

# The Willows Residential Care Home Limited

## The Willows

### Inspection report

38-39 Westminster Road  
Coventry  
West Midlands  
CV1 3GB

Tel: 02476220161






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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>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection site visit took place on 3 January 2019 and was unannounced.

This was the first time The Willows had been inspected under its current registration. The home had previously been registered under a different provider and had a different registered manager.

The Willows 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 home provides accommodation with personal care for up to 32 older people, including people living with dementia. It does not provide nursing care. At the time of our visit 24 people lived at the home. Accommodation is provided in a two-storey adapted building. The home is located in Coventry, in the West Midlands.

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

The service did not have a 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. The provider had appointed a manager who had applied to register with the Care Quality Commission (CQC). They had been in post since October 2018.

People and relatives spoke highly of staff who they felt were kind and had a positive attitude towards their work. Staff felt valued and supported by the manager. People, relatives and staff felt listened to because they had opportunities to provide feedback about the service.

People felt safe living at The Willows and staff were available when people needed them. The manager and staff understood how to protect people from the risk of abuse and their responsibilities to raise any concerns. Medicines were mostly managed and administered safely.

Some care plans did not contain accurate, detailed or up to date information. Action was being taken to address this. Relatives were involved in care planning and were confident staff had the skills and knowledge needed to meet their family members needs safely.

The provider's recruitment procedures ensured staff were of a suitable character to provide care and support to people who lived at the home. Staff received an induction when they started working. A programme of on-going training supported staff to meet people's needs effectively. Complaints were managed in line with the provider's procedure.

People were supported to maintain important relationships and their visitors were welcomed at the home. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

The provider's systems to check, monitor and improve the quality and safety of the service provided, including the management of risk were not always effective. People and relatives spoke positively about the way the home was managed and the service people received.

People received the support they needed to meet their nutritional needs and had access to health care services when needed. The manager and staff worked in partnership with other health professionals to support people to maintain their health and well-being.

People's right to privacy and dignity were respected by staff and their independence, where possible, promoted. Staff knew the people they supported well. Some activities were available which people could choose to take part in. However, improvement was needed to ensure activities were meaningful and reflected peoples interests.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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?

**Requires Improvement** ●

The service was not consistently safe.

People felt safe living at the home. Staff were available to support people when needed. Systems and processes to manage risk associated with people's care and the environment were not always effective. Medicines were mostly safely managed. Staff were recruited in line with the provider's procedure. Infection control practice within the home environment required improvement. The management team and staff understood their responsibilities to safeguard people from harm.

### Is the service effective?

**Good** ●

The service was effective.

Staff completed and induction and on-going training to ensure they had the knowledge and skills to deliver safe and effective care to people. The manager understood their responsibilities under the Mental Capacity Act (2005) and staff worked within the principles of the Act. People received the support they need to meet their nutritional needs and had access to health care services when needed.

### Is the service caring?

**Good** ●

The service was caring.

People received their care and support from staff who were kind and caring. Staff prompted people's rights to privacy, dignity and independence. Visitors were welcome at the home which enabled people to maintain relationships that were important to them. People made decisions and choices about their daily lives.

### Is the service responsive?

**Requires Improvement** ●

The service was not consistently responsive.

Some people's care plans lacked the information staff needed to provide personalised care. This was being addressed. Despite omissions in records staff knew the people they supported and were responsive to their needs. Opportunities for people to

engage in meaningful activities of interest were limited. Relatives were involved in planning their family members care. Complaints were managed in line with the provider's procedure.

**Is the service well-led?**

The service was not consistently well-led.

The provider's systems to monitor, review and improve the quality and safety of the service were not always effective. People and relatives spoke positively about the service provided and the way the home was managed. Staff felt supported and valued by the manager. The manager had begun to identify and make improvements.

**Requires Improvement** 

# The Willows

## 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 visit took place on 3 January 2019 and was unannounced. The inspection team consisted of two inspectors and an assistant inspector.

Before our visit, we reviewed the information we held about the home. We had received information about 'insufficient' staffing levels and concerns about the quality of care at the home, which we checked during our visit. We also reviewed the statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted the local authority commissioning staff to gather their views of the home. They told us they had identified some areas that required improvement and were working with the home in relation to these. Commissioners are professionals who may place people at the home, and fund people's care.

During our inspection visit we spoke with seven people, six relatives of people and two health care professionals. We also spoke with the manager, five care staff, the cook and the maintenance person.

We looked at four people's care records and other records related to people's care, including medicine and risk management records. This was to see how people were cared for and supported and to assess whether people's care delivery matched their records. We reviewed three staff files to check staff were recruited safely and were trained to deliver the care and support people required. We also looked at records of the checks the provider and management team made to assure themselves people received a good quality service.

# Is the service safe?

## Our findings

During our visit we checked to see if the service was safe and have given a rating of 'Requires Improvement.'

The provider's procedures to identify and minimise risk related to people's care, the premises and equipment were not always effective. The manager told us they had identified risk assessments needed to be improved prior to this inspection. They had started to address the short falls relating to this.

Risk assessments we reviewed did not always provide staff with the information needed to effectively manage, reduce or eliminate risks. For example, one risk assessment identified a person was at risk of harm because their pendant alarm could get tangled in their clothing or around their neck. The agreed action to manage this risk was for staff to regularly check the person to make sure they remained safe. Other ways for the person to alert staff when they required assistance had not been explored or considered. The manager assured us this would be addressed.

Another person had recently experienced a number of falls. Accident and incident report forms had been completed but the information had not been effectively analysed or used to complete a falls risk assessment. This meant action had not been taken to look at how to reduce and mitigate the known risk and improve outcomes for the person.

We saw free standing radiators were in use in people's bedrooms and in communal areas of the home. Discussion with the manager confirmed risk assessments for these had not been completed. We were concerned the use of these radiators presented a potential risk to people, visitors and staff due to trailing wires and the possible hot surface temperature of the radiators. The manager took immediate action to address our concerns and following our inspection confirmed this had been completed.

People told us they felt safe living at The Willows. One person explained this was because staff always responded quickly when they pressed their call bell for assistance. A relative told us they felt 're-assured' because the security at the home (front door being locked) kept their family member safe. They explained their relation was living with dementia and did not understand the potential risks associated with going outside the home without supervision.

The home was generally clean and tidy. Discussions with staff assured us they understood their responsibilities in relation to infection control, including using and safely disposing of single use gloves and aprons when undertaking personal care.

However, good infection control practices were not consistently followed. We saw the communal toilet people used did not contain a sink. Instead people used the facilities in a bathroom located next to the toilet to wash their hands. The toilet did not have a toilet roll holder and people had to pick up the toilet roll off the floor. This created a potential risk of cross infection. The manager assured us toilet roll holders would be purchased and fitted as a priority.

Staff understood their responsibilities to safeguard people from harm. When we asked staff what they would

do if they saw a person was at risk of harm, they explained they would make sure the person was safe, and then report what they had seen to management. They went on to say if management did nothing about their concerns they would take it higher to the local authority or CQC. One member of staff said, "If I see it, trust me, I will address it."

Records showed staff were recruited safely which minimised the risk of employing unsuitable staff. Prior to staff working at the home, the manager checked their suitability by obtaining references from previous employers and checking whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. Newly appointed staff confirmed they were not able to start working at the home until all pre-employment checks had been received by the manager.

There were enough staff to meet people's needs. When we arrived at The Willows at 7.30 am five care staff were on duty caring for the 24 people who lived at the home. We saw nine people were up and dressed and sat in one of the living rooms having a drink. Staff told us this was people's choice because they were 'early risers'. Staff explained other people who were awake had been asked if they would like to get up for a drink and breakfast, but had chosen to remain in bed. People confirmed this. One told us, "Today I wanted to sleep a bit longer."

During our visit we saw people's needs were met in a timely way by staff. A visiting health care professional told us they felt staff at The Willows gave really good care, and whenever they heard the 'buzzer' going off, it was always responded to quickly. We found this was the case during our inspection visit. Relatives agreed. One relative who made weekly visits to the home commented, "There are always plenty of staff."

Medicines were mostly managed safely. Records confirmed people received their medicine from senior care workers who had completed medicine administration training, and whose practice was observed by management to ensure they remained safe to manage and administer medicines.

The provider had recently introduced an electronic medicine monitoring system to improve the way medicines were managed. One of the senior care workers used the system whilst administering medicines to people which supported them in administering medicines safely. The senior care worker checked with people before administering their medicines that they wanted them; and then discreetly checked that people had swallowed them before they were marked on the system as administered.

The medicines ordering system gave staff time to check the right medicines had been ordered and delivered so the risks of people going without their medicines were minimal. However, some prescribed creams and lotions in people's bedrooms did not have an open or use by date. This meant we could not be sure these items were being discarded and re-ordered in line with the manufactures instructions.

The healthcare professional from the district nursing team told us staff reminded them to order prescriptions to ensure people's needs were met. We checked a sample of medicine records and found staff had accurately recorded medicines people had received in line with good practice.



# Is the service effective?

## Our findings

During our visit we looked at the effectiveness of the service and have given a rating of 'Good.'

Prior to moving to The Willows, the manager completed an initial assessment of people's needs. The manager told us, "I need to meet the person and their family so I can assure myself we can meet their needs." Assessments we reviewed contained information about people's capacity, levels of independence and support needs. Records showed people and their families had been involved in the assessment process.

People and relatives felt confident staff had the skills and knowledge needed to meet their needs. One relative told us this was because they had observed the way in which staff provided support to their family member who required specialist equipment and support from staff to move safely. This reflected our observations during the inspection.

Staff told us they had completed an induction when they started work at the home. This included working alongside experienced staff and completing training the provider considered essential to meet people's needs. Recently recruited staff confirmed they had been given sufficient time during their induction to understand the homes procedures, and to get to know the people they cared for.

However, the provider's induction for new staff did not include completing the Care Certificate. The Care Certificate was introduced in 2015. It assesses staff against an agreed set of standards during which they have to demonstrate they have the knowledge, skills and behaviours expected of specific job roles in social care sectors. This meant the provider was not working in line with nationally recognised guidance for effective induction procedures. The manager told us this was being addressed.

Staff told us they were supported to further develop and update their knowledge and skills through on-going training. This included training the provider considered essential to support people's safety such as training to move people safely, safeguarding and first aid. One member of staff told us they had informed the new manager they would like to apply for a senior position. In response to this, the new manager had supported them to start a level 3 diploma in health and social care. Another staff member told us they had just completed a level 2 diploma.

The manager used a training matrix to monitor and plan staff training. However, we found the record was not up fully completed, accurate or up to date. The manager explained this was because the staff member responsible for updating the training matrix was newly appointed and was still learning their role. They assured us this was being addressed.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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. Records showed the manager had submitted DoLS applications to the local authority (supervisory body), in line with the legislation. Staff were aware that people's rights to leave the home were restricted to keep them safe.

Staff understood the principles of the MCA, including the importance of gaining consent from people before they undertook any care practice. For example, on two occasions we saw a person declined to take their medicine. When the staff member returned for a third time the person gave their consent for staff to administer their medicine.

Care records contained information about people's capacity to make decisions. Where people had been assessed as not having capacity to make complex decisions, records showed who had the legal authority to make decisions in the person's best interests.

People were supported to meet their nutritional needs to maintain their health and wellbeing. Where people had specific dietary requirements, for example soft or gluten free meals these were known to staff and appropriate choices were offered. People spoke positively about the quality and choice of food available. One person described the food as 'smashing'.

At breakfast and lunchtime, staff were available to assist people if they needed support. People were offered plate guards, adapted cutlery and clothing protectors and meals were nicely presented. People enjoyed the meals provided to them. For example, one person chose to eat chicken curry and they told us they particularly enjoyed this meal. Earlier in the day the same person had described to us how they liked their porridge to be made. We saw staff made porridge the way the person liked it.

However, during lunch time we saw gravy was poured onto people's meals without them being asked if they wanted it. Also, meals were placed in front of people with no explanation about what food was on their plate. This was a concern because people chose their meals at breakfast time which meant people, particularly those living with dementia, may have forgotten what they ordered or may have changed their mind. People were provided with a choice of hot and cold drinks and snacks throughout the day, and if people requested more, staff were quick to provide these to them.

Staff worked in partnership with other health and social care professionals to ensure people received the support they needed. For example, records showed staff monitored people's weights and made timely referrals to healthcare professionals if a person lost weight.

We checked to make sure people's needs were met by the design and decoration of the home. Relatives spoke positively about the environment with one relative describing how the layout of the home with its hallways and lounges enabled their family member to move around freely. They told us this was important.

Décor in some areas of the home needed updating. The manager told us this was being addressed to create a more 'dementia friendly' environment, for example using directional signage, reminiscence pictures, wall art and wall murals.

# Is the service caring?

## Our findings

During this inspection, we found the service was caring and have given a rating of 'Good'.

People and relatives spoke positively about the attitude and caring nature of staff. People described staff as 'lovely and kind'. A relative explained they had chosen The Willows as their family member's new home because of the 'positive feeling' they got from staff. They added, "I will have nothing said about these girls, the rapport [person] has with them is good."

During our visit we saw staff were kind and caring. For example, one person told a member of staff they wanted a cuddle, and in response the member of staff gave them one. The person was seen to smile. They told us, "I like a hug." On another occasion when a person commented their hand was aching we saw a staff member sit by the person and gently rubbed their hand. The person smiled and said, "That's better now."

Staff were sensitive and responsive to people's needs. For example, one person became upset because they could not find their handbag. A staff member reassured the person and told them they would help them find their bag. A short while later we saw the staff member had located the person's handbag which the person was very pleased to be reunited with.

People were encouraged to make choices and decisions about how they spent their time and staff respected the decisions people made. For example, we saw one person chose to spend the day in their night clothes. The person told us they were having a 'lazy day'. We heard staff ask the person on a few occasions if they wished to get dressed but they chose not to.

Throughout our inspection we saw people choose where they wanted to sit, what they wanted to eat, whether they wanted to be in their bedrooms, and whether they wanted to take part in activities.

Staff understood the importance of ensuring people's privacy and dignity was respected and demonstrated this by closing doors and curtains whilst assisting people during personal care. A member of staff also told us about the importance of communicating to people what they intended to do next, as a way of respecting their dignity. We saw staff knocked on people's bedroom doors before announcing themselves and they waited to be invited in.

Staff really enjoyed working with the people who lived at The Willows and demonstrated they knew the people they supported well, including people's preferred terms of address, routines and likes. One member of staff said, "I can feel the joy here. I feel at home, and the residents are very wonderful people."

Staff recognised family and friends were an important part of people's lives. Visitors received a warm welcome on arrival at the home and throughout our visit the manager and staff chatted with visitors in a friendly and familiar manner.

Where possible, staff encouraged people to maintain their independence. For example, at lunchtime staff

provided support in an unhurried and respectful way to give people the time they needed to eat independently.

People's personal information was not securely stored. When we first arrived, we saw records containing personal information in a box on the floor in one of the communal lounges. The manager told us this was an 'oversight' because they were confident information was 'normally' kept secure.

## Is the service responsive?

### Our findings

During our inspection we looked at the responsiveness of the service and have given a rating of 'Requires Improvement'.

Some care records lacked detail and did not accurately reflect people's current needs, wishes, interests or preferences. The manager told us they were aware the information in care plans needed to be improved and they were acting to make improvements. They said, "Care plans are something we are working very hard on. When you read them, they need to be clear and accurate. My plan is to have them all updated by the end of January."

Care records we looked at that had been reviewed and updated provided staff with the information needed to provide individualised care, including detailed information about people's needs, life style choices and preferred routines. Relatives told us they had been involved in planning and reviewing their family members care.

Where people had specific communication needs care records contained guidance for staff on how best to support the person. For example, one person had been identified as being 'hard of hearing' but chose not to wear their hearing aids. Staff had been made aware of this so when speaking with the person they knew to raise their voices so they could be heard.

Staff told us they rarely had time to read care plans because they were busy providing care. Staff explained they gathered information about people and any changes to their needs through 'handover' meetings, and talking with senior staff.

Handover meetings took place at the beginning of each shift when the staff on duty changed where staff discussed the health and well-being of each person living in the home. For example, outgoing staff shared one person had been visited by their GP to check a concern they had noticed at the start of their shift. This showed despite omissions in records and limited time to read care plans staff passed on and received important information.

At the time of our visit the home was advertising for an activity worker. Staff told us in the absence of an activity worker they tried to provide activities. One commented, "We do our best but we don't have much time."

Staff engaged some people with group activities. However, these were not designed specifically for people living with dementia or linked to people's identified hobbies and interests. For example, one person spoke with us about the town they used to live in and travel abroad they had enjoyed. This information would have been useful in developing a meaningful reminiscence activity for the person but we found it had not been recorded.

People and relatives spoke positively about the way in which staff provided care and support. One relative

described how their family member had initially been unsettled when they moved into the home but because staff had taken the time to get to know the person's needs they were now settled. They added, "[Person] is always positive and happy..."

At the time of our visit no one living in the home was in receipt of end of life care. There were systems to ensure that if people did not wish to be resuscitated their wishes would be respected. Senior staff had access to information which informed them of who had DNACPRs (Do Not Attempt Cardio-pulmonary Resuscitation) in place should an emergency arise. This information was also stored on the electronic medicine management system.

We looked at how complaints were managed. Relatives told us they felt able to raise any concerns. One commented, "My eyes and ears are all over this place. If there is anything, they hear from me." They went on to tell us any concerns they had were quickly addressed, and they felt very able to speak with staff. They said their loved one was, "Absolutely fine in their [staffs] care."

We saw the provider's complaints policy was available in homes reception and in people's bedrooms. It informed people who they needed to raise their concerns with and what they could expect to happen if they raised concerns. Records showed complaints had been managed in line with the provider's complaint procedure. The home had also received several thank you cards from relatives about the care and kindness shown by staff to their loved ones.

## Is the service well-led?

### Our findings

During our visit we checked to see if the service was well-led.

This was the first inspection of the service with a new provider. The previous provider's registered manager had also left the service and a new manager had started working at the home in October 2018. Prior to their employment we were aware there had been concerns raised about the quality of care at the service.

On the day of our inspection visit people and relatives told us they were very satisfied with the service provided and the way the home was managed. One relative described The Willows as, "A first class home." A GP who regularly visited the home told us they felt the home 'ran smoothly'.

However, we identified areas where improvement was needed to ensure the quality, safety and continuous development of the service. Therefore, we have given a rating of 'Requires Improvement'.

The manager and provider completed a range of audits and checks to assess and monitor the quality and safety of the service provided, including checks of medicines, equipment and the environment. However, we found these were not always accurate or effective.

For example, an infection control audit in November 2018 had not identified toilet roll holders and bins were unavailable in some toilets which increased the potential risk of cross infection. A health and safety audit also completed in November 2018 incorrectly confirmed all windows had restrictors fitted which conflicted with our findings and presented a potential significant risk. The manager addressed this during our visit.

Where audits had identified areas for improvements timely action had not been consistently taken to address these. For example, a management audit had identified the need to purchase a 'spillage kit' to ensure, any spillages of body fluids were safely managed. A request to purchase a kit had been sent to the provider in November 2018 but at the time of our inspection the request had not been responded too.

Some quality auditing processes were not sufficiently detailed to enable them to be effective. For example, the audit tool used to check medicines did not included checking prescribed creams or lotions (topical creams) kept in people's bedrooms. This is important because the use of topical creams after the use by date can reduce effectiveness and affects the manufacturers full safety guarantee.

The home did not have an emergency contingency plan to provide staff with the information they needed to support people safely if they were unable to return to the home in the event of a fire, or other emergencies. This was of particular concern because we had been notified in September 2018 that a fire that had occurred at the home. Whilst no one had been harmed as a result of the fire we immediately raised our concern with the manager. They provided assurance an interim plan would be devised. After our visit we received confirmation a detailed plan was in place and had been communicated to staff.

This was a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. Good

governance.

The home did not have a registered manager. However, the provider had appointed a manager who had applied to the CQC to become the registered manager for The Willows. 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.'

Since taking up post in October 2018 the manager said they had been supported through telephone discussions with the provider and daily visits from the provider's Care Quality Manager. The manager also spoke positively about the guidance and support they had received from a local authority contract monitoring officer which they said they valued.

The manager described how networking and attendance at meetings with other registered managers was enabling them to develop their knowledge and understanding of legislative and regulatory requirements such as, The Accessible Information Standards (AIS). They told us this was invaluable because whilst they had worked in a range of social care settings this was their first home manager position. The manager said, "It's a big learning curve but I am determined to get the best for the residents (people) and staff."

We found whilst the manager had only been in post for a short time they had begun to identify and make improvement to the service. Regular meetings with people and relatives and individual meetings with staff had been introduced. Some changes had been made to the environment to make it more 'dementia friendly' and care plans were in the process of being reviewed and updated. Observations of staff practice were also being planned.

During our inspection visit the new manager was open and transparent. They were aware further improvement was needed and explained they had not yet had the time, or sufficient resources from the provider to achieve the improvements as quickly as they had wanted. They told us, "So much needs to be put right but I don't feel I am always able to prioritise in a timely way with the resources I've got." The manager told us they had discussed this with the provider.

Staff were supported by the manager. One member of staff informed us the staff group had voted the manager as 'employee of the month' because of the support they had given them. They said, "She is willing to try new things. She listens to staff, and she involves herself more with residents." Another told us, "[Manager] is amazing. The atmosphere has changed. She doesn't make you feel like you are at the bottom. She makes you feel you are important. I didn't feel heard by the other manager. I feel she values what you say, she is really supportive."

The provider operated an 'on-call' system to support staff outside of normal office hours. We saw contact details for the manager on call were displayed in the staff office and kitchen. Staff told us the system was effective because a manager was always available if they needed support or guidance.

The provider invited people and relatives to share their views about the quality of the service and any areas where improvement could be made through 'quality surveys'. An analysis of the latest survey in 2018 showed all respondents felt the home was welcoming, staff were friendly and the service provided was good. Where improvement suggestions had been made these had been actioned. For example, changes had been made to the way in which one person's laundry was managed.



This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured an emergency plan was in place to keep people safe in the event of a fire or other emergency.</p>