Beechcroft Retirement Home Limited

Southbourne Care Home

Inspection report

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Southbourne Care Home was purchased by the current provider in March 2014. The home provides accommodation and personal care for up to 21 people. People who live at the home are older people, some of whom will have memory loss or dementia.

This inspection took place on 17 and 18 November 2014. The first day was an unannounced evening visit.

It is a condition of the home's registration that a registered manager is employed at the home. A manager who was registered with the Commission for another service had been appointed but had not yet registered their change of location with the Commission. Following our inspection an application was received from another registered manager to add Southbourne as a location to their registration. 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.

Summary of findings

Southbourne had last been inspected by the Care Quality Commission (CQC) on 12 June 2014. At that inspection we asked the provider to take action to make improvements in relation to staffing levels, quality assurance systems and record keeping. Some improvements had been made in these areas. We also asked the provider to take action to make improvements to the way people's capacity to consent to care and treatment was assessed and the way people's care was planned. Following the inspection on 12 June 2014 the provider sent us an action plan telling us about the improvements they were going to make and that they would be completed by 15 August 2014. Actions specific to these areas had been completed.

Prior to our inspection we had received information of concern relating to staff working long hours, not always enough staff on duty to meet people's needs, infection control issues, the home not having hot water or heating and people having to pay a large amount of money each month for toiletries. We found staffing levels were not sufficient to meet people's needs in a timely manner on the evening of our first visit and there were issues with infection control. People paid a small amount over six months for toiletries and there had been a problem with the hot water which had been fixed. There had been no problems with the heating.

During this inspection we found a number of other areas of concern. We found the provider had not made arrangements to ensure the risks to people choking were minimised and poor infection control procedures put people and staff at risk from cross infection. Some aspects of medicine management needed improvement. Recruitment procedures were not entirely robust. Evening staffing levels were not sufficient to ensure people's needs were met in a timely manner.

We found improvements were needed to care plans as they were not always reviewed in a timely manner. This meant staff may not have the most up to date information about people's needs. The environment needed improvement to make it more suitable for people living with dementia.

Improvements were needed to the way in which people's privacy was maintained.

Care plans did not always contain correct and sufficient information to help staff respond to people in a personal manner and people and their relatives were not routinely included in the planning for care needs. We found that there was limited opportunity to participate in social activities. There was limited effective monitoring of the quality of the service provided.

Throughout the day people were offered choices and we saw that 'best interest' decision forms had been completed where people did not have the capacity to consent to care as specified in their care plan. People had access to healthcare professionals to ensure their healthcare needs were met.

Staff were aware of and were able to respond to people's individual preferences and people told us they thought the staff were caring. Throughout the inspection we heard friendly, appropriate chatter between staff and people living at the home. People told us they felt safe and there were good arrangements in place to deal with emergencies.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not safe.

People were at risk of choking because risks had not been assessed and minimised.

People were not completely protected from unsuitable staff because recruitment procedures were not entirely robust.

People were at risk of cross infection because of poor infection control procedures.

People's needs were not protected because staffing levels were not always sufficient to meet their needs in a timely way.

Inadequate

Is the service effective?
The service was not effective.

The needs of people with dementia were not met by the environment.

People were supported to make choices.

People had access to healthcare professionals to ensure their healthcare needs were met.

Requires Improvement

Is the service caring?
The service was caring.

People's privacy was not always respected.

People told us they thought the staff were caring.

People benefitted from friendly, appropriate chatter with staff.

Good

Is the service responsive?
The service was not responsive.

People's care records did not always contain personalised information and were not always reviewed regularly.

People or their relatives were not always involved in decisions about people's care.

There was some evidence that people's complaints had been addressed.

People's individual preferences were known by and responded to by staff.

Requires Improvement

Is the service well-led?
The service was not well led.

Requires Improvement

Summary of findings

There was no registered manager for the service. The manager had not applied to change their registered location to Southbourne.

There was little effective monitoring of the quality of the service provided and some of the risks identified during this inspection had not been identified by the provider.

Southbourne Care 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 checked whether the provider was 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 17 and 18 November 2014. The first day was an unannounced evening visit.

At the first visit one Adult Social Care (ASC) inspection manager and one ASC inspector carried out the inspection. At the second visit the ASC inspector was joined by 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 on this occasion had experience of dementia care.

Before the inspection visit we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider. During our visit we spoke with ten people using the service, two visiting relatives, eight care staff, the cook and the manager.

Prior to the inspection we spoke with staff from the local authority who had commissioned some placements for people living at the home. We looked at the care files for three people living at the home, three staff files and some records relating to the management of the home. Following our visits to the home we spoke with one social care professional.

Inadequate

Is the service safe?

Our findings

People were not safe because the provider had not made arrangements to ensure the risks to people choking were minimised. Improvements were also needed to infection control procedures, staffing levels and medicine management.

On the first day of our inspection, we observed one person coughing repeatedly as if they were trying to dislodge something from their throat. It was recorded in their care plan that they had been assessed as being at high risk of choking. The person had been referred to the Speech and Language Therapist (SALT) who had made recommendations to help prevent this person from choking. These included the instructions that the person should be supervised when eating and should not eat certain foods which were considered to increase the risk of choking. Records showed that this person was given some of these foods including toast, sausage and crisps. The manager was unaware this person had been given these foods and had no explanation as to how it had happened. Staff told us they were unable to supervise this person when they ate because there were not enough staff although they said they kept an eye on the person. Staff told us they thickened this person's drinks as this was part of their care plan to help prevent them choking. Staff said they thickened drinks with one scoop of thickening agent. We found the amount of thickening agent required was not recorded on the person's medicine chart or on the box of thickening agent. The care plan said the fluids should be thickened to a consistency of syrup. We checked this person's drink and whilst it was thickened, it was not as thick as syrup.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 9(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Because of our concerns the person's GP was called during our second visit. We spoke to the GP and they told us they were happy with the care this person was receiving and had no concerns for their welfare.

A number of people were seated on pressure relieving cushions which had air pumped into them. The amount of air that should be in this type of equipment is determined by the person's weight. Staff were not aware of this and records did not indicate what setting each person's air cushion should be set to. This lack of appropriate records meant people may be at risk of developing pressure sores.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17(2)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks to people's safety had been assessed, including risks relating to falls and nutrition. Risks had been reviewed regularly and the information showed staff how risks should be minimised.

Recruitment procedures were not entirely robust. One staff member working night duty at the home on the evening of our visit did not have a Disclosure and Barring Service (DBS) check in place. The registered provider showed us evidence that they had applied for the check, but there was a delay in it being returned as the wrong form had been used. However, the registered provider had obtained a copy of a recent DBS check from a previous employer.

Concerns had been raised with us in relation to staffing levels and staff working long hours. On the evening of our first inspection visit there were three care staff on duty. One staff member was due to go home at 7pm. They were asked to stay till 8pm to help get people ready for bed. We spoke with two night staff who told us that people stayed up as long as they wanted to as they would assist anyone to bed who stayed up later. Staff told us their busiest time was teatime when they had to finish the preparing of food the cook had started before going home at 2pm. At this time three care workers also had to serve meals and support a number of people to eat. Staff reported that this was sometimes the time when some people with dementia could become more active or agitated. During our evening visit we saw that staff were very busy and rushed, people's needs were not always met in a timely manner. For example, we saw that one person continually tried to get up from a chair, wanting to walk around. Staff told them several times to sit down and wait for them to come back.

On the second day of our visit there was a senior carer and three other care staff on duty for the morning shift. There was also the manager, an extra care staff member for two hours, a cleaner and a chef working at the home. People's physical care needs were met in a timely manner during the morning. However, staff were busy with daily living

Is the service safe?

tasks and did not have time to spend chatting with people. Staff felt that meeting daily living needs predominated and they had little time left to listen to people which they recognised as so important for wellbeing. One staff member told us "I wish we could have more staff then we could spend time chatting with an individual....we do our best...between 2pm and 4pm is the quieter time and we spend more time with people then".

The provider told us people's needs were assessed using a banding tool that looked at a range of personal issues including mobility, continence and memory. They told us that staffing levels were currently set at a ratio of one staff member to six people living at the home and this had been agreed with the local authority. Concerns had been raised prior to the inspection that staff regularly worked long hours. We saw that although some staff did occasionally work long hours, this was not a regular occurrence.

We looked at the way medicines were managed. Handwritten entries on the Medication Administration Record (MAR) charts were not signed by two people to ensure the correct information had been recorded. However, we observed medicines being administered and saw good systems in place. Staff who administered medicines were careful to ensure medicine was taken by each person before signing the record sheet to say it had been given. There were samples of staff signatures and initials available which meant it was possible to see who had administered a particular dose of medicine. We observed medication being given. People were told what medicine they were being offered and why. One person had been prescribed pain relief to be taken 'as required'. They were asked if they were in pain and they chose to have pain relief medication.

People were not protected from the risk of infection. Prior to our inspection we had been told that infection control procedures were not being followed. We saw that one care worker covered the large number rings on their fingers with tape. This tape appeared dirty. The staff toilet had three containers of hand washing gel which were all empty. We told the manager about this. A full container was available on the second day of our inspection.

Some areas of the home were not clean. For example, the swags at the head of the curtains in the lounge had collected a thick layer of dust. One pressure cushion pump was very dirty. The manager thought this was dried food and cleaned it immediately. In one bedroom our feet were 'sticking' to the floor, the person whose room it was told us that when they walked on the carpet without shoes, their feet became dirty. The manager told us they thought the 'stickiness' was due to the liquid used to clean the carpets. There was a cleaner who worked in the mornings during the week and night staff said they also did some cleaning. There was no system to ensure all areas were routinely cleaned.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were Personal Emergency Evacuation Plans (PEEPs) in place. These gave staff information on how to safely evacuate people from the home in the event of an emergency such as fire. There was also a 'red bag' for the use in an emergency. This contained a Hiviz jacket, blankets and emergency contact numbers.

People were protected from the risk of abuse because staff had the confidence and knowledge to report any concerns they may have. Staff were able to describe different types of abuse and felt confident they would recognise if abuse was occurring. Staff told us "I would report it straightaway...whatever I witnessed...in any situation", and "I would whistle blow no hesitation ...they can't fend for themselves". "They (people living at the home) are safely cared for". A visitor told us "We are very satisfied with the care it is definitely safe here...no worries". Staff had confidence that the manager would take action if they reported any concerns to her. They said they had never had cause to do this. However, staff had not recognised that low staffing levels and poor infection control procedures could put people at risk.

People living at the home told us they felt safe and knew how to raise any concerns they may have. They said "I like it here it's nice and peaceful. I don't like a lot of noise", "If they were cruel I would want to see the boss", "The staff are caring for as long as I have been here" and "I am always happy and I feel safe".

Prior to our inspection concerns were raised with us that the home was cold and there was no hot water. We found the home to be warm and hot water was available. Staff

Inadequate

Is the service safe?

told us the hot water had been affected temporarily, but this had been for a short time. They said the heating had never been affected. People who were able to speak with us said the home was warm.

Concerns had also been raised with us that people were having to pay an extra £15 per week for toiletries. We found no evidence to support this. Good financial records were maintained showing evidence that between £5 and £10 had been spent on toiletries on behalf of people over a six month period.

Requires Improvement

Is the service effective?

Our findings

We found that improvements were needed to the environment. The environment was being upgraded. Some areas had been decorated and a lift had been installed. People told us "My bedroom is very nice ... roomy ... comfortable bed and warm" and "My bedroom is very nice own armchair and TV". However, the needs of people with dementia did not appear to have been considered. For example, there were few signs around the building to enable people to orientate themselves. Also the entrance hall was dreary with a weighing machine next to a row of chairs. However, the manager told us the home would only be suitable for people in the early stages of their dementia, who would then move if the building became too challenging for them to move about in.

Staff had received training in moving and handling. However, two staff were wearing inappropriate footwear. Correct footwear is important when people are being helped to move to ensure staff do not slip and injure themselves or the people who are being helped.

Staff told us there were many training opportunities and said "The new owners are very hot on training...they want everyone to get up to date", "Yesterday we had a fire lecture", "The manager does the manual handling training" and "Dementia training is in the pipeline for everyone". Two recently employed staff told us they had received a thorough induction to the home and the people living there. We saw evidence that staff received regular supervision from the manager.

We saw that 'best interest' decision forms had been completed where people did not have the capacity to consent to care as specified in their care plan. Families had been involved in making these decisions. We spoke with a social care professional who had been working with the provider due to previous safeguarding issues and they told us they felt the manager had a good understanding of the principles of the Mental Capacity Act 2005 (MCA). They felt best interest decisions had been made appropriately, for example when a change to people's bedrooms was needed.

The Mental Capacity Act 2005 provides a statutory framework for acting and making decisions on behalf of people who lack the mental capacity to do so for themselves. It introduced a number of laws to protect these individuals and ensure that they are given every chance to make decisions for themselves. The deprivation of liberty safeguards provide legal protection for people who are, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests.

There has been a recent change to the interpretation of the deprivation of liberty safeguards and the manager told us they had made the appropriate applications to the local authority in order to comply with the changes.

Staff had not received training in relation to the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards. However, they were aware of the principles of the legislation and were able to tell us how they encouraged people to remain independent and offered choices. They told us that they always asked people for their consent before assisting with personal care. Throughout the day people were offered choices of where they wanted to sit and what they wanted to drink. Staff told us they would not help people with personal care if they had not first given their consent.

People were supported to eat a balanced and healthy diet. People's food and fluid intake was monitored where concerns had been identified in relation to their nutritional intake. We spoke to people living at the home about the food provided. People told us "Food is alright , we have a choice....get a nice cup of tea", "I love my food ...it's very good" and "food is good we have a choice ... the staff help with this, they have a good idea what I like and don't like." However, the chef and other staff told us that people did not always get a choice at meal times due to budget constraints.

People had access to healthcare professionals to ensure their healthcare needs were met. Records indicated that people had been visited by GPs, District Nurses, dentists, opticians and chiropodists.

Good

Is the service caring?

Our findings

Improvements were needed to the way in which people's privacy was respected and maintained. Some staff were not always respectful to people's privacy. For example, one staff member talked about one person's confusion in a communal area and in front of others. However, other staff were respectful in their manner towards people living at the home and we heard staff offering people personal care in a discreet way. We heard friendly appropriate chatter between staff and people living at the home. For example, there was much jollity between staff and a person living at the home about them getting up just before lunch.

People told us "I'm nicely cared for I can't say anything different", "They are very good and kind to me...excellent...all very nice and will do anything for you", "Girls are very good", and "It's a very nice place you couldn't fault it". Staff were caring and responsive to people. We saw staff interacting with people kindly and gently, spending time with them reading a magazine and talking. The majority of staff had worked at the home for many years and knew people at the home well because of this. They told us how important it was that they knew people living in the home well so that they could respond to them as people. Staff told us "Everyone is treated kindly", "It's like home from home", "We genuinely do care for them", "If a resident is in hospital staff go in to see them" and "It's like one big extended family". We heard one person and a staff member have an amusing conversation about a forthcoming dentist's visit.

Visitors told us they were able to visit their relative at any time and could stay for as long as they wanted to. One relative who visits frequently for several hours told us "I think it is fantastic here – they are good nurses. They are kind to me as well – they phone if Mum is unwell".

People were dressed appropriately and their clothes were clean and tidy which told us that staff had taken care to ensure people's personal needs were met. However, the manager told us how staff respected the right of one person to sometimes refuse personal care.

We heard one staff member reassuring a person who had been recently admitted to the home. The person was wandering and attempting to go upstairs, the staff member asked the person "do you want me to show you where it (their bedroom) is to refresh your memory?".

We recommend that the provider explores the SCIE guidance on Dignity in Care to ensure people's privacy and dignity is maintained at all times.

Requires Improvement

Is the service responsive?

Our findings

Improvements were needed to care plans to ensure correct and sufficient information was recorded to help staff respond to people in a personal manner. People and their relatives were not routinely included in the planning of care needs. The opportunity to participate in social activity was limited.

Systems were in place, through people's care plans that gave staff sufficient information to enable them to meet the needs of the individual. As well as giving information on how people's personal and healthcare needs should be met, care plans told staff how to help people if they became anxious. However, Information was not reviewed regularly to ensure staff had the most up to date information available. One staff member told us "There is insufficient time to read care plans"... "they need to be updated because dementia changes". Staff told us that while care plans were not always reviewed regularly they had 'hand overs' at the beginning of their shift when they were told about any changes to people's needs. Information on people's social history, interaction and activity preferences was mixed. For example, one person had no social history or activity preference recorded, while another had very detailed information about ensuring the TV was tuned to a channel they liked. We heard staff calling one person by a name that the person told us was not their name. When we looked at the person's care records the name staff had called the person was not recorded. We spoke with the manager who told us that the person's family had said they liked to be called by the name staff were using and not the name on the records.

This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

There was some evidence on care files that people or their relatives had been involved in the care planning process. One person's relatives told us they had been able to contribute to the planning of their relative's care when the person had first been admitted to the home. However, the person had been at the home for several years and they had not been invited to contribute since.

People's experience of social interaction and activities was mixed. Social engagement was limited and irregular. The manager agreed with us saying that staff do not know what to do. Several people sat passively in the lounge area and received little stimulation and attention from staff, other than to attend to physical needs. Activities were regular but limited. One staff member told us "Everyone mucks in for activities – every week singing, animal visits....but there is never enough". The manager told us they had increased the level of activities on offer and that there were now activities each afternoon. One person told us "I do word search" and they had a book in front of them while another person was enjoying some magazines. However, one person told us "I've never been to any activities". Staff had recorded what activities had taken place, but it was not recorded whether people had enjoyed them.

People who were able, told us they knew how to raise any concerns they may have. This was usually by speaking to a member of staff. There was a complaint policy and procedure. This was not displayed within the home. The manager told us it had been displayed by the front door, but following the changes to that area, the notice had not been displayed. The manager was unable to find the complaints file, they thought the provider may have taken it, so we were unable to see how people's complaints were managed.

Staff told us that some people could no longer tell them their preferences because of their advancing dementia. However, they were able to tell us about people's preferences. For example, they knew who liked to get up early and who liked to lie in longer. They knew who liked their bedroom doors left open and who preferred them shut. They knew what people liked to eat and what they liked to wear. Staff told us people's individual choices were important to them and were therefore important to the staff. Staff were able to tell us about one person's preference for small meals, they said "We know exactly how much to give (the person) to prevent her rejecting the whole plate". One person told us how staff respected their wish not to go to bed. They told us they had tried several mattresses, but preferred to sleep in their chair.

Requires Improvement

Is the service well-led?

Our findings

The service was not well led. A manager who was registered with the Commission for another service had been appointed but had not yet registered their change of location with the Commission. Following our inspection an application was received from another registered manager to add Southbourne as a location to their registration. The previous registered manager left the home in May 2014. Their application to deregister as manager has recently been approved by CQC. It is a condition of the service's registration that a manager is registered.

The systems to monitor the quality of the service were not effective. We found a number of concerns during our inspection. For example, the cleanliness in the home, the risk of cross infection, staff wearing inappropriate jewellery and footwear, a risk that people's needs were not being met appropriately and a lack of accurate record keeping. We saw that some audits had been completed. For example, an audit of the kitchen had taken place on 22 August 2014. This highlighted that not all food in the fridge had date stickers attached to ensure food was kept safely. However, when we looked in the fridge there were still food items without date stickers. This showed us the manager had not ensured areas highlighted for improvement were completed. There was a system that outlined when particular areas such as medicines should be audited. Medicines should have been audited monthly according to this system, but had last been audited on 26 September 2014. There were no entries to show complaints, housekeeping, baths, weights or care plans had been audited. This meant the manager had little recorded evidence they were effectively monitoring the service on a regular basis.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We were concerned that the manager had not fully dealt with the issue of staff wearing lots of jewellery and inappropriate footwear. The manager told us they had spoken with the staff and had come to an arrangement with them about the jewellery and footwear. We were concerned as the manager had been at the home for several months, both staff had been working throughout that time but the matter had only recently been discussed. The manager told us they felt staff may have left if they had pushed the issue. The manager told us of several areas they felt they had improved since being appointed. These included increasing social activities and staff training as well as recruiting new staff.

We also saw little evidence that people were involved in developing the service. The manager told us that questionnaires had recently been sent out in order to gain the views of people living at the home, about the quality of care being provided and responses from these would be used to develop the service. They said there would be a meeting to discuss the results once people's views had been obtained. The manager told us they regularly asked people if everything was alright with them. They told us there had been a meeting when the current providers had taken over the home, but none since. People living at the home did tell us there were occasional meetings where they could discuss any concerns. However, they were unable to remember any suggestions that had been made during the meetings

Staff felt involved in the running of the service and told us "there are staff meetings...you can add to the agenda...ask questions". Staff told us that since the new manager had started at the home things were improving. Another told us "The owners and the manager are easy people to talk to". Staff also said "The manager is pretty good she will find out things if she does not know it", "She is a good leader....if we need help she comes and "I had a family problem she was really good that way ...really supportive".

The provider showed us their business plan for developing the home during the first 12 months of their ownership. This included installing a passenger lift, improving the kitchen, redecorating and developing a secure level garden area. Good records relating to the maintenance of equipment were kept. Moving and handling equipment and the gas boiler was regularly serviced. All portable electrical equipment has been checked in August 2014 and a new electrical system was being fitted on the day of our inspection.

There was some recorded evidence that concerns people raised had been acted on and people told us they knew how to raise concerns.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was no system in place to regularly assess and monitor the quality of care provided.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care was not delivered in a manner that ensured the welfare and safety of people.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected from the risks of cross infection.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Accurate records were not maintained.**