

Heera Care Ltd

# Norwood House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 31 March and 4 April 2016. This was the first inspection of this service following a change to the registered provider which occurred on 28 September 2015.

Norwood House is registered with the Care Quality Commission [CQC] to provide care and accommodation for up to 26 older people and who may be living with dementia. Accommodation is provided over two floors and is in private gardens. The service is situated close to local amenities and close to a bus route into Scunthorpe. There is a car park for visitors to use. Staff are available twenty four hours a day to support people.

This service has a registered manager in place. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the registered provider was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that recruitment processes were not thorough. There was a breach of of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that recruitment processes were not thorough. You can see what action we told the provider to take at the back of the full version of the report.

Staff understood people's preferences for their care. Care plans and risk assessments were in place to help inform staff and keep people safe. People's nutritional needs were understood by staff. Relevant health professionals were contacted for help and advice to maintain people's wellbeing.

If people lacked capacity to make their own decisions then the principles of the Mental Capacity Act 2005 and codes of practice were followed to protect people's rights.

Staffing levels were monitored to make sure there were enough skilled and experienced staff to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills. Supervision and appraisals were provided for staff to identify any further training needs and allow discussion regarding their performance.

The registered manager and senior staff at the service were available to speak with at any time.

Quality monitoring took place through audits and surveys. However, we found that the quality monitoring in place had been ineffective regarding medicines. People using the service were asked for their views and feedback was acted upon to maintain or improve the service.

A complaints policy was in place, people could raise any issues to be dealt with by the management team.

## 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 always safe. We found some issues with medicine records and balances of medicine for some people.

The registered provider's recruitment procedures were not always followed.

People told us they felt safe living at the home.

Staff understood the importance of protecting people from abuse. There were enough skilled and experienced staff provided to meet people's needs.

Staff understood the potential risks present to people's health and wellbeing.

### Is the service effective?

**Good** ●

The service was effective. There were enough staff to meet people's needs. Staff undertook training to maintain and develop their skills.

People's mental capacity was assessed so that they were not deprived of their liberty unlawfully.

People's nutritional needs were met.

### Is the service caring?

**Good** ●

The service was caring. People were treated with dignity and respect.

Staff spent time with people. They listened to and acted upon what people said.

Staff assisted people with patience and kindness to promote their independence and choice. There was a homely welcoming atmosphere within the service.

### Is the service responsive?

**Good** ●

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff listened to what people said and acted upon it.

A complaints procedure was in place which was available to people and their relatives.

### **Is the service well-led?**

The service was not always well led. The registered manager undertook audits. However, we found issues relating to recruitment and medicines, which should have been found and corrected during the auditing process.

People living at the service and their relatives were satisfied with the service they received. People were asked for their views and these were acted upon.

Staff understood the management structure in place.

**Requires Improvement** 

# Norwood 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 registered 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 31 March & 4 April 2016 and was unannounced and was carried out by one adult social care inspector.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection.

Prior to our inspection we looked at and reviewed all the intelligence the Care Quality Commission [CQC] had received. This helped inform us and assisted us to make a judgement about the level of risk present at the service. We also considered information received from the local authorities safeguarding and commissioning teams.

People living at the service were living with dementia, some could not tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported well by staff and provided us with evidence that the staff understood people's individual needs and preferences.

During our visits we undertook a tour of the building and observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served and observed part of a medicine round. Time was spent talking with the registered manager, deputy manager and with four staff. We looked at the care records for three people, which included care plans, risk assessments and medicine administration records and records made by staff providing care and support to these people.

Records relating to the management of the service were looked at including, quality assurance documentation, audits, policies and procedures and complaints information. We inspected staff rotas, three staff files and staff training and supervision records. Information relating to staff recruitment was also inspected along with quality assurance questionnaires which had been recently completed in relation to the service.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and secure. A person we spoke with commented , "Oh yes, I feel safe here." Another said, "The staff are here so I fell pretty safe."

Relatives we spoke with told us they felt the service was a safe place for their relations. A relative said, "It is far safer here for Mum than where she was. This provides massive peace of mind. I have never seen anything to worry about here; there is an air of calmness wherever you go. I don't notice any difference with different staff on."

We spoke with a visiting health care professional who told us they had never seen anything which had worried or concerned them whilst visiting the service.

There was a secure door entry system in place to ensure unauthorised people did not gain entry to the home. People who were able used the stairs to access the first floor of the service the staff monitored people to make sure they were safe whilst taking the stairs.

Staff we spoke with knew they must protect people from abuse and harm. They were able to describe the different types of abuse that may occur and said they would report potential abuse or concerns straight away to the registered manager or senior staff. Safeguarding training was provided at induction and periodically to all staff. We saw there were detailed policies and procedures in place regarding safeguarding and this included a whistle blowing [telling someone] policy, which helped guide staff. Whistleblowing is where staff speak out and raise issues or concerns. A member of staff we spoke with said, "The safeguarding procedure is on the wall outside the office, we know what to do."

We reviewed three people's care records. Risks to people's health and wellbeing for example; the risk of choking, falls, or receiving tissue damage due to immobility were identified, monitored and reviewed as their needs changed. Assessments for equipment to maintain people's health and safety, such as walking aids, pressure mattresses and cushions were undertaken. Staff made sure the assessed equipment was used by the individual to help maintain their wellbeing.

The registered manager monitored the staffing levels provided to ensure there were enough skilled and experienced staff to meet people's needs. All the staff we spoke with apart from one said there were enough staff provided on each shift. . We inspected the staff rotas which confirmed staffing levels were flexible if people needed to be escorted to hospital appointments or other events and activities were taking place. Staff we spoke with told us they covered sickness, absence and holidays to provide continuity of care to people from staff who knew people's needs.

We looked at the recruitment of staff. The registered provider had policies and procedures in place. We inspected three staff files and requested a fourth for a member of staff who had left the service and later returned. The registered manager told us the registered provider's recruitment policy had not been followed in this case because the person had returned to work at the service without a criminal records bureau check



having been undertaken or a reference obtained. There was no staff file available for this person at our inspection. When we asked the registered manager about this they told us the staff file that was previously in place had been filed and they would have to search to locate it, but there were no records for the staff members current return to work.

During our inspection we undertook a tour of the premise. Hand washing facilities and sanitising hand gel was available for staff and visitors to use. We saw personal protective equipment, gloves and aprons were available for staff to use. We discussed with the registered manager that gloves may be better stored in secured cupboards to stop people living with dementia from being able to access them. This advice was also given regarding disposable razors which we found present in a couple of bedrooms. The razors were secured to protect people's safety.

We inspected the medicine systems in operation in the service. We observed part of a medicine round, the member of staff had received training about how to undertake this safely. They were competent at giving people their prescribed medicines. They took their time to correctly check the medicine to be given; they checked the person's identity and stayed with them until their medicine was taken.

The registered manager told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place, the pharmacy pre packed people's medicine to assist the staff to be able to dispense these safely. Photographs of people were present which helped staff identify people and allergies to medicines were recorded. This helped to inform staff and health care professionals of any potential hazards.

We checked the audited balance of medications for people at random. We found two people had incorrect balances of medicine which were contained in boxes or bottled. We found that for one person staff had signed the medicine administration chart [MAR] to say medicine had been given, however there was one extra tablet present than there should have been, so the tablet had not been given as prescribed. We found for one other person there were 31 tablets present when there should have been 32. There was no record of a tablet having been dropped or discarded. The MAR charts were therefore not always completed correctly by staff. This meant that people were not receiving their medicines safely or as prescribed. We spoke with the registered manager about this, she confirmed that the auditing of the medicine systems in place had been ineffective and that a full review of the medicine system was required. The registered manager confirmed staff had undertaken training in regard to medicine management, further training was now going to be arranged regarding this. We have asked the registered manager to address these shortfalls which were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that there was an item stored at the top of the external fire exit. This was removed straight away and the registered manager reminded staff not to leave items on the fire stairs.

People had personal evacuation plans in place for staff to refer to in the event of an emergency. Regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff undertook fire training to help them prepare for this type of emergency which helped to maintain people's safety.

The registered manager undertook audits of accidents and incidents to see if there were any patterns present to help prevent issues from reoccurring. Advice was sought from relevant health care professionals, where necessary. General maintenance was undertaken and service contracts were in place to maintain equipment. Water checks, electric and gas checks were in place. However, we noticed that the servicing of a hoist had just passed the date due deadline. We discussed this with the registered manager who phoned the

servicing company straight away to arrange for this work to take place.

# Is the service effective?

## Our findings

People we spoke with told us the staff looked after them. One person said, "I do what I want. If there is some issue staff are here. Staff keep an eye on us. The food is simple, lunchtime was marvellous." Another person said, "The food here is marvellous what you want is laid on for you. Staff are marvellous with us."

A relative we spoke with said they had no worries about the support delivered to their relation. They told us staff effectively met their needs. They went on to say their relation had brought a budgie into the service and had been concerned the budgie may not get fed or cleaned out. The staff have done this to ensure even the budgies needs were met. They said nothing was too much trouble for the staff and went on to say, "There is a cream tea Tuesday afternoon which Mum enjoys." Another relative said, "I visit daily, if my relation is not so good staff meet me with this news when I arrive, so I feel well informed. Staff meet his needs, he is settled with them."

During our inspection we observed staff delivering care and support to people in the communal areas of the service. Staff knew people's needs, likes, dislikes and preferences and they prompt and encouraged people to follow their chosen routines. This promoted people's independence and choice. A member of staff said, "I ask people what would you like me to help you with today. I give a choice of clothes. Choice is a big thing when you are living with dementia. All care is choice, theirs not mine."

Staff were provided with supervision. Yearly appraisals were scheduled to take place. These enabled staff to discuss any training and performance needs they had and allowed the management team to review the staff's skills. Staff we spoke with said they found this helpful.

We spoke with staff about the training they received at induction and on an on-going basis. Staff said they had regular training provided in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia and The Mental Capacity Act 2005 and Deprivation of Liberty safeguards. Further training was being delivered to help staff de-escalate anxiety for people living with dementia. A member of staff said, "I got enough support when I started, I have done my induction, I was given training and there is more coming up' low arousal training and a behaviour course."

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.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Records showed relevant staff had completed MCA and DoLS training. The registered manager was aware of their responsibilities in relation to DoLS and understood the criteria. They told us applications for DoLS had been made for 17 people who met

the criteria and they were awaiting authorisation by the local authority and three had been granted.

We saw that where people had been assessed as lacking capacity to consent to care and make their own decisions, the registered manager was reviewing with the local authority people who required best interests meetings. Relatives and other relevant people were asked for their input about decisions and confirmed their involvement in this process.

During discussions with staff we found they had an understanding of the principles of the Mental Capacity Act 2005 [MCA] and were able to describe how they supported people to make their own decisions. We observed staff offering choices to people and supporting them to make decisions for themselves. Staff were seen to ask people what they wanted to eat and drink, what they wanted to do, where they wished to spend their time and what activities they wished to undertake. The registered manager told us that advocates were available locally for people who required this support to help protect their rights.

People had their nutritional needs assessed on admission; this information was reviewed regularly to make sure their dietary needs were met. Staff knew people's likes, dislikes and preferences. We spoke with the cook who was able to tell us about people's needs. We observed lunch being served the food looked appetising and nutritious. Staff asked people what they wanted to eat and showed them the meals which were available to aid people's choice. People were observed and if they were not eating staff asked if they would prefer something else. Gentle persuasion and encouragement was provided by staff to encourage people to eat and drink. Staff sat and talked with people who focused on the conversation and ate their meal. A second sitting at lunch was undertaken for people who required more assistance. People chose where they wanted to eat. We saw there was a relaxed atmosphere with background music provided.

The service was situated in a large house and extension. There were stairs and a lift to the first floor. We saw hoists and special equipment such as hospital beds with pressure relieving mattresses were in use for people who had been assessed as requiring this, which helped to maintain people's wellbeing.

Pictorial signage was provided throughout the service to help people find their way around. Bedroom doors were numbered with letter boxes and door knockers. Memory boxes were located outside people's bedrooms and these contained personal photographs or items to help people remember where their bedroom was. The decoration throughout the service incorporate different colours and features which helped people living with dementia find their bearings.

There was a small car park at the front and side of the building for visitors to use. The garden had level access which made it accessible to people, garden furniture was provided. It was secure so people could walk around to promote their independence. A second secure garden was being created which was to be a sensory garden to help stimulate people's memories through scents and textured plants and herbs.

Communal areas were bright, airy and spacious; paintings of the seaside, countryside and an aquarium were on the walls to help people to reminisce. Puzzles and items of reminiscence were located throughout the service in corridors and lounges. This helped people's memories to be stimulated.

We observed that the building had wide corridors which were suitable for hoists and for special equipment such as hospital beds with pressure relieving mattresses. Those at risk of getting up unaided or at risk of falls had a pressure mat by their bed to help alert staff. These were provided to people who had been assessed as requiring this equipment to help to maintain their wellbeing.

## Is the service caring?

### Our findings

People we spoke with told us they were well cared for. One person said, "We have a lovely warm friendship." Another person said, "It is home from home I enjoy all the company. We never get any nasty ones [staff] I have never known anyone who has frightened us." We observed staff treated people in a caring and kind manner.

A relative we spoke with said, "They [staff] have good interaction with my relation even though they have dementia. They like to talk; staff hold their hand and make time to talk. There is a family feel and it is a 'calming' home, no dramas." Another relative said, "I wanted a small homely friendly place. All the staff are lovely all very helpful, they always know where my relation is and what they are doing. If I ring staff keep me informed. I always know where she is and what she is doing." We observed that staff were attentive and they offered help and assistance to people where this was required. For example, a person was trying to find their way to the lounge staff approached them and asked if they could help them. We saw the member of staff escorted the person to the lounge whilst talking with them and then spent some time sitting with them to make sure they were settled and comfortable.

A visiting health care professional we spoke with said the registered manager and staff cared appropriately for the people living at the service. They said, "The staff are polite and attentive." They also cared for visiting health care professionals by offering them refreshments and making sure staff were provided to assist them where necessary.

We observed that the staff and registered manager asked people in the communal areas of the service how they were and if they needed anything. Staff were attentive and they took time to gain eye contact when speaking with people by bending or kneeling down to them. Staff listened and acted upon what was said. We observed that everyone was included in conversations. Staff spent quality time with people, sitting, walking or going out in the garden with them and staff accompanied them wherever they wanted to go.

People looked relaxed in the company of staff. We saw that staff knocked on people's bedroom doors before being invited to enter which respected and maintained people's privacy. We saw that staff addressed people by their preferred name.

During our visit we spoke with staff who said they would not want to work anywhere else. Staff told us they always treated people with dignity and respect. A member of staff said, "We treat everyone as they would like to be treated. When I go in on a morning to people I always find out how people like to be addressed." Another member of staff said, "It is a lovely home there is a nice feel to it."

We observed that visitors were made welcome and they could visit at any time. Relatives we spoke with said they felt like part of the 'Norwood' family. Staff told us relatives were invited for meals and to social events. They were always offered refreshments when visiting their relations and this helped give a homely feel to the service.

## Is the service responsive?

### Our findings

People we spoke with told us the staff responded to their needs. One person said, "The staff are marvellous with us. When staff found me on the floor they saved my life, I was bruised but I am better now. I have always been happy here but would say if I had a complaint." Another person said, "During our inspection we saw that staff observed people and assisted them as necessary to make sure their needs were met.

A relative we spoke with said staff told them when they visited about any changes in their relations needs or they contacted them by phone. They said staff told them how their relation had been and what type of day they had experienced. A relative we spoke with said, "My husband likes his own space, he is a private man. Staff always ask if he would like to join in activities. I would have no problem raising a complaint with the manager." Another relative said, "Staff talk with Mum as the central person. The care plan is very detailed and personalised. The registered manager brought us up to speed and asked us our concerns. Staff took the time to get to know her. Mum's choices are respected. They [staff] got the doctor in once within one hour they [staff] told us, there was nothing to worry about."

A health care professional told us staff acted appropriately to keep them informed of any changes in people's needs which helped to maintain people's health.

Before people were offered a place at the service an assessment of their needs was undertaken. People and their relatives were invited to visit the service so that all parties could talk about their needs. This allowed the registered manager and staff to assess if the person's needs could be met by the staff. We saw in people's care records that information was gained from the local authority and from discharging hospitals to help inform the staff. This information was used as a base line by the staff to start to develop people's care plans and risk assessments. Staff we spoke with confirmed that as a person's needs changed their care records were updated. Staff told us how they reviewed people's care with the person and their relative to make sure it reflected the care people wished to receive.

We saw that people's care records contained phone numbers for doctors, district nurses and other relevant health care professionals who were supporting people at the service. People's nutritional needs were assessed on admission and we saw evidence that confirmed people's nutritional intake was monitored by staff and health care professionals to make sure people's dietary needs were met.

Staff we spoke with told us how they monitored people's wellbeing generally on a daily basis and reported changes in people's needs at the staff handovers between shifts. We attended a staff handover and we saw information about people's health; dietary needs, emotional state and activities undertaken were shared so staff coming on duty were informed. Information from health care professionals following their visits or by phone was discussed so staff felt fully informed.

We saw equipment was provided to help maintain people's wellbeing. This equipment had been assessed as being required by relevant health care professionals. For example, we saw pressure relieving cushions and mattresses were allocated to people who were at risk of developing skin damage due to being frail or

immobile.

We observed staff prioritised care, for example, we saw a person trying to get up from a chair who may have been unsteady on their feet was attended to quickly by staff to assist them. If people became anxious staff attended to them and tried to divert their attention which calmed people.

There was an activity co-ordinator provided at the service. We saw photographs of events that had taken place displayed within the service. We saw people listening to music or watching television. Others talked with staff. Staff reminisced with people. Puzzles, quizzes and balloon games were also undertaken. There were budgies and small pets along with an aquarium for people to enjoy. A local hairdresser visited weekly to provide a service. We saw that people were encouraged to go out with family and friends to maintain their links with the local community.

We saw that residents and relatives meetings took place to help gain people's views. Comments had been received about the food provided and outings people may wish to go on and action had been taken in relation to this feedback.

A complaints procedure was in place this was available to people and their relatives. People told us they had no complaints to make. A relative said, "I would complain, the manager told us if something is wrong please tell us and we will change it." Staff said they tried to deal with small issues if they could and reported any complaints to the registered manager for them to investigate and conclude.

## Is the service well-led?

### Our findings

People we spoke with were positive about the service, staff and management team. A person said, "I love the manager, I see goodness in her she loves people." Another person said, "Wonderful people [the staff] particularly the manager, its true she is wonderful I don't kid you about her. She is a gem; I got a feeling about her right from the start."

Relatives we spoke with said they were happy with the service provided as said there was a 'family' atmosphere within the service, which they felt was well managed. They told us their opinions were asked for and that resident and relatives meetings were held. A relative said, "The manager is fantastic and the other senior staff. The manager is up to speed. I have just had a questionnaire which I am filling in. It is the best thing we ever did to move Mum here. It is a fantastic home, nice, clean and no smells. The same standards are delivered even when the manager is not here." Another relative said, "The manager is welcoming when I visit, I feel part of the 'family'. We are really happy with [name] him here."

The registered manager told us about 'The Friends of Norwood House.' This was a small group of people who met to discussed ideas and suggestions about how to improve the service. The registered manager acted as secretary.

The registered manager had an 'open door' policy so that people, their relatives, visitors or staff could speak with them at any time. There was a photograph board with the staffs' names present in reception. This helped visitors identify staff so they could provide feedback about the service.

Staff we spoke with told us that staff meetings were held and they were asked for their views about ways in which the service could be improved. They understood the management structure in place.

We observed that the registered manager monitored how the staff delivered care to people. They went in on weekends and on evenings to speak with staff and observe their [practice. Staff we spoke with during our inspection said they enjoyed working at the service and they said they could raise issues with the registered manager at any time. Staff meetings were held and the staff we spoke with during our visit said they felt able to raise their views. Minutes of staff meetings were available for staff who were unable to attend so that they were kept informed.

The registered provider had just sent out questionnaires to people and their relatives to gain their views. We saw some of these had been returned and the information received in them was positive.

The registered manager had a deputy manager to help them assess and monitored the quality of service provided. A range of audits were carried out by the registered manager to monitor the service provided. We saw they monitored accidents that people had whilst at the service. They told us they looked for any patterns and gained advice from relevant health care professionals to help prevent any re-occurrence. Other audits undertaken related to people's personal care files and monitoring the services environment.



The registered manager monitored the medicines within the service. This auditing had been increased due to an issue which was being investigated under the safeguarding of vulnerable adults procedures. We found even though medicine auditing had been increased there were issues with boxed and bottled medicine balances that were incorrect for two people. Therefore the increase in medicine auditing was not effective and further improvements needed to be made to the medicine quality auditing system. We have asked the registered manager to address this. This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that the registered manager had not ensured that all staff files contain copies of the member of staff's identification, which should remain on file. Two staff files had no identification present. This was discussed with the registered manager who told us the staff's ID was checked when undertaking the disclosure and barring check but then in some cases it had not been photocopied and placed on the staff recruitment file. The registered manager said they would audit all the staff files to ensure this was rectified. There were inconsistent recruitment processes in place which may not protect people from risk of harm. We have asked them to address these issues. This demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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  Safe systems were not in place in relation to medicine management.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective auditing and quality monitoring was not in place relating to medicines and regarding person's employed at the service.