with the same staffing levels and the manager is always available, so it is very caring now and no one is rushed. So much better now." Other comments included, "Improved massively because we have less clients so we can spend more time with people, and we've got to know them so much better. Before we were running around and there just wasn't enough of us to do anything. It

was so stressful", and "Really smooth running all day long now. Everything is so improved. The structure is better, we all help each other."

- A significant proportion of the staff team self-isolated or left employment due to the Coronavirus pandemic in March and April 2020. To fill these shortfalls, high numbers of agency staff were used to staff the service. Staff that were shielding have now returned and the registered manager successfully recruited and is now fully staffed.
- Staff confirmed they had received a good induction when starting their employment with the service. Comments included, "Yes, I felt very confident" and "I did have training and felt confident to work unsupervised."
- Staff told us they had received training to ensure they had the skills and knowledge to meet people's specific needs. Comments included, "Yes I have had all training" and "We had specific infection control training and have recently done fire safety online and evacuation safety training."
- Systems have been developed to assess staff understanding of training provided and competency to deliver safe and effective care.

#### Preventing and controlling infection

- A review of the infection control and prevention measures found significant improvements had been made. The provider had implemented new infection prevention and control policies, and we were assured these were up to date, reflecting current guidance. Staff were observed adhering to these, with good infection control practices in place.
- We were assured that the provider was promoting safety through the hygiene practices in the premises. Two sluice rooms had been created with fully functioning sluice machines installed to ensure commodes were properly cleaned and disinfected to reduce the risk of cross contamination.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

#### Learning lessons when things go wrong

- At the last inspection, the provider had failed to learn lessons where concerns had been raised by external agencies supporting the service. At this inspection, we found arrangements were in place to ensure safeguarding concerns or incidents were reviewed and monitored to make sure action was taken promptly to remedy the situation and prevent further occurrence.
- Regular staff meetings have taken place between May to August 2020. The minutes of these meetings reflect the registered manager has discussed the outcome of our previous inspection, thanked staff for their support and acknowledged the challenges the service faced and what they needed to do to improve.

# 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.

At the last inspection this key question was rated inadequate. At this inspection this key question has now improved to 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.

At our last inspection in March 2020, we found the providers quality assurance arrangements were not consistently applied or were ineffective. Governance systems had not been used effectively to identify, capture and mitigate risks to the health, safety and welfare of people using the service. These failed to identify significant concerns relating to the standard of care, unsafe use of equipment, cleanliness and infection control, fire safety, poor state of the premises and the impact of too few staff. Although the provider took immediate action to rectify the serious safety issues this had been prompted by CQC and the local authority. This was a breach of Regulation 17 [Good Governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

At this inspection we found not enough improvement had been made and the provider remained in breach of this regulation. A further regulatory breach has been cited in relation to the providers lack of transparency in response to complaints.

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

- The provider informed us they had implemented a new governance team with specific roles and accountabilities with regards to oversight and development of the service. This was to ensure the service was fit for purpose and compliant with regulations.
- We found provider oversight and governance systems were not effective in identifying where improvements were needed to ensure the safety and quality of the service and ensure sustainability. For example, weekly medicines audits had not identified missed signatures on Medication Administration Records (MAR), continued use of out of date eye drops, where people had repeatedly refused medicines, and where prescribed medicines were out of stock.
- Quality assurance systems needed to improve to ensure records are accurate, up to date and effectively demonstrate, where required what action is being taken, who is responsible for the actions and a timescale for action. This will ensure actions are taken promptly to ensure issues around quality and safety are not missed. For example, audits had not identified where records, such as PEEP's were inaccurate or where information was missing, such as choking risk assessments which had the potential to compromise people's safety. Neither had they addressed repairs to radiator covers were needed opposite room 15, next to room 14 and in room 12. Monthly checks had been carried out and countersigned by the area manager on 4 August 2020. Each monthly check indicated they were in good repair.

- The registered manager had developed an annual environmental development action plan to address the overall maintenance of the premises, however there was no updates to confirm work had been completed. Where dates for action to be taken had passed no new dates had been added to say when this work was to be completed.
- Records relating to care and support were not always accurate, or up to date. We observed this when looking at people's care records. For example, people living with dementia and highly complex behavioural needs did not have robust plans in place detailing how staff were to provide a consistent approach to reduce their behaviours and keep them safe. Behavioural charts designed to help determine potential triggers, and what staff interventions had worked well were not routinely completed to assess trends, or themes to their behaviour occurring. Following our inspection, the provider sent us a copy of the monitoring tool they would be using going forward to examine people's behaviours, the impact on the person, and others using the service.

This was a continued breach of Regulation 17 [Good Governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The provider had purchased new policies and procedures with associated documents to monitor the quality of the service. The registered manager confirmed to the inspectors that these were to be implemented in September 2020. Following the inspection, the provider has confirmed that these are now in use.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Where things have gone wrong the provider had failed to act in an open transparent way with relatives of people using the service. They failed to promote a culture that encouraged openness and honesty. During the pandemic the provider had minimal engagement with relatives of people in the service who were unable to visit due to lock down measures. Relatives told us they were not kept informed of what was happening in the service.
- Immediately following the previous inspection, the local authority and the Commission continued to have serious concerns about the management and oversight of the service. Throughout this period, the provider failed to recognise poor oversight had led to the shortfalls in the service regarding unsafe use of equipment, poor infection control and poor care. They have continually blamed Covid 19 on the failings at the service and not the preceding poor management and provider lack of oversight.
- The complaints log showed four complaints had been made about the service since the last inspection in March 2020. Three of these complaints raised concerns about poor care, lack of communication and honesty with relatives during the coronavirus pandemic. These complaints were directed to the provider to address, as the registered manager was new to the service, and issues were raised about care prior to their appointment.
- Two of the three complainants contacted CQC to state they were unhappy with the providers investigation into their complaints, due to the length of time to respond. They also told us the providers response was defensive, in blaming Covid 19 as the reasons for failings in the service, without acknowledging or properly investigating the poor care their relative received. All three complainants have escalated their complaints to the Local Government Ombudsman (LGO) to investigate. [The LGO is a free independent complaints service. If they decide the care service has got things wrong, they can make recommendations to put things right.]
- The provider failed to adhere to their own complaints, suggestions and compliments policy and procedure, when responding to these complaints. They failed to initially acknowledge the complaint and exceeded the timescales as set out in the policy for responding to the issues raised.

This is a breach of regulation 16 of the Health and Social Care Act 2014 (Regulated Activities) Regulations

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the onset of the Covid 19 pandemic, the provider did not have systems in place to ensure risks were managed effectively, which significantly impacted on the service. The service had a high number of infections and deaths due to Covid 19.
- Staff who have returned to work following the pandemic told us, "It's been horrific," and "It was an incredibly difficult time." They told us they had felt supported by the registered manager, but less so by the provider.
- Staff told us the registered manager had arranged for those who wanted it to have bereavement counselling. One member of staff commented, "We have a fantastic new manager, during the incredibly difficult time they really did save us. They helped us right from the start, they were like a breath of fresh air. They brought back hope to the home."
- Not all staff spoken with were aware of the organisation's aims, vision and values for the service. However, feedback from all staff and relatives is that the culture in the service has improved under the registered manager's direction.
- Staff were full of praise for the registered manager. They told us they had brought stability to the service, and provided support, direction and good leadership. Comments included, "It's really good having a new manager, they are a great manager. Everything feels like there is a structure," and "I feel that there is a marked improvement since the manager has been here, they have really turned things round."

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

- The registered manager told us they were in the process of developing questionnaires for people using the service in an easy read format, but had recently sent out questionnaires to people's relatives, health professionals and staff to obtain feedback about the service.
- Feedback in relatives' questionnaires reflect improvements made by the registered manager since they have been in post. One relative commented, "Since [Registered Manager] has become the manager I have seen a marked improvement in the cleanliness and organisation of the home. Also, the introduction of a separate visiting room has made it more comfortable for families to visit. For someone who has been there a short time, they have made a remarkable difference." Another relative commented, "Since lockdown I have noticed my [Person] has looked cleaner and always dry, where they sit is also clean."
- The registered manager shared a recent compliment received by a relative, which stated, "I think introduction of 'resident of the day' is a fabulous idea, and I just wanted to take this time to thank you all for all you have done for both my [Person] and the home. You have certainly been a 'breath of fresh air' and I feel a lot happier about the environment my [Person] lives in that you have created. I feel you are really interested and care about my [Person] it is really comforting, so thank you."

Working in partnership with others

- The service has received significant input from stakeholders, including the health protection team and the clinical commissioning group infection control team. The registered manager has worked well with these partner agencies to improve safety and manage the Covid 19 outbreak in the service.
- The registered manager has fully engaged with CQC, the local authority quality improvement team and safeguarding occupational therapist (OT) on a regular basis for support and guidance.
- There are currently eight open safeguarding concerns with the local authority that are still under investigation, which date back to March / April 2020. The registered manager continues to work well with the safeguarding OT to resolve these.
- The registered manager and staff work well with health professionals. For example, where a person who

lacked capacity and had difficulties taking their medicines, discussions were held with the GP, and the persons family to agree it was in [Person's] best interests to have their medicines administered covertly (disguised in food or drink).

- Three health professionals had completed a survey confirming improvements had been made in the service. One health professional had commented, "In the past some calls for visits were inappropriate, but this has improved greatly."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider arrangements for identifying and ensuring all reasonably practicable steps have been taken to reduce the risk of harm to people using the service need to improve.</p> <p>Regulation 12 - Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly. Risk assessments should include plans for managing risks.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider failed to follow their own complaints policy when receiving and acting on complaints.</p> <p>Regulation 16 (1) – All complaints must be investigated thoroughly, and appropriate action must be taken without delay to respond to any failure identified by the complaint or the investigation of a complaint.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems had not been used effectively to drive improvement and identify, capture and mitigate risks to the health, safety and welfare of people using the service.</p>

Regulation 17 - Providers must have effective governance, including assurance and auditing systems, which must assess, monitor and drive improvement in the quality and safety of the service provided.