

Seth Homes Limited

Stoneacre Lodge Residential Home

Inspection report

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Date of inspection visit:
31 July 2017

Date of publication:
04 September 2017

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 inspection took place on 31 July 2017 and was unannounced. This means prior to the inspection people were not aware we were inspecting the service on that day.

Stoneacre Lodge is a care home that provides care for up to 31 older people, some of whom were living with dementia. The home is located in the village of Dunsville, near Doncaster. On the day of our inspection there were 27 people living in the home.

The home had 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.

Our last inspection at Stoneacre Lodge took place on 30 November 2016. The home was rated as Requires Improvement. We found the home to be in breach of regulations for safe care and treatment and fit and proper persons employed. Requirement actions were given for these breaches in regulation and the registered provider was told to make improvements. On this inspection we checked improvements the registered provider had made. We found improvements had been made relating to fit and proper persons employed. However there were still improvements needed in relation to regulation 12, safe care and treatment. Sufficient improvements had not been made to meet all regulations.

The registered provider had a policy and procedure in place for the safe management of medicines. Staff were not always working in accordance with this policy which could put people at risk of not being kept safe and well.

There was a risk staffing levels could be insufficient for people's needs to be met in a timely manner. This was because the registered provider or registered manager did not use a dependency tool to assess the number of staff required against the dependency levels of people who used the service.

Checks of the fire systems and fire fighting equipment were not always carried out at the frequency requested by the registered provider.

We received positive feedback from people who used the service and their relatives. People we spoke with told us they felt safe and relatives also said the home provided safe care.

Staff employed at the home had been recruited in a way that helped to keep people safe because thorough checks were completed prior to them being offered a post.

Staff were not given appropriate support through a programme of regular and on-going supervision and appraisal.

People said they enjoyed the meals provided to them and there was plenty of choice. People could choose to eat their meals either in the dining room or their own room. At lunchtime staff were busy which meant some people had to wait to be assisted to eat.

Staff and people who used the service were mutually respectful. People were seen enjoying the company of staff and staff spoke with people in a polite and caring way. We saw staff advising and supporting people in a way that maintained their privacy and dignity.

The registered provider had a complaints policy and procedure; however written records of complaints and concerns received were not kept.

A limited programme of social activities was in place and people who used the service wanted to be involved in more social activities and outings. An additional activity worker had been recruited and was due to start at the home within the next few weeks.

Staff said communication in the home was very good and they felt able to talk to the managers' and make suggestions. There were meetings for people who used the service, relatives and staff where they could share ideas and good practice.

People and their relatives had been asked their opinion of the quality of the service via surveys and by the regular meetings with the managers.

We identified the current audit systems were not robust enough to effectively assess, identify and act upon, risk and improvements required at the service, in order to demonstrate compliance with regulations.

We three found 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.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The service had appropriate arrangements in place to manage medicines, however these were not always followed by staff.

There was no system in place to assess staffing levels against people's needs. This meant there was a risk of not enough staff being provided to meet people's individual needs.

Fire system checks were not always carried out in a timely manner, which could put people's safety and well-being at risk.

Staff were recruited after thorough checks were completed, which helped to keep people safe from harm and abuse.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not supported through a regular programme of supervision and appraisal.

People were supported to maintain a healthy diet.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were caring and supportive when providing care to people.

People's privacy and dignity was respected and staff knew how to maintain people's confidentiality.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

A record of complaints and the outcomes and actions taken in response to complaints and concerns was not kept.

There was very little planned social activity available to people.

People had care plans that were reviewed regularly.

Is the service well-led?

The service was not always well led.

New audit processes in place needed to be embedded and robust to ensure risks were identified and quickly rectified.

Staff told us they felt they had a very good team. Staff said managers in the organisation were approachable and communication was good within the service.

People who used the service and their relatives were asked their opinions and felt listened to.

Requires Improvement 

Stoneacre Lodge Residential Home

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.

This inspection took place on 31 July 2017 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people and people living with dementia.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our inspection visit we reviewed the information included in the PIR, together with information we held about the home. We also contacted commissioners of the service, the local authority safeguarding team, Healthwatch and other stakeholders for any relevant information they held about Stoneacre Lodge. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We received feedback from Doncaster local authority contract officers, commissioners and the safeguarding team.

In order to understand what people's experience was of living in the home we carried out a Short Observational Framework for Inspection (SOFI) in a lounge/dining room area of the home. SOFI is a way of observing care to help us determine the experience of people who could not talk with us.

During the visit we spoke with seven people who used the service, four relatives, one healthcare professional, the registered provider, the deputy manager, one senior care worker, four care workers, one domestic assistant and the cook. We also looked at three care plans, four staff files and records associated

with the monitoring of the service.

Is the service safe?

Our findings

All people and relatives spoken with said they felt safe at Stoneacre Lodge. Their comments included, "Oh yes, I feel safe here. It's a good place" and "Well yes I'm comfortable here. I'm not worried about feeling safe." When asked about medication one person stated, "The carers give it to me. They're good like that." One relative told us, "I'm sure that mum is well looked after."

At the last inspection on 30 November 2016 we found some people's medicines were not managed safely, so they were not protected against the risks associated with the unsafe use and management of medicines. At this inspection we found improvements had been made but there continued to be some shortfalls in the way medicines were being managed.

We found some medication administration records (MAR's) were handwritten but had not been signed by staff despite this being an issue the registered provider's action plan said they would rectify. The majority of medicines were being administered using a monitored dosage system (MDS). We found medicines from the MDS were administered safely, correctly and in line with instructions. However we found discrepancies in medicines that were in packets. These medicine stocks did not always correspond with those indicated by the MAR and it was not possible to account for the discrepancies. For example one person's MAR showed 34 tablets had been carried forward and had been signed as administered on five occasions (two tablets each time). However there were 12 tablets in stock. Another person also had 10 tablets carried forward. The MAR showed the medication had been administered on two occasions. However there were 10 tablets in stock. We found audits of medicines were completed each month. The last audit had not found any issues in relation to stock of packet medicines. This meant the medicine audit was not effective in recognising issues and making improvements.

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

We found protocols for PRN (to be given when required) medicines had been completed but were kept in people's care plan files. We recommended to the registered provider and deputy manager that these would be better kept in a place where they could be seen and read by staff administering medicines. This would ensure people were given PRN medicines when it was appropriate to do so. The registered provider and manager should continue to monitor this.

Senior care staff were responsible for medicine administration. All senior care staff were trained in medicines management and had their competency checked by the registered manager each year. We observed a senior care worker administer medicines during the morning. Medicines were administered from a trolley, put into a medicine pot and taken to each person. People were offered a drink and the senior care worker sat with them until they were sure the medicine had been taken. The MAR was then signed to confirm as given. We looked at the MAR and found all medicines had been signed for or a code used to explain why the medicine was not given.

We saw any medicines required to be kept in a refrigerator were stored in the medicine refrigerator in the treatment room. We saw the senior care worker on duty each day checked the refrigerator was within the required temperature range and then signed to confirm this.

On the day of the inspection there were 27 people living in the home. Staff on duty were the deputy manager, one senior care worker, four care workers, a cook, a kitchen assistant, three domestic assistants, a laundry worker and the administrator. During the early morning one care worker was needed to take a person to the hospital for a check-up. We asked if any other staff would be asked to come on duty to replace the care worker but were told no other staff member was able to. This meant for most of the day there were four care workers on duty. The deputy manager told us there would normally be five care workers on during the day and three at night. This was confirmed by the staff rota.

During our SOFI observation we saw staff were all very busy, attending to people's needs and providing people with food and drinks. Staff were very task orientated and didn't have time to spend with individuals. We saw people asking to be taken to the toilet and asking for drinks and although staff tried to respond to them, people were left to wait for varying periods of time until staff were free. For example we saw two people waiting 20 minutes to be assisted to the dining room for lunch.

Staff told us, "We never get chance to sit and talk to people. We just get all the tasks done" and "There just aren't enough staff to do anything but the necessities." Staff also told us the registered provider had recently reduced afternoon care staff from five to four. Staff said there had been no consultation about this and said they were concerned this could have a negative impact on people who used the service. We asked the registered provider if they used a dependency tool to assess the numbers of staff needed to provide safe care. They told us they hadn't but they would do this and then reconsider the decision to reduce staffing numbers on afternoons.

Staff at the home were responsible for completing checks on such things as fire fighting equipment, emergency lighting and bed rails. We looked to see if these had been completed and found they were not always completed within the stated timescale. For example the fire extinguishers should have been checked each month, records showed they were checked in May 2017 and in July 2017 but not checked in June 2017. The fire alarm system should have been checked each week; however it was recorded as checked on 14 April 2017 and not again until 6 June 2017. The registered provider told us they were aware not all checks had been completed and had recently made a designated staff member responsible for making sure the checks were completed. We saw regular fire drills were conducted so that different staff could be included in practising the safe evacuation of people.

A fire risk assessment was completed in November 2016. Actions in need of particular attention had been highlighted. We found actions had not been signed off as completed. The registered provider told us the actions were all completed and immediately updated the risk assessment. When we arrived for the inspection we found one bedroom door wedged open with a footstool. Staff told us this was because the door was not fitted with an automatic release device and the person liked to sit in their room but didn't want to feel closed in, when the door was shut. We spoke with the registered provider about this, who agreed to look into fitting automatic devices to bedroom doors where needed. Following the inspection the registered provider told us they were awaiting completion of this work and until completed the door was being kept closed.

We found assessments had been undertaken to identify some risks to people who used the service. These included environmental risks and other risks due to the health and support needs of the person. For example, some people presented a risk because of their limited mobility. We found the risk assessments in

place were sufficient to help to protect people from harm.

We found incidents and accidents were recorded and analysed by the registered manager each month. The analysis assessed any trends or themes and showed actions that needed to be completed to help to prevent a reoccurrence of the accident. This meant the management of accidents and incidents was helping to ensure people were kept safe.

We identified at our last inspection that recruitment procedures were not consistently robust. We looked at the staff files for those staff who had been employed since our last inspection and found improvements had been made. We found staff members had references (including one from their last employer), details of employment history and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have.

Staff spoken with had an understanding of their responsibilities in keeping people safe. We found staff had received safeguarding training which was updated every two years. The registered provider had policies in place regarding safeguarding and whistle blowing. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust.

Is the service effective?

Our findings

The registered provider's supervision policy stated staff would be provided with formal supervision at a minimum of four times per year and also a yearly appraisal. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their roles. We found not all staff had been provided with supervision and appraisal as per the registered provider's policy. The deputy manager told us a plan for supervisions and appraisals had been arranged but they had not been able to complete this, which meant many were overdue.

This is a breach of Regulation 18 – Staffing, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The training programme staff completed was provided by either the Doncaster Metropolitan Borough Council (DMBC) or a private training provider. Staff spoken with told us they had completed all their required training and were reminded when they were due to complete updated and refresher training. We looked at the staff training matrix which showed all the training staff were expected to complete and within what timescale. Staff had completed training in subjects such as, moving and handling, infection control, health and safety and first aid. The training matrix confirmed to us staff training had been provided within the registered providers timescales.

One relative spoken with told us they were confident the staff knew their family member well and were aware of their health needs. They said, "They [staff] keep an eye on [family member] and let us know if she needs treatment. They had the doctor in about a health concern and carried out their advice but it's not got any better so she's seeing the doctor again tomorrow."

Care plans seen confirmed a range of healthcare professionals were involved in people's care and support. These included speech and language therapists, physiotherapists and district nurses. Care plans held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

Staff spoken with, knew people who used the service well and could explain how their needs were managed. There was evidence in the care files we reviewed of staff contacting other professionals when they needed assistance or advice. One healthcare professional told us, "Yes we have good communication with the staff. They let us know if they need us and we come. Together we discuss people's needs and look at what is in their best interests."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw the registered manager had applied for DoL'S to be authorised for some people who used the service. This was because they did not have capacity and could not consent to the care being provided to them due to their dementia. The local authority had contacted the registered manager to explain there was a delay on authorisations but they would assess these as soon as possible.

Staff had received training in MCA and DoL's and those spoken with had a good understanding of this.

The majority of people spoken with told us they enjoyed the meals provided and said the food was, "Good" and "Tasty." One person told us, "The weekend meals are not too good, they're not as good as in the week."

We observed lunch being served in a dining room. People were given two options, which they chose from. We saw even when they changed their minds there was flexibility in offering alternatives. One person decided they would like a sandwich and this was prepared for them. Where needed people were patiently assisted with eating and drinking. People were asked for their tea time choices after lunch which avoided forgetting and enabled them to choose what they really felt like on that day.

Where it had been assessed as needed, monitoring charts had been put in place to record such things as food and fluid intake, weight and pressure wounds. We found these charts were in the main completed, however some gaps were seen on body maps and food and fluid charts. For example we found 16 people had body maps in place that said were to be reviewed daily. Records showed these had not been reviewed for ten days. We saw some but not all of these omissions had been picked up by the registered manager during their audits. This meant there was a risk people's changing needs were not always identified quickly so that prompt action could be taken.

Is the service caring?

Our findings

All staff we observed had a caring and considerate manner. They were seen to ask people about their preferences and choices before they acted. They spoke in a clear, quiet and caring way. Their patience was particularly good and no one was hurried.

We observed a number of instances of caring and considerate staff. For example, a staff member speaking to a hard of hearing person in a quiet and patient manner, a person with poor mobility being patiently and considerately assisted in moving to the dining room and a person who had undone their blouse being quietly assisted to button it up.

We saw staff knew people well and were familiar with their individual needs and preferences. For example, we observed one person being given very weak tea and staff saying, "This is how I know you like it. Another person told us, "I'm not a morning person. Sometimes I don't want any breakfast and the staff know this."

There were instances of special moments. Whilst listening to music from the past one care worker helped a person up and swayed to the rhythm. Another care worker had a pleasant manner and made people smile with comments and joking.

Religious needs were not evident. We did not see any information about people's involvement in their preferred denomination either displayed around the home or in care plans. One person told us, "There has never been any religious service here. I would like one."

Staff had received training in confidentiality and privacy and dignity. They were aware of their responsibilities of not speaking about people in front of others. When we asked a relative if their family members wishes were acted on we were assured they were. The relative told us, "This morning a male carer came to help [family member] get washed and dressed. They didn't like this and asked for a female. There was no problem with this. A female carer soon took over."

Throughout our SOFI observations we saw staff treat people with respect and dignity. Staff took time to explain things to people, for example, when they were choosing what to eat staff showed them the options and explained what it was. We also saw staff provided care to people privately. Bedroom doors were closed when personal care was being met and curtains and blinds were positioned so that people outside could not see into rooms.

Some people had chosen to complete information and discuss with staff details about their personal preferences during the last stages of their life and we saw these in people's care plans. We also saw some people, with support from their relatives and their GP had been involved in discussions about resuscitation. People's wishes had been recorded on Do Not Attempt Resuscitation (DNAR) forms which were also kept in their care plans.

Information about how people could access advocacy services was seen on display in the home.

Is the service responsive?

Our findings

One relative commented that her family member could speak out. They told us, "She will say if she doesn't like something."

The provider's complaints policy and procedure was in the Statement of Purpose and also on display in the entrance hall of the home. It provided details of how and who to complain to if anyone had any concerns. The procedure showed how complaints would be dealt with and the timescales that people would be provided with the details and outcome of the investigation.

We looked at the complaints log and found there were no complaints recorded since 2008. We spoke with the registered provider about this who said the last complaint received was in 2016. We asked to look at this and were told the complaint had been dealt with but no written record of this was completed. Senior staff told us they dealt with any complaints or concerns as soon as they were made aware of them, but didn't keep a written record of these. These meant complaints could not be monitored over time, looking for trends and areas of risk that may need addressing.

This is a breach of Regulation 16 – Receiving and acting on complaints, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found people's changing care needs were not identified promptly and were not reviewed with regularity. We asked the registered provider to make improvements and to send us an action plan detailing how these would be achieved. At this inspection we found improvement had been made.

One relative told us they had initial problems in being involved in her family members care and said there were delays in acting upon their request to be better informed about the care provided. They said, "At the beginning I didn't know what was going on. [Family member] would be taken to hospital and I was only told when they were coming back. I let them know a few times that I wanted to know and now they let me know what is happening quickly. I am also now told when the care plan is reviewed and I try and come down."

When people were admitted to the home a pre-admission assessment was completed. This initial assessment was used to decide what areas of care were required to meet people's needs. From this individual person centred care plans were written for such things as hygiene, mobility, eating and pressure care.

We saw care plans were being written in a format that was person centred and addressed all areas of risk, including risk associated with the environment, nutrition, weight loss, skin integrity and falls. Care plans seen identified the person's usual routine and how they would like their care and support to be delivered. We found some gaps in the information contained within the care plans. For example, we asked staff to tell us something unique about a particular person. They told us the person loved to dance. When we looked at the person's care plan there was no reference to this. This meant important information that could improve a person's wellbeing was not always recorded.

We saw care plans and risk assessments were reviewed each month or sooner following such things as a fall or illness to see if any amendments to the person's plan were needed. Care plans were being completed in conjunction with people who used the service, their families and healthcare professionals. For people that didn't have family, advocacy services were involved.

People told us they would have liked a more varied activity programme and more opportunity to go on trips outside the home. There was an activity worker that worked at the home for ten hours each week. The registered provider told us they had recently recruited a new activity worker for an additional 16 hours per week. The person was due to start as soon as final recruitment checks had been completed. The registered provider was confident that this would mean the activities available to people would be increased and more varied.

Shortly after lunch we observed two people started to have a heated argument that could have escalated. Staff quickly stepped in and suggested that one of the people took part in the afternoon activity, which they did willingly. It was evident staff knew the person well and were able to offer an activity that suited them and meant the situation was quickly de-escalated

Is the service well-led?

Our findings

At our last inspection we found governance and quality assurance of the home had not improved from the findings of our previous inspection. The registered provider sent us an action plan telling us how they were going to address the concerns raised. Although we found improvements had been made in this area we found systems in place to assess and monitor the quality of the service needed to be maintained and fully embedded into practice so that improvements were sustained. This was because we found there continued to be some omissions and gaps in records that were required to be kept, which the auditing and monitoring process had not found. For example, there were discrepancies in the boxed medicine counts records and there was no record of complaints.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers and registered managers assess the safety and quality of their service, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations.

We saw the registered manager and senior staff carried out daily walk rounds of the home and looked at staff communication records, for example, the 'hello senior' book and daily log to check if tasks were being completed as required. We found a range of audits that were completed daily, weekly or monthly. These included checking such things as care plans, daily records, health and safety and the environment. However these had not always identified the shortfalls we found during the inspection. For example, the registered manager had a plan in place to audit and monitor a sample of care plans each month. We saw audits had been completed and showed the issues found in the care plans. For example, people's weights were not always recorded, consent forms were not always signed and body maps (following an accident or incident) had not always been completed. It was not always clear if all the required actions following the audits had been completed.

We checked the maintenance records for the premises and equipment and found they were satisfactory. We saw Portable Appliance Testing (PAT); gas servicing; water safety and electrical installation servicing records were all up to date. However the records relating to checks of the fire systems and equipment had not always been completed within the agreed timescales.

The findings above meant the systems and processes in place for good governance were not fully effective in practice and a breach of Regulation 17 – Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our observations and discussions with staff, people who used the service, relatives and healthcare professionals found everyone was fully supportive of the registered manager.

People and relatives told us they were comfortable approaching staff with any concerns and that issues were resolved by talking to them. One person said, "If I need anything I can ask the staff."

Staff told us, "I love working here. We have a great staff team and we help each other" and "We have a good team and a good manager. We all support each other."

From meeting minutes and speaking with people who used the service and relatives it was clear that people's thoughts and ideas were listened to and acted upon. The registered provider told us quality assurance surveys were sent out to people who used the service and their relatives once a year. We saw surveys had been returned in April 2017. When people were asked if they were happy with the service, if they felt involved in their care and if they liked the staff 100% of respondents said "yes". People had also responded positively to other questions asked about the cleanliness of the home, the food and safety at the home.

Following the return of surveys a report was written summarising what people had said and confirming the actions to be taken as a result of people's feedback. This meant people's opinions of the service were considered and actions were taken in response to listening to people. We asked the registered provider if surveys were sent to healthcare professionals and staff and were told they weren't. The registered provider said they would send out surveys to other people interested in the service so they would also have the opportunity to give their feedback on the quality of the service.

We saw 'resident and relative' meeting were planned twice per year. In addition to this a newsletter named 'The Stoneacre Chronicles' was published which gave people useful information about new staff, upcoming events and facilities.

The registered provider had a full range of policies and procedures relating to all aspects of the service provision. These were reviewed and updated each year or when guidance and legislation changed. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints There was a system in place to receive record and respond to complaints made by people who used the service or others, however this was not being used.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes did not operate effectively to assess, monitor and improve the quality and safety of the service and mitigate risks to the health, safety and welfare of people.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not provided with appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.