

Eton Care Ltd

# Hornbeam House

## Inspection report

Hornbeam  
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Tel: 01923517068

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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

This comprehensive inspection took place on 15 August 2018 and was unannounced.

The last comprehensive inspection took place on 31 January 2018. The service was rated inadequate in the key question, 'is the service Safe?' and requires improvement in the key questions, 'is the service Effective? Responsive? and Well Led?' We found six breaches of regulations relating to the need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and staffing. Following the inspection, we asked the provider to complete an action plan to show what they would do and by when they would improve the key questions of 'Is the service Safe, Effective, Responsive and Well Led?' to at least good. At this inspection we found the provider had made some improvements but not enough to fully meet the regulations.

Hornbeam House is a residential care home for up to three people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection one person was living at the service. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The provider, Eton Care Limited, is a private organisation and currently has two locations in London.

At the time of the inspection, there was not a registered manager in post. However, someone had been appointed to the role of manager and were starting work at Hornbeam in September 2018, at which time they would apply to become the registered manager. 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.

During the inspection, we found incident and accident forms were not always completed as required. We found body maps with no explanation as to what had occurred to cause an injury and with no corresponding incident forms. The action plan attached to the fire risk assessment for the home was not completed until after the inspection. This meant the risks associated with people's care and well-being were not always identified so these could be appropriately mitigated.

In addition, safe recruitment procedures were not always followed as robustly as they could have been to ensure staff were suitable to work with people as one staff member was missing a second reference.

Medicines were not always managed safely as the medicines administration records (MAR) were signed for by two staff, although most of the time, staff were lone working which meant someone was incorrectly

signing. Medicines competency testing had been completed for all staff, however only two staff were observed administering medicines. This meant the provider was not always following their medicines procedures.

We found that consent to care was not always sought in line with the principles of the Mental Capacity Act (2005) as mental capacity assessments were not decision specific and we saw a relative had signed consent forms when they did not have the legal right to do so. A best interests decision meeting was held after the inspection. We recommended the provider follow the principles of the Mental Capacity Act (2005) to make sure people's rights are respected.

The person received personalised care that was responsive to their needs and staff involved them and their relatives as appropriate. However, we did not see the initial assessment for the person and the file did not include end of life wishes, although the manager emailed a completed form to us after the inspection.

We saw a complaints procedure but not a policy and complaint forms were not in an accessible format. There were no recorded complaints, although we were aware a complaint had been made. This meant there was no evidence of how the provider addressed complaints, learned from them and improved the service.

The service had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people. However, these were not always effective as not all risks had been assessed and mitigated. Additionally, checks carried out on care records had not identified the way in which some of the consent forms had been completed.

Staff we spoke with knew how to respond to safeguarding concerns and there were procedures for reporting and investigating allegations of abuse and whistleblowing.

The premises were well maintained and there were systems in place to identify any repairs needed. Staff we spoke with understood how to manage infections and wore appropriate protective equipment to reduce the risk of the spread of infection.

Staff had completed relevant courses and received supervision which helped to provide staff with the skills and knowledge required to deliver effective care

The person's dietary and health needs had been assessed and recorded and were met.

The person was treated with dignity and respect and we observed staff communicated with care and encouragement.

Staff told us the manager was available, listened to them and took action where necessary to act on their suggestions or concerns.

The provider received feedback and shared information through team meetings and completed satisfaction surveys.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, receiving and acting on complaints 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?

The service was not always safe.

The provider did not ensure incident and accident forms were always completed appropriately to enable these to be analysed as necessary. The provider did not have a fire risk assessment action plan at the time of the inspection.

The provider did not demonstrate they were always following safe recruitment procedures to ensure staff were suitable to work with people.

We found some shortfalls with the way medicines were being managed and the competency assessments of staff to manage medicines.

Safeguarding and whistleblowing policies were in place and staff followed these and knew how to respond to safeguarding concerns.

Staff had undertaken infection control training and procedures were in place and followed by staff.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

The provider did not always act in accordance with the requirements of the Mental Capacity Act (2005) regarding consent to care.

We did not see an initial assessment form detailing people's needs when they were admitted to the home but we saw the care plan was person centred.

Staff were supported to develop professionally through, training and supervision.

The person's dietary and health needs had been assessed and recorded.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

The person using the service was treated kindly and with respect.

Care plans identified the person's needs and preferences and provided staff with guidelines to care for the person in a way that met their needs.

Care workers supported the person to have choice around day to day decisions.

### Is the service responsive?

The service was not always responsive.

The provider did not demonstrate that complaints were being appropriately managed as there was no evidence where a complaint had been lodged, of an investigation, outcome or learning to be used to improve the service.

The care plan included the person's preferences and guidance on how to support them.

Advanced wishes for end of life care was not recorded at the time of the inspection but was completed after the inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

The provider had data management and audit systems in place to monitor the quality of the care provided. However, these were not always effective as they did not identify the concerns raised at the inspection.

Relatives and staff were able to approach the manager to discuss any aspects of their work or care and felt supported.

Relatives and staff had the opportunity to provide feedback to improve service delivery.

**Requires Improvement** ●

# Hornbeam 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.

The inspection took place on 15 August 2018 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we looked at the information we held on the service including notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's safeguarding team and quality assurance team to gather further information about their views of the service.

During the inspection we spoke with one person using the service, two care workers and the manager. We viewed the care records of one person using the service and five care workers files that included recruitment and supervision records. We looked at training records for all care workers. We also looked at medicines management for the person who used the service and records relating to the management of the service including service checks and audits.

# Is the service safe?

## Our findings

At the inspection on 31 January 2018, we identified a breach of regulation relating to safe care and treatment. This was because the provider did not always have working safeguarding systems and processes to protect people from abuse, incidents and accidents were not always recorded and medicines were not always managed safely. Following the inspection, the provider sent us an action plan to tell us what they would do to address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider had made a number of improvements but was not yet fully compliant with the regulation.

During the inspection we saw body maps that were completed on the 23 and 24 June 2018 which indicated the person using the service had marks on their body but the body maps or other records such as the incident forms did not say how the person received them or what preventative measures had been put in place for the future. The manager spoke with the staff who completed the body maps and reminded them of the need to complete incident forms as well.

The manager advised us that most incidents occurring at the service were associated with a behaviour that challenged the service and these were recorded on ABC (antecedent, behaviour, consequence) charts rather than incident forms. The person also had a Positive Behaviour Support Plan (PBS) in place. This recorded likes, dislikes, triggers that might cause a certain reaction and strategies to manage the behaviour. This was scheduled to be reviewed every three months or when an incident occurred.

We saw a fire risk assessment for Hornbeam House dated 25 April 2018, but the action plan to address areas that had been identified for improvement had not been completed. After the inspection, the manager emailed us an updated action plan with both completed and outstanding works to be finished.

This was a repeated breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had some checks in place to ensure the environment was safe. These included fire alarm, smoke detector, fire extinguisher and emergency lighting checks. Maintenance checks were also up to date including electrical and gas safety checks. The person using the service had a personal emergency evacuation plan with guidance on how to evacuate the building and the last fire drill was undertaken in March 2018. The weekly environmental check ensured that all areas of the home were clean

We saw the person using the service had risk assessments and risk management plans in place to minimise the risk to them. Assessments included the PBS, travelling in a vehicle to access the local community and personal care.

At the inspection on 31 January 2018, we identified a breach of regulation relating to staffing. This was because the provider did not employ permanent care workers which meant there was a lack of consistency. This had a direct impact on people using the service as there was not always enough staff available to support people in the community and there was a high staff turnover within the home. Following the

inspection, the provider sent us an action plan to tell us what they would do to address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider had made improvements.

Staffing was based on people's needs and at the time of the inspection, there was one person using the service who had one to one support 24 hours a day. Since the last inspection, the provider had hired an activity coordinator who worked two days per week and a manager who was due to come into post in September 2018. In the meantime, there was an interim manager providing support and managing the home. The interim manager told us that they were advertising for new care workers and the provider planned to have a permanent staff team.

We saw the agency care workers had personal profiles that provided information regarding their criminal record checks, what training they had undertaken and the right to work in the UK, if applicable. Some agency care workers had been working at the home consistently over a long period of time and this provided some stability. A relative told us, "The care [staff member] gives is incredible but we want more full time staff."

There were recruitment procedures in place to ensure only suitable permanent staff were employed. We saw a completed application form and evidence that gaps in employment had been explored and recorded. We also saw the applicants' proofs of identity and permission to work in the UK if required and criminal record checks. However, we saw one member of staff had only one reference which meant checks had not been completed as fully as possible to ensure the staff member was suitable to work with the person using the service.

Medicines were stored appropriately in a locked medicines cabinet and were delivered by the pharmacist weekly. The weekly checks of stock balances of medicines were consistent. Medicines audits were completed weekly by the manager and checked the supply, storage, administration and recording of medicines. There was a medicines policy and PRN (as required medicines) guidance on administering medicines so staff could ensure they were following the correct procedures.

We saw that the medicines administration records (MAR) were signed for by two staff, although most of the time, staff were lone working which meant someone was incorrectly signing without having seen the medicines administered. The manager told us they would discuss with staff how to correctly sign the MAR charts.

Medicines management competency forms had been completed for all staff, however only two staff had been observed administering medicines as part of the competency testing. We discussed this with the manager and they agreed that competency testing needed to be observed, not just discussed to effectively assess staff competencies to manage medicines.

Staff we spoke with understood infection control procedures and spoke about preparing and storing food correctly and using personal protective equipment (PPE) such as disposable gloves and aprons to negate any risk of cross-infection.

At the inspection on 31 January 2018, we identified a breach of regulation relating to safeguarding service users from abuse and improper treatment. This was because the provider did not have clear safeguarding adults guidelines and also because safeguarding incidents were not correctly logged, investigated or monitored. Following the inspection, the provider sent us an action plan to tell us what they would do to address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider had made improvements.

There were systems in place to help safeguard people from abuse. However, we saw an identified risk around finances because the person using the service was unable to manage their finances and the risk management plan explained how the staff could minimise the risk, for example, by supporting the person to withdraw money and providing a lockable, secure place to keep the money. Although there was a ledger, receipts were recorded, two staff always signed the money in and out and the money balanced with the ledger, there were no recorded audits. The manager agreed audits were something they would implement.

The provider had safeguarding and whistleblowing policies in place and visible flow charts to provide staff with guidance on what action to take if a safeguarding concern arose and who to contact. Since the last inspection, there had not been any safeguarding concerns. Staff we spoke with could identify the types of abuse and told us, "I would ring the local safeguarding team and report it. If it was a crime I would report it to the police. I would report it to my manager and complete an incident and accident form" and "We have a local authority safeguarding number and we raise it with them. Report it to the manager." A relative told us, "Yes, I feel they are safe [at Hornbeam] so long as we have the carers who know [person] well."

# Is the service effective?

## Our findings

At the inspection on 31 January 2018, we identified a breach of regulation as the provider was not always working within the principles of the Mental Capacity Act 2005 (MCA). Following the inspection, the provider sent us an action plan indicating they would address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider had made some but not all the improvements they said they would make.

The 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. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that people's consent to care was not always sought from them before care and support was delivered. The person using the service did not have a mental capacity assessment specific to finances but the form to give authority to the provider to handle the person's finances was signed by a relative, who did not have a legal right to do so. After the inspection, we received information that a lasting power of attorney had been applied for and the manager confirmed they had arranged a best interests meeting in relation to the person's mental capacity to make decisions regarding their finances. We saw evidence that a best interests decision had been made by the psychiatrist, regarding the administration of the person's medicine.

We recommend that the provider follow the principles of the Mental Capacity Act (2005) in all cases to make sure people's rights are respected.

The person using the service had a DoLS authorisation in place and a relative was acting as their representative. The time to renew was put into the calendar with calendar alerts to prompt staff and CQC had been appropriately notified of the authorisation.

Staff had undertaken training and understood the principles of the MCA (2005). They told us, "Do not think the person can't make their own decisions. Decisions are for different things. Like [person] couldn't choose everything for their room, but they made some choices. For example, pictures to do with the seaside after their holiday. We give people the information to make these choices" and "When we are working with [person] we assume they have mental capacity and we give them things to make choices for themselves. For example, toast or cereal for breakfast. We have to show [person] their clothes so they can be able to choose."

The initial needs assessment for the person using the service prior to their admission could not be located. There were also no new people who had moved to the home in the last year. We were therefore not able to see the needs assessment of people being admitted to the home. The manager told us they would carry out an assessment of people's needs where they were referred to be admitted prior to accepting to admit them. We noted the person using the service had been placed by a clinical commissioning group (CCG) which also provided some information and assessments. The person's support plan and risk assessment included assessments of their care needs and how to support them and a family member said they were involved in the care planning process.

Staff had completed relevant courses which helped to provide them with the skills and knowledge required to deliver effective care. This included safeguarding, whistle blowing moving and handling, food safety, fire training, COSHH infection control and medicines. The provider had a written protocol for inducting new staff. The manager had re-inducted agency staff already employed with the service which included going through relevant policies and procedures with them. Staff files indicated inductions had been completed and care workers were supported to develop professionally through supervisions. A staff member said, "I get supervision monthly. You can see some change. It is so helpful. It keeps us informed of changes. It takes time but we are moving forward. We talk." A relative said, "All of us in the family could not speak more highly of [staff member]. He's given us tips. When [person] is having a bad day, [staff member] is very patient. He is qualified to do the job."

Staff worked well together. They had a communication book to share relevant information that was read at the beginning of each shift. There was also a handover between shifts so staff knew what had happened on the previous shift and what was required of them each day.

The person using the service was supported to maintain a healthy diet and feedback from the family included that they looked physically well. Staff did a weekly shop and bought culturally appropriate food for the person using the service. Culturally appropriate recipes were also provided so staff not familiar with the dishes were able to make them. The person could help themselves to snack foods, fruits and drinks received staff support where required.

We saw evidence that the person's day-to-day health needs were being met including a letter dated April 2018 from the psychiatrist giving a positive account of the person's progress and indicated they were maintaining their mental health needs. We saw the person was supported to various medical appointments and that they had a completed hospital passport which provided relevant information that medical staff might need to know about the person. We also saw the CCG undertook a placement review in February 2018 to monitor the person's progress. An area of concern they noted was the use of agency care workers and the lack of permanent staff.

The home provided a clean and spacious environment which suited the person using the service. However, family commented that it would be nice if it was a little more personalised and less plain. There was enough space to do activities or to meet with visitors, including a large accessible garden. Inside there was a sensory room and the person using the service had recently decorated their room to their own taste.

## Is the service caring?

### Our findings

We observed positive and encouraging conversations between the person using the service and the staff. A relative we spoke with was pleased with how the staff responded to the person and said, "[Person] loves it there. They have had their room done up and [person] has never looked better or fitter. Their mental health has also improved." They went on to say, "They [staff] involve [person]. For their room, they chose all the stuff. Where they went on holiday, [person] chose the seaside and loved it. Staff involve [person] in decision making and I would say they have a choice."

The person using the service showed us roses they had chosen for a flower bed created for them in the home's garden and the things that they had bought with staff for their bedroom, which indicated that they were involved in having choice and control over day to day decisions. They also had lots of CDs and liked to listen to their choice of music.

The staff team were able to cook culturally appropriate meals for the person through recipes and one staff member was creating a photo gallery of actual meals the person had eaten so they could use the pictures to indicate what meal they wanted.

We observed staff asking the person what they would like to do, for example if they would like to water their garden, and the person responding to staff positively. When a decision had been made staff were consistent in explaining to the person when and how the activity would happen. For example, on the day of the inspection, the person went out for lunch and staff were clear in explaining all morning about when and where they would go at lunchtime. When the person returned they said they enjoyed lunch and with the help of staff said they had been chatting with other people in the restaurant.

We saw the person attended events in the community. Staff had arranged for them to attend their place of worship once a week and had introduced them to the religious leader. The person was also supported to go to a disco monthly and staff told us this helped to facilitate them engaging with other people and potentially developing friendships.

Staff we spoke with understood about privacy and dignity and one staff member had enrolled in a 'Dignity Champion' course. Staff told us they respected the person's private time in their bedroom and knocked before entering. Comments from staff around providing personal care included, "I would ask them what they want and give them choice, for example, a shower or bath and how to dress. Privacy is really important. Shut the doors and knock on doors before entering" and "With personal care make sure the person is safe and that they understand what we are doing. We ask [person] in advance what they would like, so they know what I'm doing. We support [person] with the things they can do and help with other things like brushing their teeth."

When we asked staff how they encouraged independence, they said, "We promote independence. We are teaching [person] to use the key to the door, wash, and they bake with staff and family. They will put on their own shirt but staff will help them with the buttons. When I first met [person], they couldn't drink from a glass."

Today we walked to the pub and they had half a pint. They have achieved something."

The record entitled, 'This is My Support Plan' had easy read pictures beside the written headings to indicate what the section was about. The interim manager also told us they were updating the complaints policy to an easy read format, so it would be accessible to people using the service.

## Is the service responsive?

### Our findings

At the inspection on 31 January 2018, we identified a breach of regulation as the provider was not always acting on complaints. Following the inspection, the provider sent us an action plan indicating they would address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider was still not fully compliant with the regulation.

We viewed the complaints file and found no complaints had been recorded, although we were aware the provider had had a complaint since the last inspection. The provider showed us emails to indicate correspondence around the complaint, however there was no formal record of the complaint that included how the complaint was acknowledged, investigated and responded to? There was also no information on how the complaint was responded to and if there was any learning from the complaint. This meant there was no evidence to show that complaints and concerns raised by people and relatives had been responded to appropriately and action had been taken to improve the service as a result of these. We discussed this with the Nominated Individual who agreed processes may not have always been followed but expected the new manager to ensure processes were correctly followed.

This was a repeated breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did not see a complaints policy but the provider did have a complaints flow chart to tell people how to make a complaint. This was not available in an easy read format but the manager told us they were reviewing the service user handbook and would include an easy read complaints form. We also saw a comments and compliments box anyone could access.

A relative told us they had made a complaint in the past and management had responded to the concerns and the complaint had been resolved.

The person using the service received personalised care that was responsive to their needs and the staff involved them and their relatives in their care as appropriate. A relative told us, "They do involve us in critical decisions" and "I get a report each week to tell me what [person] has done." The person's care plan contained their preferences such as being cared for by a male or female carer and what leisure activities / entertainment they enjoyed. In addition, daily logs were completed by staff which recorded what activities the person had done that day and what their mood was like. The daily logs indicated the person was receiving support in line with their care plan.

The person also had a list of suggested activities. Activity times were divided into four slots per day and included both domestic tasks to help the person develop independent living skills to help the person develop independent living skills and leisure activities. An activity monitoring sheet recorded what the session was, the response from the service user and the changes for next session (if required). Activities included a monthly disco, going to the pub, gardening, music, spending time in the sensory room and visiting family. A relative told us, activities had improved recently, as previously [person] had not been going

out as much as they would have liked.

The care plan was written in a person-centred manner with clear guidelines for staff on how to support the person and meet their needs. The care plan did not record any information about end of life care and this had not been considered as part of the care planning process. However, after the inspection, an end of life wishes record was completed with the person for their file.

## Is the service well-led?

### Our findings

At the inspection on 31 January 2018, we identified a breach of regulations relating to good governance. This was because the provider did not always have up to date policies and procedures or effective systems for assessing the quality of the service and identifying risks. Following the inspection, the provider sent us an action plan indicating the action they would take to address the identified breach by May 2018. During the inspection on 15 August 2018, we found the provider had made a number of improvements but was not yet fully compliant with the regulation.

The provider had quality assurance systems and carried out a range of checks, however, these had not identified the concerns we found at this inspection so the provider could make the necessary improvements to their service. They had also not fully addressed the areas for improvement they had identified in their action plan which they had submitted after the last inspection.

The provider's quality systems had failed to identify that incident and accident forms were not always completed appropriately, one staff member was missing a second reference, the MAR was being signed incorrectly and complaints were not being addressed according to the provider's own complaints process.

We also found that finance audits were not being undertaken, medicines competency testing was not always robust and we saw that the action plan for the fire risk assessment had not been implemented was not in place until after the inspection.

For the above reasons we concluded that the provider's quality assurance processes were not always effective and that there was a repeated breach of Regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since opening the service, the provider had not had a permanent staff team, and this lack of stability was of concern to the family of the person using the service, although they said that they had always been able to contact someone if needed.

A new manager was coming into post in September 2018 and one relative commented, "I am absolutely delighted the new manager is starting and he is keen to get full time staff which for us is the main thing." Staff we spoke with said they felt supported by management but acknowledged the changes in management meant there was a lack of consistency. However, they felt positive about moving forward with a new permanent manager.

The provider received feedback from staff and shared information through team meetings. Staff told us, "I speak with [manager]. She listens. Concerns I have raised, she has taken action and we have worked on it" and "I absolutely get support. It's been good because I feel things are happening. I hope the new manager will be enthusiastic and take things forward."

The provider had also completed feedback surveys with the family of the person using the service and in

response to the feedback had made changes and begun a newsletter to keep families informed of changes and events.

We saw evidence the provider worked with a number of other professionals including the learning disabilities team, the local authority's quality assurance team and the GP to ensure a good level of care was delivered to the person using 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  The provider did not assess the risks to the health and safety of service users or so all that was reasonably practice to mitigate the risks.  Regulation 12 (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  The provider did not operate an effective system for handling and responding to complaints.  Regulation 16 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not always have effective systems to assess, monitor and improve the quality and safety of the service.  Regulation 17 (1)(2) (a)