

Care South Fairlawn

Inspection report

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Date of inspection visit:
13 November 2018
14 November 2018

Date of publication:
01 February 2019

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

The inspection took place on 13 November 2018 and was unannounced. The inspection continued on 14 November 2018 and was announced.

The service is registered to provide accommodation and personal care for up to 60 older people. At the time of our inspection the service was providing residential care to 57 older people.

Fairlawn is a 'care home'. 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.

The service was not safe. Systems and processes were not always operated effectively to protect people from abuse and improper treatment. Medicines were not always managed safely and people were not supported in accordance with the provider's protocol following falls. This was a breach of the regulations

People were not protected from the risk of infection. The home was not clean and the fabric of the building was damaged in parts making cleaning difficult. Improvements were not always consistently followed or completed when things went wrong and lessons were learnt. This was a breach of the regulations. Staff had not received supervision and appraisals. This was a breach of the regulations.

Systems to monitor and improve the quality of the service were not fully effective. A number of quality monitoring systems were in place including audits and monthly visits by the operations manager. While these activities identified some areas for improvement they did not always result in actions being taken to improve safety or quality. This was a breach of the regulations.

Two people's DoLS authorisations had expired and applications had not been made in advance of the expiry date. This was due to a system failure. Staffing was not always arranged to ensure people's needs were met. Professionals and staff told us there were not enough staff.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. Feedback and observations of social and occupational stimulation within the home was mixed.

We have made a recommendation about helping people in care homes access activities that will improve their health and social wellbeing.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an

induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have choice and control of their lives.

People, their families and professionals described the staff as caring, kind and friendly and the atmosphere of the home as warm and inviting. People could express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People's, professional's and staff's feedback on the management at the home was positive. They described them as, approachable, supportive and professional.

During our inspection we found multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the registered provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Systems and processes were not always operated effectively to protect people from abuse and improper treatment.

There were not always sufficient staff deployed to meet people's care and support needs.

Medicines were not always managed safely.

People were not always protected from the risk of infection. The home was not clean and the fabric of the building was damaged in parts making cleaning difficult.

People were not supported safely following falls because local protocols were not always followed.

Improvements were not always consistently followed or completed when things went wrong and lessons were learnt.

People had risk assessments which identified individual risks they faced and provided actions for staff to manage these safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People were not supported by staff who had received supervisions or appraisals.

People's Deprivation of Liberty Safeguarding authorisations had expired and applications had not been made in advance of the expiry date.

People's mealtime experience was not always pleasurable.

People's needs and choices were assessed and consent to care was sought.

Staff told us they received enough training to carry out their

roles.

People were supported to access health care and dietary needs were met.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected their privacy and dignity.

People were supported by staff that use person centred approaches to deliver the care and support they provided.

Staff had a good understanding of the people they cared for and supported them in decisions about how they liked to live their lives.

Is the service responsive?

Good ●

The service was responsive.

Staff supported people in ways which responded to their changing needs.

People and families were involved in reviewing their care and support.

A complaints system was in place which recorded steps taken to resolve issues and outcomes. People and families were aware of who to raise concerns with.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems to monitor and improve the quality of the service were not fully effective.

Daily management walk arounds had been introduced but weren't always recorded.

People's, professional's and staff's feedback on the management at the home was positive.

People and staff felt involved in the service development.

The service worked in partnership with other agencies to provide outcomes for people

Fairlawn

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 was prompted in part by an increase in concerns regarding the quality and safety of the service.

This inspection site visit took place on 13 November 2018 and was unannounced. The inspection continued on the 14 November 2018 and was announced. The inspection was carried out by an inspector, an inspection manager and an expert by experience on day one and two inspectors on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 10 people who used the service and four relatives. We met with three health and social care professionals and eight staff.

We spoke with the registered manager, deputy manager, interim clinical manager and operations manager. We reviewed five people's care files, the medicine administration system, policies, risk assessments, health and safety records, incident reporting, consent to care and treatment, and quality audits. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people who live there. We observed meal times and an activity in the lounge.

We asked for information to be sent to us following the inspection which was received.

Is the service safe?

Our findings

People reported they felt safe. One person told us, "The feeling of someone always being around makes me feel safe". Another person said, "Staff make this a safe place to live". However, the service was not safe. Safeguarding processes did not protect people, there were not sufficient staff deployed to meet people's needs, medicines were not always managed safely and people were not supported safely following falls.

Systems and processes were not always operated effectively to protect people from abuse and improper treatment. The provider had a safeguarding policy and had made appropriate alerts and notifications when potential abuse had occurred. One person had been disproportionately restrained and subjected to unsafe and improper treatment. The person sustained significant bruising as a result of this incident. Following the inspection, the provider arranged for a review of this incident which concluded that no abuse had taken place. Another person had unexplained facial bruising which had been reported by their relative. The registered manager told us this bruising had not been reported to them by staff as expected. A safeguarding alert was raised following the relatives report. Following the inspection, the provider told us that staff had forgotten to report the unexplained facial bruising due to undertaking other duties.

Although staff had been trained in safeguarding adults and were able to identify types of abuse and the actions to take when abuse was suspected this knowledge and training had not always been implemented to ensure people were protected. For example, records had not been fully completed following these two incidents which meant systems and processes could not be operated effectively.

This was a breach of regulation 13 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

People were not always supported safely. A safeguarding record detailed that a person had been injured during an incident where they had been lifted into a bath by their arms and legs. This is not a safe procedure and placed the person and staff at risk of harm. However, we also observed staff supporting people to change position using a hoist safely.

People were not protected from the risk of infection. The home was not clean and the fabric of the building was damaged in parts making cleaning difficult. Carpets were stained and there was an offensive odour on the ground floor and there were holes in plaster work. The registered manager and a director thought the odour was associated with a nearby toilet. The operations report for September 2018 identified that carpets were stained in places and needed shampooing. This was highlighted again in October 2018 as an outstanding action, however this had not resulted in any action being taken by the provider. Following our inspection we have been told that the carpets have been reconditioned. A cleaning schedule detailed hand rails should be sanitised daily, we found a dead insect and a hardened substance on these rails. We raised these issues of cleanliness on the first day of our inspection by the end of day two only the dead insects had been removed.

Improvements were not always consistently followed or completed when things went wrong and lessons

were learnt. For example, the provider had introduced a new falls protocol in line with their incident and accident recording. This protocol was put in place following learning at another of the provider's services. The registered manager told us, "This tightens up the process and ensures people are kept safe".

The new protocol gave staff clear instructions, these included, an initial assessment and then 24-hour observational checks to be carried out. We reviewed incident reports for November 2018 and were told that the new protocol had been introduced at the start of the month to team leaders and senior care assistants. There had been three incidents of unwitnessed falls where the protocol had not been followed fully. Checks had not been completed or recorded for a full 24-hour period. These had all been signed off by the deputy manager who told us, "I should have identified these and will follow it up with staff". The deputy told us that the people involved were ok.

The risks associated with the management of anticoagulant medicines (medicines that thin the blood) were not managed appropriately. Changes in the dose of people's medicine were made following a telephone conversation rather than receiving the change in dose in writing which would be best practice. One staff member told us the procedure was for a second member of staff to witness the change of dose. Another member of staff told us the procedure was for one member of staff to make the change of dose. There was not a clear and consistent practice of changing doses, both of the practices described by staff were not consistent with best practice. Following the inspection the provider told us they had worked with the GP to ensure future changes of doses were confirmed in writing.

This was a breach of regulation 12 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Medicines were stored safely and kept in lockable storage and keys accessible only to authorised persons. Medicines were within expiry dates and kept in the original pharmacy packaging with label. Temperatures of refrigerated storage was checked daily and was within a safe range. Medicines requiring additional security were managed appropriately. Staff were aware of the actions to take in the event of a medicines error.

The registered manager told us that they used a dependency tool which was completed quarterly or more often if necessary. The tool was used to support the registered manager determine the numbers of staff required. This was last completed in September 2018. The registered manager told us they were confident that there were enough staff on each floor and said, "If there are any particular reasons why we may need extra staff for example, a person is in crisis head office are flexible and would agree this".

Staffing was not arranged to ensure people's needs were met. Professionals told us there were not enough staff. One professional said that staff only had time for personal care. Another professional told us, "I don't think they have enough staff on the second floor for those with dementia. I feel behaviours could be managed better if there were more staff, not that what staff do is wrong".

Staff did not consider staffing was sufficient. One staff member told us, "Not always enough staff. This means we have to work harder and results in people not always getting washed and dressed before breakfast. Turns into more task led work". Another said, "Sometimes we have to miss out baths as we don't have time". A further staff member commented, "I think people can be lonely here because we [staff] don't often have the time. I can tell when I do have conversations with people, it's like they have been dying to talk to someone".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. Staff files contained

appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. People using air mattresses had been assessed as being at risk of skin breakdown. Mattresses were set according to people's weight and checks were in place. Staff reported that there was no difficulty in obtaining pressure relieving equipment when needed.

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested. People had personal emergency evacuation plans in place. These plans told staff how to support people in the event of a fire.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 Safeguards (DoLS).

DoLS authorisations had expired and applications had not been made in advance of the expiry date for two people. The registered manager said, "I had missed them when I checked through the file". There was a spreadsheet in place to monitor DoLS however it had failed to flag these expiry dates. At the end of the inspection we were told that the spreadsheet had been fixed. Once we had alerted staff to this omission applications had been submitted to the supervisory body.

Staff had not received supervision and appraisals. The registered manager said, "They [staff] haven't had supervision and appraisals. It will be done now as per the plan". In the interim we were told that the organisation had recently introduced 'heart to heart' sessions. These were meant to be less formal than a usual supervision and give the staff member time with their line manager.

This was a breach of regulation 18 of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Staff told us they felt they received enough training to give them the knowledge to fulfil their roles. Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. In addition we noted that some staff had achieved or were working towards their level 2 and 3 diploma in Health and Social Care.

There was an induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I completed my induction training at head office before shadowing experienced staff here. The training was really good. I did three weeks of shadow shifts".

Consent to care was sought by staff from those people that had capacity to do so, this included consent for photos. MCA and best interest paperwork was in place, complete and up to date. Mental capacity had been assessed and best interest meetings involved relatives and other relevant parties. Best interest decisions included; the delivery of personal care and medicines. A staff member said, "I always ask peoples consent".

Staff were aware of the Mental Capacity Act. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. People are always assumed to have capacity unless assessed otherwise". Another staff member said, "They [decisions] should be the least restrictive option and always in their [people's] best interest".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed needs assessments which formed the foundation of care plans. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals.

People told us that they thought the food was good and felt they were supported to maintain a healthy diet. Food and fluid charts were maintained where appropriate. A person said, "The food is always very good and freshly prepared". Another person said, "There is always plenty to eat and drink" and another commented that they were looking forward to the gammon for lunch.

People's mealtime experience was not always pleasurable. We observed the second-floor dining room. 15 people were seated for meals and five people required support to eat their meals. Staff did not sit with people whilst supporting them to eat, instead staff supported people with a mouthful of food and then moved on to the next person. A staff member supported someone with their pudding and then left them to move around the room to another person before the first person had finished. A staff member said, "We can't sit and feed people due to staffing". Another staff member told us, "It's hard, because I am out of the room helping people to feed when I come back in to the dining room I don't know who has eaten or not".

The kitchen had been awarded a five-star food standard rating and all staff had received food hygiene training. We met with the chef who told us there was a four-weekly menu which was reviewed seasonally. The chef knew people's dietary requirements including their likes and dislikes. They told us they prepared three trolleys of the same meal options each day and that care staff come down to collect them. The head chef said, "We have a new menu from Care South, all the homes have the same menu".

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and the outcome. A person said, "I can get to see a GP when I want". A health professional said, "They [staff] ask for my advice and reflect it in care plans". They went on to say, "I am made to feel welcome. Staff seem to know why I am visiting". Recent health visits included; a District Nurse, a GP, Community Mental Health Nurse, and a Foot Health Professional.

People told us they liked the physical environment. The home was split across three levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There was a working lift and stairs in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I think this home is purpose built for the job of caring with excellent staff". People referred to Fairlawn as a home from home. A professional told us, "The environment is functional it could be better. Communal areas aren't really all used and it doesn't feel like a home, maybe a little institutional".

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. People's comments included, "This is a lovely friendly and caring home with very good staff", "Staff do a very good job of caring for me" and "staff are marvellous and always willing to help get me up and dressed". A health professional told us, "Staff are kind and caring in their approach. Staff form good rapport with people and families. They know them well". Another professional said, "Staff seem to care for people. People seem happy with staff". A relative commented: "I feel the staff do a good job of looking after my loved one".

People were treated with respect. We observed staff knocking on people's doors before entering and were sharing personal information about people appropriately. One person told us, "I am treated with dignity and respect at all times by the staff and others in the home". A staff member said, "I respect people and treat them how I would want my relatives to be spoken to and treated". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

People who could talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people included: "I like the support and care I get here" and "This home is very good at supporting us". We observed staff being kind and compassionate to people. For example, a person who was unsure where they were was reassured by staff who explained where they were and comforted them until they felt settled.

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. Cultural and spiritual needs were reflected in people's care plans.

People were supported to maintain contacts with friends and family. This included visits from and to relatives, friends and regular telephone calls. There were a number of lounges and other areas around the home so people were able to meet privately with visitors in areas other than their bedrooms. People and relatives told us that there were no restrictions to visiting times. Staff were aware of who was important to the people living there including family, friends and other people living at the home.

People were encouraged to be independent and their individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person said, "The staff help me to live independently". A staff member said, "I encourage people to do things for themselves like; wash and dress. We get to know what people can do for themselves. Independence is important to everyone".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "Staff always ask me what I want to do".

The home had received thank you cards. One read, 'Thank you for the way you cared for [name]. [Name] was

very happy at Fairlawn and we are very grateful to you all'. Another stated, 'Thank you for the care and kindness shown to [name]'.

Is the service responsive?

Our findings

People received care that was responsive to their needs. Staff were able to tell us how they involved people and their relatives in the planning of their care and treatment. A person told us, "My daughter talks to the staff about any needs or concerns I have". Another person said, "My son has attended meetings here in the home with the staff and the manager". A health care professional told us, "I am involved in reviews. I am reviewing three people today with them and the senior staff".

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. As people's health and care needs changed, ways of supporting them were reviewed. A health professional said, "Some care plans are very good others are maybe a little routine however, the information is there. Care plans are reviewed monthly". The registered and deputy manager alerted staff to changes through handovers and meetings and told us they promoted open communication. A social care professional said, "I think the home is aware of people's health needs. If specific needs change they are reflected in care plans". Care plans contained photos of people and information about the person, their family and history. A health professional told us, "Records are now locked away which is good. When I need information, it is available and up to date which is good to see".

People were supported with end of life care and preferences were recognised, recorded and respected. There was an end of life policy and staff had received end of life care training.

Fairlawn employed a team of activity coordinators and most people told us there was a choice of activities to do. One person said, "The activities staff always try their best to get us involved but I have a choice and they is happy with that". Another person told us, "This home is lovely with plenty of activities and other things going on". Another person said, "Home could be improved especially with entertainment on a much more lively set up". Another person said, "We went upstairs and were told there were exercises but not for us so we came down. No staff around and have been bored stiff until now. Lunch time".

A staff member said, "Occupational stimulation could be better especially for those with dementia. Often people are just in the lounge with the TV on". On day one of the inspection we observed that most people kept themselves occupied by either reading or listening to TV and radio, while others remained in their bedrooms. On day two at 11am we observed 11 people sitting in the lounge on the first floor with the television on. Six people in the lounge were asleep. Staff walked past the lounge and did not enter. At 11:25 a member of staff entered the lounge to ask if everyone was ok, they announced this to the room and not individually. The staff member then said that the tea trolley would be coming soon.

We recommend that the service seek advice and guidance from a reputable source, about helping people in care homes access activities that will improve their health and social wellbeing.

We were told that some people could go out with family or friends in the day especially if they had a car to take them out. Others were able to go on outings arranged by the service as the home has its own minibus

for both people and staff use. In the afternoon of day two the home had arranged a birthday party on the second floor for a person and Christmas cake making on the ground floor.

The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed, met and shared with others as and when required. For example, hospital admissions.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. The last complaint was recorded on 3 November 2018. The steps taken to address this and the complainant was satisfied with the outcome. A complaints analysis was completed every three months which captured changes and learning. Since the last analysis the service had started to record 'grumbles'. The deputy manager told us that this was so that the service could be even more proactive and responsive to all types of issues raised and not just formal complaints

Is the service well-led?

Our findings

Systems to monitor and improve the quality of the service were not fully effective. A number of quality monitoring systems were in place including audits and monthly visits by the operations manager. While these activities identified some areas for improvement they did not always result in actions being taken to improve safety or quality. For example, issues with cleanliness had been identified at two previous monitoring visits but remained an issue. The quality monitoring systems had not identified the issues found at this inspection such as, people's mealtime experience, expired deprivation of liberty authorisations and falls protocols not being followed.

Records did not always contain sufficient information to allow open and transparent discussions such as incident records. Staff supervisions had not been recorded. The deputy manager told us that daily management walk arounds had been introduced but weren't always carried out regularly or fully recorded. These walk arounds gave management the opportunity to be visible to staff and observe record keeping, practice and interactions with people.

This was a breach of regulation 17 (Regulated Activities) Regulations 2014.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team told us that they promoted an open-door policy. The registered manager's office was located on a main corridor on the ground floor. The registered manager told us they recognised good work which was positive and promoted an open culture. A staff member said, "I feel listened to and am here to deliver good care".

People's, professional's and staff's feedback on the management at the home was positive. People's comments included, "I know the manager and can talk to them about anything", "this is a very well-run home and I would not be here if it were not" and "This home is quite well run". Staff comments included: "The registered manager is professional and has knowledge. I have no issues". "The deputy manager is new and is trying to meet with everyone". "I don't really see the registered manager but the deputy is visible. They are nice, approachable and have made some improvements like menus on the tables and making snacks available throughout the day". A health professional said, "The deputy is always welcoming and has people's best interests at heart".

The service worked in partnership with other agencies. Some professionals fed back that they had previously found communication difficult with the home. However, following meetings with the management team and open discussions they felt improvements had been made. A professional told us, "The management are interested in what we have to say and issues are dealt with".

People, relatives, and staff told us that they felt engaged and involved in the service. A person said, "I am able to give my own opinion on things especially if it affects me personally". Another person commented, "The staff always tell me what is going on around me and what day it is". Staff told us they felt listened to and part of the service.

Several people and relatives said that they would recommend Fairlawn to others. One said, "I would recommend this home to anyone who needs support or help like I do" another told us, "I chose this home as I thought it was the best of the ones I looked at".

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>Systems to monitor and improve the quality of the service were not effective.</p> <p>Actions had not always been taken as a result of quality assurance activities</p> <p>Records were not always completed and did not always contain sufficient detail to allow monitoring.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff had not received supervision and appraisals.</p>