

Yew Tree Lodge (Holdings) Limited

Yew Tree Holdings Limited

Inspection report

Yew Tree Lodge
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Yew Tree Lodge is a residential care home providing personal care to up to 34 people aged 65 and over. There were 22 people living at the service at the time of inspection. People had varying care needs, including, living with dementia, recovering from a stroke, mental health needs and diabetes. Some people could walk around independently and other people needed the assistance of staff or staff and equipment to help them to move around.

For more details, see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

Monitoring systems needed improvement to make sure people were provided with a safe and good quality service.

Some areas of people's safety were not managed well. Lessons were not learnt following accidents and incidents to improve outcomes for people.

People were not always supported by staff who had the up to date training they needed to meet people's needs.

People and their relatives were not asked for their feedback on a regular basis, so the provider and registered manager would know where to make improvements.

The registered manager had not notified CQC of some significant events that happened in the service as they are required to by law.

People could be assured their prescribed medicines were managed in a safe way.

People said they felt safe and the staff knew how to support them. There were enough staff to meet people's needs, people did not have to wait long periods to be attended to.

The provider had systems in place to make sure only suitable staff were employed to provide people's care and support.

People were involved in decisions about their care and were appropriately supported to make decisions when they needed assistance.

Staff provided care and support that respected people's privacy and dignity. People were living in a supportive and friendly environment.

People told us they felt comfortable raising concerns with the registered manager or the staff team.

Rating at last inspection:

Good (Report published 16 November 2016)

Why we inspected:

This was a planned inspection based on the previous rating of Good.

Follow up:

We will continue to monitor this service and plan to inspect in line with our inspection schedule for those

services rated Requires Improvement.

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 always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Yew Tree Holdings Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one assistant inspector.

Service and service type:

Yew Tree Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. The registered manager was unavailable on the day of inspection. We arranged a second day to meet with them by telephone to discuss the inspection, give feedback and request further information.

What we did:

We reviewed information we had received about the service since the last inspection in November 2016. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback from a local authority commissioner.

During the inspection we looked at the following:

Three people's care records including their medicines records.

A selection of the provider's records including, accidents, incidents and complaints, monitoring and audit records, fire, health and safety and maintenance records.

We also looked at three staff recruitment files, staff supervision records, staff training records, staffing rotas and records of meetings with people, relatives and staff.

We checked the environment, including the communal areas, bathrooms and people's bedrooms.

We spoke with five people and observed how staff interacted with people in the communal areas.

We spoke with the registered manager, the provider, an administration officer and five staff, including care staff, the cook and a laundry assistant. We also spoke with a health and social care professional.

After the inspection the registered manager sent us additional information we requested, including a training and supervision matrix, in a timely manner.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Learning lessons when things go wrong

- The provider and registered manager did not have a monitoring system in place to check accidents and incidents to develop preventative safety measures.
- Accident and incident forms were filed together. When we checked the file, there were a significant number of falls some months, for instance, 20 falls in April 2019, five in March and 12 in February. Some people had many falls and they had in some cases been referred for specialist healthcare advice. However, the registered manager had not carried out any analysis of incidents to learn lessons and identify areas for improvement.

We found no evidence that people had been harmed however, systems were not in place to demonstrate safety was effectively managed and lessons were learnt. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Accidents and incidents had been recorded by staff and appropriate action taken at the time of the incident to keep people safe. Staff had recorded the circumstances of incidents and if medical support was required, such as the emergency services.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, the staff are very attentive" and "I would feel comfortable to tell staff if I had a problem."
- People were protected from the risk of abuse. Staff knew how to identify and raise concerns.
- Staff told us the registered manager was approachable, listened and took action where necessary, so they felt confident any concerns would be dealt with. Staff felt sure action would be taken, however, they knew where they could go outside of the organisation to raise concerns if necessary.
- When concerns had been raised these had been dealt with appropriately and reported to the local safeguarding team and the Care Quality Commission (CQC).

Assessing risk, safety monitoring and management

- Staff helped to keep people safe with a range of individual risk assessments in place to prevent foreseeable harm. For example, where people were at risk of falls, or pressure sores, the likelihood of harm was assessed and management plans were in place to control the risk, as a preventative measure.
- Risk assessments set out the plans in place to protect people, but at the same time making sure they could continue to maintain their independence. One person mobilised around the service with a walking aid. Staff checked to make sure they were safe and allowed them to move independently as described in

their risk assessment.

- Some people needed the assistance of equipment such as a hoist as well as staff to help them to move around. When chatting with people in the communal areas we could see staff using equipment appropriately and as advised in people's care plans.
- Detailed personal emergency evacuation plans were in place. These set out the individual staff support and equipment each person would need to evacuate if an emergency situation arose.
- The premises continued to be well maintained and equipment was serviced at regular and appropriate intervals. Fire safety checks were carried out on the premises and equipment.

Staffing and recruitment

- There were enough staff to support people safely. People and staff did not have any concerns regarding staffing levels and rotas confirmed the numbers of staff the registered manager said were needed to provide people's care. Staff were evident in all areas of the service and people were not kept waiting for support. For example, call bells were answered quickly and people were not calling out for assistance. The provider employed domestic staff, laundry staff, kitchen cooks and maintenance staff. This meant care staff could concentrate on providing people's care and support.
- Staff continued to be recruited safely. Application forms were completed with no gaps in employment, references and proof of identification were checked. Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- Medicines were managed in a safe way. People received their medicine on time and as prescribed.
- Medicine was ordered, stored and disposed of safely. Medicines administration records were complete with no gaps or errors in recording.
- There was detailed information for staff about people's medicine such as why the medicines had been prescribed and how people liked to take them.
- Where people had 'as and when' medicine such as pain relief there was information for staff, such as how often the medicines could be taken and when it may be needed. Staff administering medicines checked with people if they had pain and needed pain relief. When people said they did not need pain relief during the medicines round, staff made sure they knew they could ask at any time if things changed. One person told us, "I can just ask if I need extra painkillers."

Preventing and controlling infection

- Domestic staff were on duty each day to make sure the service was clean and free from odour.
- People were protected from the risk of infection. Staff had access to appropriate equipment such as disposable gloves and aprons. People confirmed staff used these, one person commented, "They always wear gloves and aprons."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Training updates were not always provided regularly to make sure staff continued to have the skills necessary to provide people's care and support. Some staff had not attended refresher training in a timely way when their training expired. For example, basic first aid training was out of date for all staff who needed to attend; of 28 staff who were required to attend basic food hygiene training, 13 staff were out of date. Neither of these courses had been booked to take place. Out of 35 staff who needed to complete infection control training, 20 staff were out of date. This training had been booked but not due to take place until August 2019.
- Although staff had received one supervision meeting with the registered manager or senior care worker, and some staff had an annual appraisal, these were not held regularly. Some staff had not had the opportunity to meet with their manager since October 2018. This is an area that requires improvement.

The failure to ensure staff received the training and support to continue to provide effective care is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff spoke competently about their role and what their responsibilities were. They were able to describe people's care needs and how they supported them with these. We saw staff assisting people to move around using equipment such as a hoist, using safe techniques and as described in their care plans.
- All staff training was provided face to face within a group. Staff said they preferred training being delivered in this way as they felt they learned more and could ask questions if they did not understand.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs had been assessed before they moved into Yew Tree Lodge.
- Assessments were used to develop each person's care plans and meant the registered manager could make decisions about the staffing hours and skills needed to support people. This included making sure that support was planned for people's diverse needs, such as their religion, culture, relationships and expressing sexuality.
- Staff gave examples of how they had found ways to support people with their diverse needs. One member of staff told us, "We tried to learn Italian once because we had an Italian person living here. They used to speak English but when they started to live with dementia they went back to speaking Italian."

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice of food at mealtimes from a menu. This included breakfast, staff told us people could choose to have a cooked breakfast if they wished. One person chose to have porridge, toast and marmalade

and a cooked breakfast each morning.

- People chose from a menu at lunchtime. However, if they changed their mind when the meal was served, they were offered the other option on the menu or something different. Two people changed their minds about their food choice at lunchtime and were not eating much of their meal. Staff encouraged them to choose something different and arranged this quickly with kitchen staff.
- Kitchen staff used a board on the wall in the kitchen with people's names and photographs to record their dietary needs, likes and dislikes. For example, one person was a vegetarian and this was recorded. Some people were diabetic, this was included in their information on the board. This meant that people's dietary needs and preferences were visible for staff when preparing and serving meals.
- People's likes and dislikes regarding food were recorded in their care plan. For example, one person did not like coffee or bananas and liked butter but not margarine. This meant if people were unable to make choices, staff had the information available to support them to do this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to access healthcare as they needed it. Staff were quick to respond to people's need for healthcare advice. One person was waiting for a nurse to visit. Staff were aware the person was experiencing pain and telephoned the nurses to ask them to visit earlier than planned. Staff then updated the person, so they knew what was happening.
- Care plans gave clear direction and guidance for staff, so they knew what signs to look out for if people had specific healthcare needs. This meant staff had the information available to make sure people received quick attention from a healthcare professional such as a GP or community nurse if they needed it.
- Advice given by health care professionals and instructions for treatment had been recorded in people's care plans. One health care professional told us staff were always accommodating and keen to understand the advice given. They said, "Staff are always responsive when we request treatment that needs to be carried out regularly and we find things are always done as advised." This meant that people were supported to maintain their health and well-being.

Adapting service, design, decoration to meet people's needs

- People had personalised their bedrooms. People had photographs and chose pictures on the walls. Some people had chosen to have a double bed in their bedroom and some people had large comfortable chairs, or sofas in their rooms.
- There were a range of bathing arrangements, including showers, baths and sit in baths to support people of different abilities to bathe safely.
- Although there was only a small garden area, this looked out over the countryside views. Garden seating was in place which was in the process of being painted in colours chosen by people living in the service. Although people were not using the garden area due to the improvements being made, photographs showed people using the garden area when the weather was fine.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles

of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make decisions had been assessed and a best interest process had been followed when people were found to lack capacity to make specific decisions. Discussions had taken place with one person's family members about their loved one's capacity to consent to their care and treatment at the service before a DoLS application was made.
- Some people had asked a relative or friend to act as Lasting Power of Attorney (LPA) for financial or health and welfare decisions. Where people had this arrangement in place, this was clearly recorded in their care plan, with a copy of the LPA.
- Consent to care and treatment while living at Yew Tree Lodge was discussed with people and consent forms signed when needed. Where appropriate, people's loved ones had signed some consent forms, for instance, if they had an LPA for health and welfare decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and were able to describe their care and what was important to them. People asked staff about their lives and staff updated them on things they were interested in, for example, a staff member was updating one person about how their house move was progressing.
- Staff spent time sitting down and chatting with people. One person said, "They look after me well as far as I am concerned" and another person commented, "They're very good, the staff."
- One staff member said, "I think we are good at making it feel like a family, like a home, the residents know us, we know them, we are not just another face."
- There was a lot of laughter and banter between people and staff which meant there was a happy atmosphere in the service. A health care professional said, "Staff are always laughing and joking with people."
- Staff asked people before they made decisions that impacted on them. For example, two people were sitting together in a small lounge. A staff member stopped to have a chat with them. The staff member said they thought it was very quiet and asked if people wanted some music on. The two people responded, no, as they liked it quiet. The staff member respected their choice.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care plans where they could, saying what they liked and how they liked things done. Where people were not able to actively take part, staff gathered information from people who knew the person, such as relatives. This helped to make sure they had as much information as possible to be able to provide care and support in the way people preferred. One person's relative had provided staff with information about their loved one's previous medical history and how this had affected their life. The relative shared that these concerns had improved significantly in older age. It was, however, important staff were aware of how the person may be affected, so signs and symptoms were recorded in their care plan.
- One staff member told us they chatted to people to find out more about them, "I listen to people, I make sure they are not rushed."
- Relatives and visitors were welcome to visit at any time. Staff told us they got to know relatives well and could build relationships with them. This meant they could continue to gather information and were able to chat to people about the people who were important to them.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person said, "Yes they do, we have our routine."
- A theme of respecting people's privacy and dignity was clear through people's care plans and our observations during the inspection. For example, one person's care plan recorded they liked their personal

care to be carried out in a particular order and staff must respect their preferences. Staff spoke quietly to people when asking if they wished to use the bathroom, so they could not be overheard.

- People were supported to maintain their independence. One person liked to be busy and helpful. They always laid the tables in the dining room for meals and liked to sweep the floor afterwards. We also saw them helping others to find their way around.
- Confidentiality was maintained. Information was locked away as necessary in a secure cupboard or filing cabinets. Computers and electronic devices used by the provider and staff were password protected to keep information secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed with the individual information staff needed about each person to be able to provide their care in the way they wanted. The things that were important to people were documented by staff who knew people well.
- One person took care of their appearance and liked to look smart. This was clearly detailed in their care plan. They had spent some time in hospital and on their discharge back to the service, were not as well-groomed as they would usually be. All staff on duty were very concerned the person would feel very uncomfortable about this and were discussing how they would assist them to feel better about their appearance. Staff clearly knew the things that were important to the person.
- Staff told us they had time to chat with people. One staff member said, "That's the nice thing of it, that you can chat to people. If they don't get many visitors we are like their family, we all like having a chat with them. I like hearing about their lives."
- Some people had difficulties with verbally communicating, or with their memory. Care plans guided staff in how to make sure people were supported to fully meet their needs. One person had clear memory loss. Their care plan provided step by step guidance, taking account of their individual circumstances, to ensure staff could support the person to be able to express themselves. Staff looked for the person at lunchtime to encourage them to go to the dining room for their meal and to remind them which direction to go in.
- Personal information was available for each person in a booklet in their care plan, called, 'This is me'. This included people's past history, such as where they grew up, their family circumstances and previous employment. Important information about people's present circumstances, such as if they had a partner or children and who they were close to was included. This helped staff to get to know people well and provide topics of conversation.
- People were able to make their own decisions and choices about their care, based on their individual preferences. Although staff encouraged people to use the communal areas to socialise with others, some people chose to stay in their own rooms most days.
- People chose what time they got up in the morning and what time they went to bed at night. One person liked to stay in bed until 10.30 or 11am most days. Staff told us about this at the start of the inspection and apart from checking to make sure they were alright, they left them to get up when they wished. The person was up and about at 11am.
- An activities coordinator was employed by the provider to plan activities of interest and support people to join in. An activity plan for the week was in place and advertised on the wall so people could choose what they wanted to take part in each day. The activities coordinator and staff regularly visited people who were unwell or chose to stay in their rooms. They spent time chatting or reading or making sure they had what they needed to follow their interests, to avoid social isolation.
- The activities coordinator was not on duty on the day of inspection. However, staff checked what people would like to do and a game of bingo was in progress. Staff were encouraging people to join in and helping

those who needed it. One person told us they liked to watch the television most days and, "I play bingo, I participate in the games, anything to keep my mind occupied."

- Staff helped people to go out when the weather was fine. One person told us, "When the weather is nice we sometimes go into the village and have coffee."

Improving care quality in response to complaints or concerns

- A complaints policy was in place, providing all the information people needed if they wished to make a complaint. People told us they would feel comfortable raising a complaint if they had one. One person told us the name of one member of staff who they would go to first.

- One complaint had been made in the last 12 months. This had been dealt with in a timely manner and by following the provider's complaints policy.

End of life care and support

- Some people living in the service were nearing the end of their life. Care plans were in place detailing if people had specific wishes when the time approached, such as where they would prefer to be and who they would like to be with them.

- The type of funeral people wished to have had been discussed and documented if they had instructions they wanted to be clear about. For example, where they wished to be buried or cremated.

- End of life care plans were written respectfully and with the personal information needed to make sure staff understood what was expected of them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager did not have effective systems in place to monitor the quality and safety of the service they provided.
- Accidents and incidents had been fully recorded by staff and showed the action they had taken at the time. However, the registered manager had not monitored incidents to check for themes, learn lessons and to ensure appropriate safety measures were updated and in place.
- Although care plans and risk assessments had been updated and reviewed by staff, the registered manager had not ensured care plans had been monitored on a regular basis to check they continued to be effective in meeting people's needs. Only one care plan audit had been undertaken, on 28 April 2019, by a senior carer. There was no evidence of previous monitoring processes having been carried out to make sure staff continued to have the guidance necessary to provide the care and support to meet peoples' needs.
- The registered manager had undertaken a 'walk the floor' visual check of the environment each week. However, they had not continued with this since 4 April 2019. Only one infection control audit had been completed, on 1 May 2019. A consistent system of checking the service for quality and safety was not sustained by the provider and registered manager.
- A medicines audit had been completed once a month since August 2018. The registered manager told us a senior carer undertook this audit, although no name or signature was recorded on the documents. The registered manager had not picked this up and addressed it with the staff responsible to ensure the accuracy and accountability of record keeping.
- People and their relatives did not have planned opportunities to provide feedback and give their views of the service. The last meeting with people and relatives was held on 10 August 2018.
- A survey had been sent to people and relatives and responses were kept in a file. However, there was no date and the registered manager could not tell us when these had been completed. The results of the survey had not been analysed by the provider to use the feedback to improve the service provided.

We found no evidence that people had been receiving poor care or had been harmed, however, systems were either not in place or robust enough to demonstrate quality and safety was effectively managed. This placed people at risk of harm and poor care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had not informed CQC of all significant events that happened within the service,

as required by law. Although they had notified of some significant events, such as deaths and serious injury, they had not notified us that people had a DoLS authorisation in place. The registered manager responded immediately and sent the appropriate notifications to CQC after the inspection.

The failure to notify CQC of all significant events without delay was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around person centred care, dignity and respect.
- When things went wrong or there were incidents, the registered manager was open and transparent about these and informed relatives and commissioners as appropriate.
- People knew what was going on in the service day to day. We heard some people chatting and joking with a member of staff about who was 'in charge'. They knew who the registered manager was and who amongst the other staff were most likely to be managing the service in the absence of the registered manager.
- A registered manager was in post. Staff said the registered manager was approachable and they felt comfortable going to them with any concerns. One staff member said, "(The registered manager) is lovely, they have come in and tried to get us involved, they listen to us. I know if I have an issue with anything I can tell them and they will take it on board" and another staff member told us, "The managers are supportive, and they give you praise and constructive criticism."
- The registered manager held regular staff meetings. Staff told us they felt they could raise ideas and were listened to. One staff member said, "We have staff meetings, staff have the chance to raise anything or suggest anything and I know that does get listened to."

Working in partnership with others

- The registered manager attended local provider forums and kept in contact with other registered managers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GP's, specialist nurses and district nursing teams.
- A health care professional commented, "The manager is approachable and always responds to any requests we make on people's behalf."

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 18 Registration Regulations 2009 Notifications of other incidents The provider and registered manager failed to notify CQC of all significant events without delay. 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 provider and registered manager failed to have systems in place to demonstrate safety was effectively managed and lessons were learnt. Regulation 12 (1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager failed to ensure effective processes were in place to monitor and improve the quality and safety of the service. Regulation 17(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider and registered manager failed to

ensure staff received the training and support to continue to provide effective care.