

Abbey Care Centre Limited

Bhakti Shyama Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bhakti Shyama Care Centre is a nursing home for up to 25 people, specifically designed to meet the needs of older people from the Asian Community. There were 19 people living at the service at the time of our inspection.

The home is arranged over three floors, each bedroom has en-suite facilities.

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

People and their relatives were happy with the care and support they received from staff. They appreciated the fact that the provider and the staff were providing dedicated care to the Gujarati community.

However, we found that the service was not always safe, effective, responsive or well-led. This was because staff recruitment checks were not robust and staff induction training records and other records such as incident monitoring forms were not always complete. We also found that some aspects of care were not delivered according to the records in place and the provider's governance systems were not robust enough to pick up the issues we identified during the inspection.

People told us they felt safe living at Bhakti Shyama and there were enough staff available to help them when needed. Risks to people were identified along with the action needed to keep them safe from harm. Where incidents such as falls had occurred, although these were documented, the records were not always completed with the action that had been taken. The environment was clean and regular infection control audits took place.

We have made a recommendation about incident reporting records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were happy with the food that was available which was culturally appropriate and met their needs. People were supported to access healthcare services and appropriate referrals were made to external professionals such as physiotherapist and diabetic nurses if needed.

We have made a recommendation about staff induction training records.

People were cared for by staff who were caring and compassionate. Staff respected people's privacy and carried out personal care in a discreet manner, respecting their dignity.

Care plans were easy to follow and included ways in which staff could support people. End of life wishes were discussed with people and their relatives, where appropriate. Culturally appropriate activities were available and staff engaged with people well during these. Any formal complaints that were raised were

investigated and responded to.

There was a long-standing registered manager in place who people and staff respected and was well liked. The staff team worked well together. However, there were areas where more meaningful engagement with people and staff could have been conducted. There were some incidents which the provider did not notify the CQC about.

We have made recommendations about the providers responsibility with respect to notifying CQC of any significant events and ways they can engage in a more meaningful way with people, relatives and staff.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 13 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

Enforcement

We have identified three breaches in relation to recruitment of staff, care planning and governance systems. This was because we found that staff recruitment checks were not robust and care plans did not always reflect people's preferences. We also found the governance systems were not effective in identifying the concerns we found during the inspection.

Please see the action we have told the provider to take at the end of this report.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Bhakti Shyama Care Centre

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.

Inspection team

This inspection was conducted by one inspector, a specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor was a registered nurse.

Service and service type

Bhakti Shyama Care Centre 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.

The service had a manager registered with the Care Quality Commission. 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

The first day of the inspection was unannounced. We told the provider we would be returning for the second day.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, quality assurance manager, business development manager, nurses, care workers and the chef.

We reviewed a range of records. This included five people's care records and seven medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

After the inspection

We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We found some inconsistency in the recruitment files that we looked at.
- The employment history in an application form for an employed care worker was blank, with no details of any work experience. However, they had provided a reference from a previous employer who stated the person had been in employment between 2016 and 2018.
- In another file, the application form stated they had been employed by a social care service provider. However, they had provided two personal references. The providers policy stated that at least one of the references must be from the current or previous employer.

The above identified issues are a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring service (DBS) checks for staff. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- Staff files contained evidence of people's identity, proof of address and right to work in the UK.
- People that we spoke with felt that staffing levels were appropriate and that staff were available to provide help when needed. Staff rotas showed there was one nurse and four care workers during the day and one nurse and three care workers at night. There were additional staff during the day such as domestic staff, activity co-ordinators and kitchen staff to provide additional support.
- On the occasions where permanent staff were not available, regular agency staff that were familiar with the service were used.

Learning lessons when things go wrong

- Incidents were recorded on file with details of the incident, whether it had been reported, what action had been taken in response and any further remedial action or observations.
- Although incidents were recorded, there were a number of records we saw where information was missing. For example, where people had suffered a fall, observations, remedial action taken and a final 'sign-off' by the registered manager had not been done. There was one incident where a person had suffered a fracture as a result of a fall, the incident form had not been fully completed and a statutory notification to the CQC had not been submitted. This meant that the action the provider had taken as a result of any incidents and accidents were not always clear.

We recommend that the provider reviews its incident and accident process to ensure that an appropriate member of the team reviews and signs off all reported incidents to ensure that the appropriate action is

taken. We will follow this up at the next planned inspection.

- The provider maintained other records in relation to incidents such as a behavioural reporting form to monitor any behaviour that could be perceived as challenging.

Assessing risk, safety monitoring and management

- An external fire risk assessment carried out in July 2018 had identified a number of 'high priority actions' which were a potential contravention of statutory requirements and should be resolved or works initiated within seven days. Although we saw a letter from the provider confirming the works had been carried out satisfactorily, the fire risk assessment had not been repeated to ensure the provider was compliant with the statutory requirements. We raised this with the registered manager and the quality assurance manager who told us this would be done. We will follow this up at the next planned inspection.
- The provider had current certificates of inspection for fire extinguishing appliances, electrical installation and gas safety. We also saw certificates of inspection for the fire alarm and emergency lighting system and hoisting equipment.
- Risk assessments were in place for people, these were reviewed monthly or as and when required. For example, we saw that the falls risk assessment had been updated for a person after they had suffered a fall. Risk assessments included ways in which the risks to people could be reduced.
- Timely referrals were made to appropriate teams when people's behaviour could be perceived to be challenging.

Using medicines safely

- We found that medicines management was safe in most areas. However, we did see some medicines were not dated with their date of opening and some insulin pens did not have the resident's name on them. We highlighted this to the registered manager during the inspection who said they would action this immediately.
- People told us they were happy with the way they were given their medicines. One person said, "I believe the staff are giving out the medicine on time."
- Medicines were stored appropriately. Medicines trolleys were locked and arranged neatly. The temperature of the medicines fridge was recorded and within the acceptable storage temperature range.
- Medicines administration record (MAR) charts were in place and included patient information charts showing a list of medicines, people's names and photograph. Any known allergies were identified.
- We observed a medicines round. The nurse demonstrated that they administered medicines in a safe way, recording on the MAR chart once they had administered the medicines. MAR charts were completed correctly.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they were safe from harm living at Bhakti Shyama. Comments included, "Yes this is quite a safe place, home-like atmosphere. They are very kind to [family member]", "They are really kind, soft and gentle with us. I feel very safe to live here like our own home" and "I like this home, I feel safe enough."
- Staff were aware of the appropriate safeguarding reporting procedures and records showed they received regular safeguarding training. One staff member said, "Safeguarding is abuse of vulnerable clients, if I suspected anything I would tell my manager."

Preventing and controlling infection

- The environment was clean. Domestic staff were seen cleaning communal areas and people's bedrooms during the inspection. Bedding appeared clean and we found a good standard of cleanliness throughout the

building.

- Alcohol hand gel sanitisers were available in corridors throughout the home. There were separate sinks for hand washing and food preparation in the kitchen.
- The home had been rated as 'very good' in its most recent food hygiene rating in January 2019.
- We saw current certificates for legionella testing and a deep clean service certificate for kitchen equipment.
- An internal infection control had been completed in May 2019 looking at the environment and infection control practice. There were no outstanding issues identified during this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

Staff support: induction, training, skills and experience

- We were told new staff completed induction training which included an introduction to the service, going over policies and covering aspects of training relevant to the role. In the records we saw, induction books were not always signed off by the registered manager or the staff member. Therefore, we could not be assured that these topics were covered prior to people commencing work.
- The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. The quality assurance manager told us, "Care certificate training is only for people with no previous experience." We saw one file for a member of staff whose recruitment records indicated that they did not have any prior experience in care. However, they had not completed the Care Certificate training. Their induction training record was also not signed off by the registered or other manager.

We recommend the provider reviews its induction training records to ensure that staff have been given the appropriate support when they start their employment. We will follow this up at the next planned inspection.

- Staff received regular training in topics that were considered mandatory such as safeguarding, moving and handling, dementia awareness, end of life care and mental health in the elderly. This meant they were given the appropriate training in caring for people using the service. They also demonstrated a good understanding of topics such as safeguarding and the Mental Capacity Act (MCA) when we spoke with them.
- Records showed that staff received regular supervision.

Adapting service, design, decoration to meet people's needs

- The home was clean and well maintained.
- Bedrooms were furnished with people's personal effects and each room had a photo and the names of the person in Gujarati and English.
- There was a very small courtyard that was accessible from the main lounge, this was the only outdoor space available to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives told us they were satisfied with the food that was available which was culturally appropriate. Comments included, "The food is good", "Food is very good" and "Food is very delicious, I am

diabetic they provide salads and raita (a yoghurt condiment) at lunch time."

- People were given regular hot and cold drinks throughout the day and water was available in their bedrooms. Staff were seen encouraging people to drink fluids. After breakfast, tea and fresh fruits were being served.
- The food looked appetizing and was well presented. People were supported to eat at their own pace and they appeared to enjoy the mealtime experience.
- Kitchen staff were knowledgeable about people's dietary preferences including those that needed a modified diet.
- The kitchen was well stocked with plentiful food and a hot trolley was available to ensure that people were served food at the appropriate temperature.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records included details of pre-admission assessments that had been carried out before people came to live at the home. These showed that people's physical, mental and social needs were considered prior to them moving in.
- The provider used accepted national standards and guidance to assess people's support needs. For example, the use of the Waterlow tool to assess the risk of pressure sores, the Malnutrition Universal Screening Tool (MUST) to assess malnutrition and the Dewing Wandering Risk Assessment Tool.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Records in relation to people's healthcare needs such as blood glucose monitoring for people with diabetes and wound progress charts for people with pressure sores were in place. These were appropriately completed by staff.
- There was evidence that appropriate referrals were made to external healthcare professionals such as the GP and community therapy teams.
- Care plans included input from health professionals with record sheets where visiting professionals recorded their visits.
- There was evidence that the provider worked well with other professionals when supporting people. This included working with commissioners and community teams to meet people's needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw staff asking people for consent before offering them medicines, and during mealtimes when

offering them aprons and asking them what they would like for lunch.

- Mental capacity assessment forms were completed for people with regards to specific areas of care such as the use of bed rails and personal care. These were reviewed every month to ensure they were still current. A staff member said, "Mental capacity is if you have the capacity to make decisions. If you don't have capacity then you have to apply for DoLS. We would involve the social workers and family and any advocates."
- Where there were restrictions on people's liberty and they were not free to leave, applications to restrict people's liberty were submitted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were treated with care and respect. Comments included, "The staff are very friendly and also very courteous to everyone" and "They speak to [family member] like they would do to their Mum."
- Care workers spoke in a kind and sensitive manner with people, for example when they were helping them with their meals and during activities. They interacted well with people during lunch, asking them if they needed help and whether they were enjoying their meal.
- Records showed that all staff had received equality and diversity and dignity in care training.

Respecting and promoting people's privacy, dignity and independence

- A relative said, "They always respect her privacy." Staff called people with respectful names that were culturally appropriate.
- People told us staff respected their privacy and dignity. We saw staff knocking on bedroom doors and respecting people's dignity by closing curtains and doors during personal care. People had the option of having their bedroom door left open or closed whilst in their rooms.
- People told us they were visited regularly by their relatives and we saw relatives coming to see their family members on both days of the inspection. One person said, "My sister and niece visit me." A relative said, "My sister and I visit her and we take her out for lunch."
- Care workers supported people to mobilize independently, slowly encouraging them using appropriate moving and handling techniques.

Supporting people to express their views and be involved in making decisions about their care

- Care records included a document called 'This is me' which had details about the person, their interests and hobbies.
- Care records were completed with the help and input of people and their family members, where appropriate.
- Feedback surveys were also completed by people and their relatives, these showed that people were happy with the care and support they received.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- The quality of the care plans was good, they contained clear guidelines, written in plain English about the nursing interventions required to support people. However, some of the records we saw were not in line with what staff had told us or with the care that was being delivered. For example, in one person's personal hygiene care plan it stated they liked to have a daily shower and their hair washed once a week. When we check their personal hygiene chart, we saw this was not being done as per the care plan or that staff were offering to bathe the person or wash their hair as per their care plan.
- In one person's daily nursing care records, a physiotherapist had visited in May 2019 and recommended a Zimmer frame for mobility and some exercises for staff to follow and they were being discharged from the physiotherapy service. However, care workers told us this person was not using a Zimmer frame and there were no records to indicate if the exercise regime was being followed. This person's mobility care plan had not been updated to reflect the recommendation from the physiotherapist.
- On the first day of the inspection we raised concerns about the level of engagement with people on the first and second floor who did not wish to or were not able to come down to the main lounge. In particular, we observed one person on the first floor who was left on their own for long periods at different times of the day. This person was agitated, waiting for their family to visit and we saw on two occasions they had wandered alone into another person's bedroom. An assessment tool for wandering had been completed for this person, in which it was recommended for a therapeutic plan to be implemented to enable safe wandering. There was no therapeutic plan in place for this person.
- End of life care plans were in place for people whose health had deteriorated significantly. There were advanced care plans in relation to end of life wishes and future care. The records stated that these were to be reviewed every six months but they had not been reviewed in the two care plans we saw since 2016.

The above identified issues are a breach of Regulation 9 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication care plans were in place which gave staff guidance on people's communication needs. These included the most appropriate ways of communicating with people and any communication support

needs they had. We observed staff communicating with people in an appropriate manner.

- People told us, "I prefer to stay in the room and do whatever I want, read books/magazines and watch our own channels" and "I like music and always listening to the radio." Relatives said, "They celebrate our festivals such as Diwali, Navratri, Vinayaki Chaturthi and Gudi Padwa in the home" and "The care assistants come from time to time to give company to [family member] and play ludo, snakes and ladders and cards with him."
- People were supported to follow their interests and take part in activities that were socially and culturally relevant and appropriate to them. There were a number of activities and trips arranged to the local temple.
- The main lounge was lively on both days of the inspection, with a number of activities taking place such as prayers, puzzles, ball games, and exercises. Care workers engaged well with people during these activities.

Improving care quality in response to complaints or concerns

- During the inspection people and their relatives told us they would speak to a member of staff or the registered manager if they had any complaints.
- There had been two formal complaints received. These were investigated by the provider, with internal investigations taking place and complainants being responded to in a timely manner.

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 as Good. At this inspection this key question has now deteriorated 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; and how the provider understands and acts on duty of candour responsibility

- The registered manager was supported by a quality assurance manager who visited the service on a regular basis.
- The quality and safety of the service people received was checked by the provider. For example, regular audits were completed for pressure sores, infection control, care plans and medicines management. The provider took action where issues were identified, for example where the temperature of the fridge for storing medicines was not correct, this had been resolved. No other major issues were identified by the provider in the audits we saw.
- We found the governance systems in place had failed to identify the issues we found during our inspection. For example, the induction training records for staff, incident monitoring forms, fire risk assessment, medicines records and care planning.

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

- The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. There was an incident where a member of staff had made inappropriate comments to a person using the service. Although the provider had taken internal action and notified the person's next of kin, they had not notified the safeguarding authority or CQC about this. There was another incident where a person had suffered a fracture as a result of a fall and had failed to submit a statutory notification about this injury.

We had to remind the registered manager of their responsibilities under the Duty of Candour and submitting notifications. We will follow this up at the next planned inspection.

- The latest CQC inspection report and ratings were displayed in the care home and also available on the provider website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- It was difficult to gauge whether the provider was doing enough to engage with people, relatives and the wider staff team as there was a lack of recorded meetings.
- The registered manager told us that joint relatives and residents meetings were held every quarter but the only recorded minutes available were from May 2019, November 2018 and September 2017.
- Evidence of regular staff meeting minutes were also not available, the recorded minutes we saw were from May 2019, April 2018 and September 2017. The registered manager told us they often held other meetings but did not document them.
- Although staff supervisions were held regularly, the records did not have the views of staff recorded or a narrative about the conversations that were held. They instead just contained one word answers about topics that were discussed.

We recommend the provider explores ways to involve people, their families and staff in a meaningful way and to proactively engage with them. We will follow this up at the next planned inspection.

- A 'residents and family questionnaire was completed in April 2019; three responses were received and all were positive about the service being culturally appropriate in relation to the activities and meal provision. They were also happy with the staff who spoke the same language as them.

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

- The providers vision and culture, to provide specialised, dedicated care to the Gujarati community was known and understood by people, relatives and staff. Staff told us, "This place is excellent for our community and they meet the cultural needs of the residents" and "I love working here, it is the same culture as me." People and their relatives praised the service for providing care in a culturally sensitive environment.
- There was a long standing registered manager in place who understood the ethos of the organisation. She had a good understanding of the cultural and spiritual needs of people using the service and their relatives. She encouraged staff to deliver care and support that was in line with these needs.
- Staff told us they felt supported by the registered manager and told us they worked well as a team to meet people's needs. They said, "[Registered manager] is more like a friend than a manager, she speaks to us individually and helps us out if there are any problems" and "Without teamwork the work is not possible. We help each other. If they need help in the caring side, I will help."

Working in partnership with others

- The provider worked with a number of local authorities community health and social care teams. This included commissioners, GP's, therapy teams and community nursing teams, such as advanced nurse practitioners and diabetic nurses. This collaborative working helped to ensure that people received appropriate care with support from specialist services as required.
- The provider was linked to the local temple and supported people to attend the centre or arranged for visitors to come to the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not established and operated effectively. Regulation 17 (2) (a).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively.