Harrogate Care Limited

Mary Fisher House

Inspection report

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22 May 2018

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 8 and 22 May 2018 and was unannounced. This was the first inspection of this service following a change in its registration in August 2017.

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

Mary Fisher House accommodates 24 older people and people living with dementia in one adapted building. When we visited 23 people were living there.

There was a registered manager in post. 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.

This is the first time the service has been rated Requires Improvement.

Environmental risks were not being proactively assessed and managed. The provider had not maintained safe, clean and hygienic facilities for people living at the service. Staff were not following correct infection control procedures to maintain hygiene.

Following the inspection, the registered manager told us they had addressed some of the concerns we had raised and the provider wrote to tell us how they were going to address the concerns.

The registered manager followed robust staff recruitment procedures. Staff told us they were busy but felt there were enough staff to respond to people's needs in a timely way. We spoke with the registered manager about using a staffing tool to determine people's dependency needs and staffing levels, to ensure staff had sufficient time to provide flexible, person centred care.

People's needs including their nutritional needs were assessed and personalised care plans had been developed. We have made recommendations regarding improving the environment and supporting the communication needs for people living with dementia.

People spoke positively about the registered manager and staff and they said staff were kind and caring. A range of activities took place and we saw staff spent time with people and encouraged them to join in with activities.

Staff told us they felt well supported by the registered manager and had received induction, training, supervision and yearly appraisal. Records did not support this assertion. The registered manager had

recognised shortfalls in record keeping and was working through this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Although we identified best interests principles had not been applied for one person we were confident this was an isolated incident.

Quality monitoring systems were not sufficiently developed or robust. We found checks had not picked up on issues we identified at this inspection. Systems were not in place to ensure information from accidents, incidents and complaints was used to drive improvement. We concluded the registered manager and the provider did not have full oversight of the service because of this.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. 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?

Inadequate

The service was not safe.

Risks were not assessed and reviewed in a timely way. Areas of the home were in need of updating. Robust infection control procedures had not been established.

Whilst medicines were managed appropriately, audits were not being used effectively to ensure medicines handling was consistently safe.

Recruitment procedures were followed. Staff deployment and staffing levels did not take people's dependency levels into account.

Staff knew how to protect people from abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Improvements were needed to record keeping and to develop an environment that was accessible for people living with dementia.

People's nutritional needs were met. People accessed healthcare services to maintain their health and well-being.

Although we identified one case when best interest principles had not been followed staff worked within the principles of the Mental Capacity Act 2005 to protect people's rights.

Is the service caring?

Good

The service was caring.

Good professional and personal relationships existed between people using the service and staff.

People's independence was promoted and their privacy and dignity was protected.

People could choose how they spent their time and to access advocacy services.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although a complaints procedure was in place appropriate action was not always taken in response to complaints.

Information was not presented to people in an accessible format.

Care plans were developed to help guide staff on how to provide people with personalised care.

People were supported to engage in activities of their choosing.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Effective management systems were not sufficiently developed to ensure people's safety and wellbeing was promoted.

People who used the service and staff spoke positively about the registered manager and said they were approachable and supportive.

Mary Fisher House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was 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 on 8 and 22 May 2018 and was unannounced on both days.

The inspection team consisted of an inspection manager, one inspector and an assistant inspector. The inspector and assistant inspector visited on the first day of the inspection. The inspector and inspection manager visited the second day.

Before our inspection we reviewed all the information we held about the service including notifications the registered manager had submitted. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioners and Healthwatch for their views on the service. Healthwatch is the independent national champion for people who use health and social care services.

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 spoke with seven people who used the service, two relatives, a visiting healthcare professional, the registered manager, the deputy manager, operations manager and seven members of staff including the activities co-ordinator, the chef, one domestic and four care staff.

We reviewed care records for five people to see how their care was assessed and planned. We looked at how medicines were managed and the records relating to this. We checked recruitment and training files for three staff, and records relating to staff training and supervision. We looked around the premises and at records regarding the management of the service including quality assurance audits, action plans and health and safety records.

We wrote to the provider on 10 May 2018 and asked for additional information to be sent to us. Specifically, regarding the maintenance of the premises and equipment. This information was provided as requested.

Inadequate

Is the service safe?

Our findings

Environmental risks were not identified, assessed or well managed. Since registration in August 2017 the registered manager had submitted two notifications regarding essential equipment, which were out of order; the passenger lift (from 23 December 2017 to 3 January 2018), and the kitchen oven (5 to 12 March 2018). Appropriate action was taken at the time to mitigate risks to people who used the service and staff. However, contingency plans were not in place to address the potential risk of future events and situations and measures introduced to reduce the impact of these. The registered manager told us repairs were undertaken as the need arose.

The electrical wiring installation report dated 6 April 2018 assessed the installation as 'inadequate' with items that required urgent remedial attention. The registered manager told us they had only recently received the report; authorisation for the repairs was requested from head office and given during our visit. The provider subsequently sent us a copy of the completion of works and updated certification dated 16 May 2018.

Although maintenance checks were completed on a regular basis the last thorough examination report available for the passenger lift was dated 18 February 2015. A thorough examination is a systematic and detailed examination of a lift and associated equipment by a competent person to meet The Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). We asked the registered manager to arrange for these checks to be undertaken as a priority. Records seen on the second day of the inspection showed this work had been completed. The provider subsequently wrote to tell us the arrangements they had put in place to meet their legal obligations going forward for the thorough examination of the passenger lift and all lifting equipment, to ensure they were safe to use.

Individual risks to people who used the service were assessed. For example, in relation to their skin integrity and food and fluid intake. Where a risk was identified a corresponding assessment had been introduced to manage the risk and help keep the person safe. Not all of these risk assessments were being reviewed and updated on a regular basis. For one person living with dementia their room was in close proximity to an unguarded staircase. No risk assessment had been carried out to assess and mitigate the risks for this person. We contacted the local authority to share our concerns. The provider subsequently wrote to us to confirm a risk assessment had been completed and a best interest meeting held, together with family for that person. The best interests principle is in the Mental Health Act 2005, which states that any act or decision made on behalf of an adult lacking capacity must be in their best interests.

We checked people's bedrooms, communal areas and bathing and toilet facilities. We found these areas, including recent refurbishments, were not always maintained to a suitable standard of repair and cleanliness. For example, replacement flooring in ensuites had gaps at the skirting making it difficult to clean effectively and potentially posing an infection control risk. A strong smell of urine was noticeable upstairs in corridors and in certain bedrooms. Toiletries were stored on open shelving in ensuites, which posed an additional risk of contamination.

Toilet seats around the service were marked and stained, and toilet seat hinges, shower curtains, bath hoists and shower chairs were dirty and, in some cases, rusty.

The on-site laundry facilities were situated on the middle floor; the door to this room was not locked. The room had a broken window latch and was not fitted with any hand wash facilities. Room 17 (the ironing room) was also used to store items such as commodes and mattresses. We identified both the iron and the ironing board was domestic in nature and flimsy. The bathroom was not currently used. The taps were not disconnected and there was no evidence to show water was flushed through weekly and cleaned and descaled in line with guidance from the Health and Safety Executive (HSE) on managing legionella in hot and cold water systems. We highlighted these issues to the registered manager and the general manager who told us immediate action would be taken.

Staff training on infection control was not up to date. We observed staff entering the kitchen area without wearing personal protective equipment (PPE) and using equipment, including collecting food, washing hands or making drinks. We also observed staff wearing long sleeved clothing which posed a risk of contamination when providing personal care as gloves do not cover this area.

We shared our concerns with the specialist nurse from The Harrogate and District NHS Foundation Trust Community Infection Prevention and Control team. They visited the service on 17 May 2018 and advised the registered manager on how to comply with the code of practice in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infection. We will check the progress of this at our next inspection.

The failure of the provider to ensure the safety of their premises and the equipment within it, and the failure to assess and mitigate individual risks and to review identified risks are all breaches of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In April 2017 North Yorkshire Fire and Rescue Service issued the previous registered provider with a notification under the Regulatory Reform (Fire Safety) Order 2015 regarding fire safety deficiencies. In a letter dated 6 June 2017, the fire service stated the outcome of the action the service had taken was broadly compliant. An officer from North Yorkshire Fire and Rescue Service advised us they were due to carry out a routine fire safety inspection in 2018. The registered manager maintained a fire check list which provided information to staff or emergency services about the assistance people required in order to evacuate the service. Personal emergency evacuation plans (PEEPs) were in place. PEEPs support staff to know how to support people to evacuate safely in an emergency.

We reviewed the service's accident records. Individual accident records were kept within individual files. The list of people who lived at the service and room numbers was not up to date. This made it confusing and difficult to identify emerging themes and trends so action could be taken to address shortfalls. This is discussed further in the well-led section of the report.

The provider had a safeguarding policy and procedure in place. This provided information to staff about the actions to take if they suspected someone was being abused. Staff we spoke with knew about safeguarding procedures and understood their responsibilities for reporting any concerns. The registered manager told us there had been no safeguarding alerts since registration.

We reviewed the staff files for three members of staff who had been recruited since the change in its registration. Potential staff members were asked to complete an application form providing details of their qualifications, experience and previous work history. References were used to verify information applicants

provided and checks were also made with the Disclosure and Barring Service (DBS) to ensure applicants were not barred from working in a social care service.

We spoke with the registered manager about staffing levels. We were told that a number of the staff at the service, including the registered manager, had worked there for many years. They explained staffing levels for the service was based on occupancy levels; agency staff were not used. While dependency level assessments were undertaken these were not routinely used to determine staffing levels, taking into account occupancy levels, the premises and staff training. Staffing tools can be used to consider a range of factors that influence the total demand for staff and ensure people receive person centred, individualised care. Inspection of staffing rosters showed the service operated on the following staffing levels; a senior care staff and two care staff between 8am and 8pm and two care staff, one of whom was a senior, at night. In addition, an activities co-ordinator and ancillary staff such as maintenance, domestic staff and chefs were employed through the day. Apart from their regular caring duties we saw a list of tasks that night staff also had to complete. For example, cleaning of communal toilets and bathrooms, emptying bins, vacuuming and washing and ironing.

Staff told us that rotas were prepared in advance so they had sufficient notice of the shifts they were allocated to work. They confirmed they covered for one another in the case of absence owing to staff sickness or leave arrangements. Night staff did not raise any concerns about staffing levels with us. They told us people's care needs were given priority over any domestic duties. The registered manager also worked a night shift on occasion to monitor staffing levels.

Although we found the arrangements for ordering, storing, recording and administering medicines to be appropriate, there was a lack of oversight. Weekly audits had not picked up on issues that we identified such as accurate checks on medicines carried forward, missing signatures and temperature checks. When they visited the infection control nurse had also identified shortfalls in relation to infection control practice in the treatment room. This meant there was the potential that issues, might not be identified and rectified fully in line with best practice in the National Institute for Health and Care Excellence (NICE) guidance. This is discussed in more detail in the well-led section of this report.

Some staff training including medicines administration had not been updated since 2015 according to the training planner. We raised this issue with the registered manager who informed us they were aware of this training gap and training was due to be booked. This is discussed further in the effective section of the report.

Requires Improvement

Is the service effective?

Our findings

People had their needs assessed before they came to live at the service. Once people moved in, more detailed care plans were completed. We found some variation and confusion between these documents. For example, for one person their pre-admission assessment referred to a sacral sore. There was no corresponding care plan in place. However, when this was explored with the registered manger we identified the person did not have a sore on admission.

Not all care records were reviewed and updated in a timely way. For example, one person was at an increased risk of falls following a change to their medicine regime in October 2017. Their care plan had not been updated with this information. The registered manager told us they checked the care plans and highlighted any discrepancies with the responsible member of staff concerned.

We asked the registered manager how they assured themselves regarding the care people received when records were not always accurate. They said, "I work hands on and I notice if there was anything wrong with people." People told us staff knew how to care for them properly. One person said to us, "I have high standards and there is never a problem. They [staff] are always helpful and look after me well."

Staff told us they had received training on a range of relevant topics such as moving and handling, safeguarding, dementia and fire safety. They said they had regular supervision sessions and appraisals with either the registered manager or with a senior care staff member. The supervision forms we saw were not signed or dated and comprised a list of questions regarding care planning. Supervision meetings should be used to provide staff with the opportunity to discuss any worries or concerns they may have and to talk about any further training and development they may wish to undertake.

Except for practical moving and handling training, the staff training plan showed all training required updating. Some training had not been updated since 2015 according to the planner. We discussed with the registered manager that while staff were telling us they had received training their records were out of date and required updating. The registered manager informed us that previous records including induction records had been misplaced. They said they were developing new management systems to plan and record training in sufficient detail in future. They had requested staff to bring in their certificates so these records could be compiled and we were shown some of these held in individual staff files. They said they believed staff were mostly up to date with their training and their focus was to get staff files in order with the right paperwork.

Failing to keep accurate, complete records is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's nutritional care needs were assessed and reviewed monthly. Records showed people's weight was checked and referrals were being made to relevant healthcare professionals, such as dietitians and speech and language therapists where there were concerns about people's health. The chef informed us staff kept them informed regarding people's dietary needs and they met with people to ask about their preferences

and gain feedback on the menu.

We received mixed views about the food. Comments included, "The food is alright. They [staff] do the best they can for us," "The food is very good," and "I would sometimes like something different for a change." The service had a four-week rolling menu, which staff agreed had not been updated for some time. We discussed with the registered manager the menu was not presented in a format that people living with dementia could easily understand or contribute towards. The chef told us they liked to look at providing people with seasonal foods and went out of their way to be flexible and provide people with what they wanted. We observed mealtimes were relaxed and unhurried and were a social time for people.

People's care records contained details of relevant healthcare professionals involved in their care and treatment. People had access to a range of healthcare professionals including the community nursing team. One visiting healthcare professional told us that staff always referred people if they had any concerns; they said staff followed their advice.

During our inspection we identified areas around the home were tired and needed updating to comply with best practice for dementia care. Accommodation was provided in an adapted building over three floors. The upper floors were accessed by means of a passenger lift and staircases. Although bedrooms were light and airy there was limited information around the service to give people chance to find their own way around their environment through appropriate signage or colour.

We recommend the service finds out more about dementia friendly environmental standards, based on current best practice, in relation to the specialist needs of people living with dementia.

The registered manager and staff were aware of their responsibilities and followed correct procedures regarding the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure 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 applications had been made to deprive a person of their liberty. DoLS had been applied for and authorised (or awaiting approval) via the local authority. These were all in order and correctly applied for and monitored. We observed good practice throughout the inspection with staff asking for people's consent both before and during any intervention.

Good

Is the service caring?

Our findings

People we spoke with were extremely positive about the staff who cared for them and told us they were well cared for. Comments included; "I would recommend [this service] to anyone," "Tell them from me it is good," and "They [staff] are all very kind to us." Several people told us the registered manager was very caring. One person said, "[The registered manager] is a born carer. They devote the whole of their life to this place - 100%." Another person told us, "You may find cleaner places, but you will not find anywhere where people [staff] are kinder." The healthcare professional we spoke with was also complimentary about the kind and caring nature of staff.

The staff team had been established over many years. As a result, they had developed positive and caring relationships with people living there and with each other. Staff were knowledgeable about the needs and preferences of the people they supported and were attentive to their needs. Where people had difficulty communicating their needs, staff were patient and anticipated the support required. One staff told us, "I enjoy my work. It is so rewarding." Another staff said, "It is like a family and we all support each other."

There was a warm, cheerful atmosphere within the home and we observed staff took time to listen to people and respond to any questions people had. Staff were present in communal areas to supervise people and they offered assistance promptly and willingly when required.

People's care records included a life history and information about any interests or hobbies they may have enjoyed. People were seen to make choices about where they went and how they spent their day. Most chose to attend the activity sessions where people had a lovely time and enjoyed chatting with each other. The activities co-ordinator worked four days a week. The session we observed was relaxed; the activities co-ordinator was confident and inclusive, encouraging people including those people who were sitting quietly to join in with the conversation. At one point the activity co-ordinator referred to the lovely weather, "I thought we might like to go outside this afternoon. It's 'hands and nails', but we can do that just as easily outside." This prompted a person to respond, "Nice, we need fresh air. It is good for the skin." This led on to a conversation about what people liked to do in the summer and memories of past experiences including their memories of baking days at home when they were children. We saw people were still chatting and talking about this later when they went for lunch; they had clearly enjoyed their morning.

People told us that visitors were welcome at any time and people could visit their relatives in the privacy of their room or in the communal areas of the home. From our observations people's privacy and dignity was protected and staff offered personal care discreetly.

The registered manager told us people could be supported to access any advocacy services required. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions.

Requires Improvement

Is the service responsive?

Our findings

CQC had received one complaint since the new provider was registered in August 2017. This had been dealt with through the service's complaint procedures and the registered manager had investigated and sent us a copy of their findings. When we visited we found they had not acted on some of the issues raised in the complaint regarding the safety and cleanliness of the service. This is discussed in more detail in the well-led section of this report.

Although the provider referred in their PIR to the use of visual prompts, technology and other accessible formats we did not see any of these being used during our visit.

The hospital passport we saw contained only limited information regarding 'challenging at times' and 'can resist personal care'. A hospital passport is designed to help communicate people's needs to doctors, nurses and other health professionals.

We recommend the provider reviews best practice guidance in relation to the specialist communication needs of people living with dementia.

Care plans were devised using a general assessment tool and evaluation for daily activities of living such as mobility, elimination, personal hygiene and dressing and skin care. We referred earlier in effective to some care records, which required updating. Overall, however, care plans provided a comprehensive picture of people's needs including a good overnight care profile in place. One example included, '[Name] gets into bed around 9pm and likes to be checked hourly to ensure they are safe'. Daily records were informative and well written. We found care plans were in place to guide staff on how to maintain and promote people's independence. For example, for one person their care record stated, '[Name] requires one carer to cut their food up due to loss of vision. Once this is done [name] can eat independently'. For another person who was assessed at high risk of falls their care plan reinforced the need for staff to ensure the person was wearing good fitting shoes. We checked and the person was wearing shoes as described to aid their mobility and reduce the risk of falls.

People's bedrooms were highly personalised with personal items and possessions and were reflective of people's individual life choices and beliefs. People's communication needs were discussed during the assessment process and involved talking with the person, and their family and/or carers to establish any areas of assistance required. We saw staff made sure they spoke clearly to people and left sufficient time for them to consider and respond to questions.

We spoke with the registered manager and the activities co-ordinator about the support they offered to people to prevent them from becoming socially isolated. One person was identified to be at risk of social isolation. We were told every effort had been made to gently coax the person and encourage them to get involved with activities. They reported this had been very successful and we saw the person had happily joined in with activities when we visited. We saw staff spent time interacting with people on a one to one basis when we visited.

Information about how to make a complaint was available. The complaints policy and procedure provided information about the process the service would follow in response to a complaint being raised. It included details of other agencies people could contact if they were not satisfied with the action taken by the service. The registered manager told us no complaints had been received since the change in the service's registration in August 2017. People told us they had not needed to make any complaints. They said they raised any minor niggles with one of the staff or the registered manager and these were resolved straightaway.

Requires Improvement

Is the service well-led?

Our findings

Robust management systems had not been established to monitor the quality and effectiveness of the service. The registered manager had recognised areas which needed improvement but they had not had sufficient time to develop and implement a clear action plan and oversight of the service.

Routine monitoring and auditing systems were not being effectively used to monitor patterns and trends and mitigate risk. Where audits had been completed on a regular basis such as regarding medicines and cleanliness these had not identified the issues we found on inspection.

Since the last inspection there had been a change of ownership. We asked the registered manager about the support they received from the provider. They informed us the provider did visit but records of these visits were not kept in the service.

Although during our inspection, the general manager and registered manager began acting to ensure risks to people's safety were reduced; this was evidence of reactive not proactive risk management.

Arrangements for managing accidents and incidents including complaints and preventing the risk of recurrence were not robust. The documentation did not outline the changes made to ensure all that was reasonably practicable had been done to reduce the likelihood of avoidable harm. Lessons learnt were not assessed and therefore, not acted upon. The provider had not assessed the patterns and trends in relation to accidents and incidents to provide leadership to the registered managers to implement continuous improvements.

The provider had not ensured all systems in relation to the safety of the service were established and operated effectively. This included the assessment, monitoring and mitigation of known risks. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

A registered manager was in post. The registered manager knew people and staff well. They were supported by a well-established staff team, many of whom had also worked at the home for many years. A new deputy manager had been appointed to assist in the smooth running of the service.

The registered manager held regular staff meetings and worked alongside staff daily. Staff spoke positively about the registered manager and said they were approachable. All the staff we spoke with felt well supported in their roles and enjoyed working in the home. When asked about the strengths of the service staff commented specifically about good teamwork. Staff comments included, "Really kind to everyone; residents and staff," "[Registered manager name] is much more proactive than the previous manager," and "Excellent." A person who used the service described the registered manager as, "A real gem."

Staff commented the registered manager was still very hands on within the home. For example, they covered absences owing to staff leave or sickness and worked care shifts. This provided them with the

opportunity to keep staff informed of anything happening within the service as well as to keep up to date with people's health and well-being. It also made them accessible to staff should they wish to raise any concerns.

The registered manager was aware of the responsibility to report accidents, incidents and other events that occurred within the service. Notifications such as safeguarding and expected deaths had been submitted as required to ensure people were protected through sharing relevant information with the regulator.

External health professionals were also positive about the registered manager's leadership of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There had been a failure to assess and mitigate the risk to people who used the service. Environmental risks had not been assessed. Regulation 12(1), (2)(a), (2)(b), (2)(d), (2)(e), (2)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service had not been established and operated effectively. The systems in place to monitor and improve the service were not effective. Accurate records were not being maintained. Regulation 17 (1), (2)(a), (2)(b), (2)(c), (2)(d)(I)(ii), (2)(f)