Care Quality Commission

Carecall Limited

Harvest House Nursing Home

Inspection report

126 Carholme Road
Lincoln.
LN1 1SP
Tel: 01522 513202
Website: www.example.com

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced inspection of Harvest House on 22 and 23 December 2015. The last comprehensive inspection took place on 13 May 2013 during which we found the provider was compliant with the outcomes we assessed.

Harvest House provides accommodation for up to 22 older people who need personal or nursing care, some of whom experience memory loss associated with conditions such as dementia. At the time of our inspection 19 people were living in the home, 18 of whom lived there on a permanent basis.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered persons had not provided or deployed enough staff with the correct

Summary of findings

skills to enable people to have all of their care needs met safely, consistently and promptly. The arrangements for people to receive their medicines in a safe and timely manner were not always robust. Systems in place for checking the quality of the services people received were not robust enough to ensure that shortfalls were always identified and managed promptly. You can see what action we told the registered persons to take in relation to each of these breaches of the regulations at the end of the full version of this report.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, always to protect themselves. At the time of the inspection one person who used the home had their freedom restricted in order to keep them safe and three people were awaiting the outcomes of their assessments for a DoLS authorisation. The registered persons had acted in accordance with the MCA and DoLS guidance to ensure people's rights were protected. However people's personal records did not always reflect the actions taken to support them and some records were not easily accessible for staff to refer to.

People were treated in a kind and caring manner and their privacy and dignity were maintained. Their choices and preferences were respected and they were supported to make their own decisions whenever they could do so. A range of group social activities were available, however the venue and activities were not always suitable for some people to join in with.

People had access to a range of healthcare services and were supported to enjoy a varied diet in order to help them stay healthy. There was also a range of equipment available to meet their needs and encourage independence. However, care plans did not always reflect up to date information about people's needs.

Staff were recruited appropriately in order to ensure they were suitable to work within the home. They were provided with training to develop their knowledge and skills. Staff understood people's needs and responded promptly to help relieve any distress or anxiety. They knew how to report any concerns they might have in regard to people's welfare.

The registered manager was supportive of people who lived in the home and the staff who worked there. They listened to what people had to say and took action to address any issues they had.

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?

Requires improvement

The service was not consistently safe.

There were not always enough suitably trained and experienced staff employed at the home to ensure people's needs were consistently met.

Medicines were not always safely managed.

Staff were recruited appropriately and knew how to report concerns for people's safety.

Is the service effective?

Requires improvement

The service was not consistently effective.

People were supported to eat and drink enough to stay healthy and they had their healthcare needs met.

Legal safeguards were followed to ensure that people's rights were protected. However people's personal records did not clearly demonstrate when decisions had been taken in their best interests.

Is the service caring?

Good

The service was caring.

People were treated with respect and their dignity was maintained.

People's right to privacy was upheld and staff recognised the importance of keeping people's personal information in a confidential manner.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People and their relatives were consulted about the way in which they wished their care to be provided. However, care plans did not always reflect up to date information.

The range of activities provided were not always accessible or meaningful for people.

Systems were in place to manage complaints appropriately.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The registered manager supported people and staff to express their views about the services provided.

Quality monitoring systems did not always support timely identification and resolution of shortfalls in the care and support people received.

Harvest House Nursing 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 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.

One inspector carried out this unannounced inspection, which took place on 22 and 23 December 2015.

Before we visited we looked at the information we held about the home such as notifications, which are events that happened in the home that the provider is required to tell us about, and information that had been sent to us by other agencies such as service commissioners.

We spoke with four people who lived in the home and four relatives who were visiting. We looked at three people's care records. Some people who lived in the home were unable to tell us about their experience of care, so we also spent time observing how staff provided their care to help us better understand their experiences.

We spoke with five care staff, a registered nurse, the cook, a housekeeper and the registered manager. We looked at three staff recruitment files, supervision and appraisal arrangements and staff duty rotas. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided within the home.

Requires improvement

Is the service safe?

Our findings

We found there were not enough staff with the correct skills deployed at the right times to consistently meet all of people's needs in a safe and timely manner.

The registered manager told us they also had management and nursing duties to fulfil in an adjoining registered location. They were unable to identify how much time they were employed to spend at Harvest House to support and lead the staff. In addition, there was no clear system in place to ensure the registered manager had dedicated time to fulfil her management role within the home. The nurse and the registered manager told us this had impact on the care people received. The registered manager told us they had spoken with the registered provider about this impact recently. However, we were told the registered provider had not yet responded to the concerns so we could not assess whether their response would have a positive impact on the situation.

Registered nurses had not been supported with clear guidance to assist them to prioritise their nursing duties and shift leading duties and this led to care being interrupted and delayed. For example, the nurse on duty was subject to multiple requests to provide care and support for people. We saw on the first day of the inspection the nurse stopped the medication round on at least three occasions. Whilst two occasions were related to situations requiring an urgent nursing response, one occasion related to a relative's request for information. They also had to spend an extended period of time to administer one person's medicines and nutrition through a special tube inserted directly into the person's stomach. This meant that other people did not receive their medicines at the times prescribed. The registered nurse also told us they often did not have time to take a break due to the level of nursing and shift leading tasks they were required to undertake. On the first day of the inspection the registered nurse did not have time to take a break from their duties.

The activity co-ordinator said their working time consisted of 25 hours per week which was shared with the adjoining registered service. The role also included other tasks such as laundry duties and supporting care staff at meal times which reduced the time they were able to spend supporting people with meaningful activities and pastimes. On the first day of the inspection the activity co-ordinator had time to help three people wrap Christmas presents. During both days of the inspection we saw that people who were cared for in their bedrooms only had interaction with staff when they carried out personal care tasks as the activity co-ordinator was busy with other duties.

The registered provider had not taken account of the additional tasks the registered manager, registered nurses in charge of shifts and the activity co-ordinator had to undertake when planning the numbers of staff which needed to be employed in the home.

This was a breach of Regulation 18 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that people did not always receive their medicines in a safe, consistent and timely manner. There was no system in place to ensure nurses had their time protected when administering medicines. We observed on the first day of the inspection that morning medicine administration duties were commenced at approximately 08.30 and ended at approximately 11.30am. This was in part due to frequent requests for registered nurse support with other tasks.

Systems to ensure regular checks of medicine stocks took place were ineffective. During the time medicines were being administered several medicines were noted to be out of stock or about to become out of stock. The lack of robust stock checks meant there was potential for people to be without their prescribed medicines.

We saw on one person's medicine administration record (MAR) there were four occasions in December 2015 on which signatures were missing. These omissions had not been identified by the registered persons. This meant that we could not be sure the person had received their medicines as prescribed. Information to guide staff about consistent administration of medicines required only when necessary, such as pain relief, were not in place. This meant that staff, including agency nurses, could not consistently identify people's need for the medicines, especially if they were unable to clearly express their needs.

The registered persons had not taken all of the necessary steps to ensure people received their medicines in a consistently safe and timely manner.

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

Requires improvement

Is the service safe?

People were supported to take their medicines in the way they preferred. They had their preferred drinks available to take their medicines with and they were given explanations of what they were taking in a way they could understand. The nurse administering medicines on both days of the inspection sat with people to support them to take their medicines and only signed administration records when the medicines had been taken. When the medicine round was stopped the registered nurse ensured medicines were safely locked away. Medicines that required special storage and recording measures were managed appropriately.

The registered persons had systems in place to ensure they employed suitable people to work in the home. Checks had been carried out about prospective employee's work history and identity. They had also undergone checks with the national Disclosure and Barring Service (DBS).

The registered manager had identified that more care staff were needed during some parts of the day due to people's increasing needs. The increase in care staff levels had commenced on 19 November 2015. This increase in staffing levels was not able to be fulfilled from within the existing team therefore bank staff or agency staff were employed to fill the shortfall. We were not provided with clear evidence that the provider had planned or commenced a programme of recruitment. A visitor and members of staff told us there had been shifts where more agency staff were on duty than permanent members of staff and this affected the consistency of care people received. For example, agency staff were not as familiar with people's preferences for how they liked their privacy and dignity maintained. The registered manager had reviewed this situation in response to comments they had also received from a visitor and taken appropriate action to resolve the issue. They had reviewed rotas to ensure sure there were enough permanent staff on duty to provide consistency for people when they employed agency staff to cover shifts. However this system had only been in place since 14 December 2015 so it was too soon for us to assess if this system was sustainable.

People and their relatives told us they thought that now there had been an increase in care staff there were currently enough of them, including agency staff, on duty to meet people's needs. Staff said that there were enough staff on duty now that care staff shift numbers had recently been increased. On both days of our inspection people's requests for support were met in a timely way by care staff.

We saw care staff had time to sit and chat with people and carried out their duties in an unhurried manner, this included agency care staff. One person who liked to spend time in their own room told us, "They come mostly in a timely way; I sometimes have to wait a little longer in the afternoons." Another person said, "They're always around to help me when I need it."

On both days of the inspection care staff were able to carry out their job roles in an unhurried manner and were able to support agency care staff to provide appropriate care for people. This was because there were enough permanent care staff on shift.

People said they felt safe living in the home. One person said, "Without doubt they keep me safe, safety is definitely their priority." A relative told us, "I can go home at night and know [my loved one] is safe."

Staff understood how to identify and report abusive situations so that they could take action if they thought a person was at risk of harm. They were aware of the external agencies they could report their concerns to, including the local authority and the police. Records showed they had received training about this subject to ensure their knowledge was up to date.

Staff followed risk assessed plans to help people stay safe. Examples of this were seen such as the appropriate use of bed rails, hoists and wheelchairs. People's risk of falls had also been assessed and planned for. However, other risks regarding the environment had not been considered or planned for. An example of this was the system in place for serving food to people. A hot food trolley was placed in the main corridor of the home. Alongside the hot trolley there were trays of hot foods placed on small, chair side tables. People and their visitors had to pass the hot foods to enter or exit the dining room. At times, we saw all of the staff were engaged in supporting people out of sight of the foods. This meant that staff were not available to consistently monitor that people moved safely past the hot trolley and small tables or that foods were not spoiled. The registered manager and staff told us there was not enough space within the dining room to enable foods to be served from within the room. There was no risk assessments in place to ensure people were protected from the risks of, for example, burns, scalds or spoiled foods. The registered manager said that they would take action to address this issue.

Requires improvement

Is the service effective?

Our findings

One person told us, "They [staff] know what they're doing, I'm very comfortable here." A relative told us, "The girls are great here; they know how to look after [my loved one]." Staff told us they received training to help them carry out their roles appropriately, which included being supported to undertake courses leading to nationally recognised care qualifications. Records showed training was available for subjects the registered persons said were essential such as fire safety, moving and handling people and keeping people safe. Training was also provided to ensure staff could meet people's individual needs such as those related to diabetes and nutrition. We noted that only three staff had attended training about supporting people with dementia. This training is important because many people who live in the home have needs related to living with dementia. All staff members require the skills and knowledge to meet those needs effectively. The registered manager told us further training sessions were being planned for this subject.

Care staff told us they felt supported by senior staff and the registered manager. They said they were available to them whenever they needed help or guidance with supporting people. They also told us that they had supervision sessions sometimes but senior staff did not always have the time to carry them out. The registered manager told us they did not have a policy in place to support consistent supervision arrangements for the staff team at Harvest House. They said they would take action to address this issue.

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 people 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 told us and we saw that staff encouraged people to make their own decisions and choices about their care. One person told us, "I'm involved in making my decisions, I do what I want." A relative told us they were involved in the decision making process for their loved one as they were made in "their best interests." Staff demonstrated that they understood the principles of the MCA and records showed they had received training about the subject. However, people's personal records did not always reflect people's capacity to make decisions. For example, two people's records did not contain mental capacity assessments although other records in their files indicated that they were unable to make informed decision about their care. Three people's records did not clearly show where decisions had been taken in their best interest and who had been consulted about the decisions made. The registered manager said they would take action to address this issue.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection one person had their freedom restricted and three people were awaiting the outcome of assessments in relation to DoLS applications. We checked whether any conditions on authorisations to deprive a person of their liberty were being met and we saw that they were. People's personal records regarding DoLS applications and authorisations were stored securely in an adjoining registered service which meant they were not readily available for staff, including agency staff, to consult to ensure they consistently provided the appropriate support for people. The registered manager told us they would take action to address this issue.

People told us they received a good choice of foods and drinks and their relatives also told us this. One relative said, "My [loved one] loves the food and there's plenty of it." Another relative said, "The cook makes some lovely food and there's always plenty of it." We saw there were a range of drinks freely available for people and staff regularly encouraged people to take drinks. Staff demonstrated that they understood how much people needed to eat and drink to stay healthy and they recorded people's intake so that they could monitor people's needs. They were aware of people's dietary needs such as those related to diabetes, poor appetite and swallowing difficulties. Records showed that people had input from specialists such as dieticians when needed and staff followed their advice. Staff sat with people who needed support to take their lunchtime meal, either in the dining room or other places the people preferred. They gave gentle encouragement for people to eat their meals in an unhurried manner. The cook demonstrated the same level of knowledge as care staff

Requires improvement

Is the service effective?

about people's dietary needs as well as individual likes and dislikes. Menus reflected people's needs and preferences and the cook told us they were flexible depending on what people wanted.

People told us they had all of their healthcare needs met. One person said, "I came here after an operation and they've definitely met my needs, they help me see the doctor whenever I need to." A relative told us, "They're helping [my loved one] to mobilise, they asked the physiotherapist to come in as well." Another relative said, "If [my loved one] is not well they always get the doctor straight away."

Good

Is the service caring?

Our findings

People and their relatives told us they were happy living at Harvest House and satisfied with the quality of care they received. One person told us, “They have lovely manners and always ask me for permission to do things.” A relative said, “The staff are fantastic, really polite, [my loved one] has never been so settled.” Another relative said, “[My loved one] is lucky here, the girls are great, they really care about [my loved one].”

During both days of the inspection we saw people and staff chatting pleasantly together and staff demonstrated genuine interest in people’s lives. We saw staff chatting with people about their plans for Christmas, their families and their lives before they moved into the home.

Staff were observant of people’s needs and took action to support them in a timely manner. For example, one member of staff had supported a person to sit with them and listen to music. The staff told us that this helped the person to calm down when they were becoming distressed. We saw the person was relaxed and resting in their chair and demonstrated with a wave that they were happy to be doing this. Another example of this was a member of staff noted a person was becoming distressed about where to place their feet when they were in their wheelchair and was at risk of hurting themselves. The member of staff stopped the other task they were completing and gently helped the person whilst chatting about wrapping Christmas presents later in the day. This helped the person to turn their focus to the activity and become more relaxed.

People’s individual preferences were acknowledged and respected. For example, we spoke with two people who said they wanted to live together in one room and staff had facilitated this. They said that they didn’t like to socialise with others very much and again staff had respected this wish. After lunch four people were supported to have an afternoon nap in the main lounge area. We noted that staff had supported their comfort with foot stools, blankets and cushions. One staff member said, “It helps them to feel nice and cosy.”

Staff respected people’s privacy and dignity. They made sure doors were closed when supporting people with personal care in private areas. Staff spoke with people in lowered voice tones about personal issues. We also noted that where people were hard of hearing staff made sure they spoke in normal voice tones and either faced the person or spoke closer to their ear to avoid having to raise their voices to be heard.

Relatives were treated with respect and able to visit their loved ones in privacy when they wished to. Two relatives told us they were also encouraged to take meals with their loved ones if they wished and this helped them to feel included in the person’s care.

The registered manager and staff were aware of and had links with local advocacy services. This was to enable those people who could not easily make decisions for themselves to be supported independently to express their views. We noted there was no information readily available for people about these services. The registered manager took action during the inspection to address this issue.

People’s personal records were stored securely, including those on computer systems. Passwords were used to protect this information so that only people who needed to see the records had access. We saw on both days of the inspection staff respected people’s personal information and only disclosed it to those who were important in people’s lives, and only on a need to know basis.

Requires improvement

Is the service responsive?

Our findings

Care plans and risk assessments were in place for needs such as comfort and mobility, communication and nutrition. The registered manager acknowledged that not all of the care plans and assessments were up to date. For example, in one person's file we saw that they were assessed as being at low risk for nutritional needs which was not in line with their care plan for nutrition. The person's care plan indicated that they were at a higher nutritional risk and, for example, should be weighed monthly but this had not been carried out since August 2015. Staff told us this was because the person had achieved a healthy weight but the care plan had not been updated. Although care plans and assessments were not always up to date we saw that permanent staff members had a clear understanding and knowledge of people's current needs and provided appropriate support such as meal supplements, regular pressure area care and continence care. However, the registered manager recognised that agency staff may not have this level of knowledge about people's needs and would rely on care plans to guide the support they provided. This could result in people receiving inappropriate and outdated support. They said they would take action to address this issue.

Those people who were able to, and relatives, told us they were involved in expressing their needs and preferences for their care and were involved in assessments. They also told us that staff met their needs. One person said, "They definitely meet my needs." A relative said, "They look after [my loved one] well."

There was an activities co-ordinator in post. The activity co-ordinator told us they had one hour each day in which to support people to engage in meaningful activities and pastimes. This was supported by the activity plan we saw. However, there was no indication on the plan that the activities varied from week to week or were flexible each day. We saw that some of these activities, such as an indoor bowls session would not be accessible for people who were cared for in their bedrooms, for example, should they want to join in with them. The activity co-ordinator told us they tried to spend time individually with people engaging in pastimes such as reading or hand massage but had a limited amount of time to undertake this. We saw some larger group activities such as a Christmas party and external entertainers were provided for people but we were told they mainly took place in the adjoining registered service due to it having more space. This again meant the people who were cared for in bedrooms, or those who did not wish to leave Harvest House could not access those activities. One person, and relatives told us about a recent musical event and buffet that took place in the home and said how much everyone had enjoyed it. The registered manager and the activity co-ordinator acknowledged that current activities on offer may not be meaningful or stimulating for everyone and said they would review the plans.

Appropriate equipment was provided to support people's care needs and encourage independence. We saw adapted cutlery and crockery was available for those who needed them to be able to eat more independently. Special bed mattresses and bed rails were in place to enable people to stay safe and comfortable in bed and walking frames were available to support people to remain as mobile as they were able to be, for as long as possible.

During both days of the inspection staff supported people to make their own choices wherever they could do so. We saw staff encouraged people to say where they wanted to spend their time and what clothes they wanted to wear. On the first day of the inspection we heard staff offering people a choice of whether they wanted a male or female carer to provide their personal care as a male agency worker was on shift that day. Another example of promoting choice was how the cook planned daily menus. We saw they prepared two choices for the lunchtime meal and ensured there was enough of each meal for people to be able to have their first choice, change their minds at short notice or have extras. The cook had also prepared a range of cold foods for people to choose from at teatime and made sure there were hot choices available for those who wanted them.

People and their relatives told us they knew how to make a complaint or raise concerns if they needed to. One person told us, "I know how to complain although I've never had to; I'm sure they'd sort things out immediately." A relative told us, "I know how to complain but I'd only need to mention it to [the registered manager] or staff and it's sorted." They provider had a procedure in place to ensure complaints were addressed in a timely manner and the procedure was available within the home for people to refer to. The registered manager told us that they regularly spoke with people and their visitors about minor concerns or complaints they may raise. However, they told us that

Requires improvement

Is the service responsive?

they did not keep a record of those conversations. They said they would do this in future to enable them to review the issues and ensure appropriate actions had been taken to resolve them.

Requires improvement

Is the service well-led?

Our findings

We found that the systems in place to assess and monitor the quality of services people received were not always robust. The registered persons had not identified some of the issues with staffing levels, medicines management and record keeping that we found during the inspection. In addition the registered provider had not taken account of the impact extra management and nursing duties had upon the registered manager's time to complete robust quality assurance checks.

The registered persons had last carried out a quality check of medicine systems in August 2015. The minutes of a staff meeting in November 2015 showed that a registered nurse had been identified to take a lead role for monitoring medicines arrangements. However the identified lead had not been available to carry out that role and further arrangements had not been put in place.

The registered manager told us that there was no audit system in place for care records. We saw that the last time an audit of these records had been carried out was in January 2015. This meant people could not be assured the registered persons were able to identify and take action regarding any shortfalls in care, in a timely manner

Environmental audits of topics such as health and safety and infection control had been carried out but had not identified all of the issues we found during the inspection. For example, there was no indication in the audits that risks regarding the placement of hot food trolleys and trays in a main corridor of the home had been identified. In addition, there were no plans available to us to show what actions the registered persons took or planned to take in response issues they had identified. There were no time scales identified for the actions to be completed. For example, the registered manager told us the registered provider was planning to improve the entry and exit arrangements to the home via the main front door. They said the plan had been in place for some time and they did not know when it would be completed. This meant people could not be assured that the registered persons were able to take timely action regarding risks or improvements required within the environment.

This was a breach of Regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the home, their relatives and staff told us that the registered manager was supportive and made time to speak with them and addressed issues that they brought to her attention. They said the registered manager encouraged them to express their views and thoughts about the services provided. Staff were aware of whistle blowing procedures and said they would not hesitate to use them if they had any concerns about care practice.

The registered manager told us that they were planning to commence regular meetings with people who lived in the home and their relatives to enable them to make more contribution to the development of the service. We saw a notice to this effect was on display within the home. The registered manager also told us that staff meetings took place and records confirmed this.

The registered manager maintained logs of any untoward events and incidents which happened within the home and notified CQC and other agencies, such as the local authority, appropriately. Records showed that they had monitored incidents such as falls so they could identify any trends and take action to reduce falls happening.

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 18 HSCA (RA) Regulations 2014 Staffing The registered persons had not consistently employed or deployed enough suitably qualified, competent, skilled and experienced staff to ensure people had their needs met in a safe, consistent and timely manner. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons did not have suitable Arrangements in place to ensure that risks to people's health and safety, including those associated with the unsafe management of medicines were minimised. Regulation 12 (f) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not have robust systems in place to effectively monitor and assess the quality of services that people received. Regulation 17 (1) (2)