

# Yorkshire Regency Healthcare Limited

## The Heathers

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 13 July 2016 and was unannounced. The last inspection was in June 2014 and at that time the service was compliant with the regulations we looked at.

The Heathers Residential Care Home provides care and support to people who have past or present alcohol dependency problems. The home is a detached adapted property located close to Bradford City centre and within walking distances of Lister Park, local shops and other amenities.

The home had 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 to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home had a safeguarding policy in place which made staff aware of their roles and responsibilities. We found staff knew and understood how to protect people from abuse and harm and what might constitute abuse.

We found the service was meeting the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation is used to protect people who might not be able to make informed decisions on their own. We asked the staff about the MCA and DoLS and found they had a good working knowledge of the legislation and how it affected their roles.

We saw staff were patient and caring toward the people they supported and received appropriate levels of training and supervision to carry out their roles effectively. People who used the service told us they were happy living at the home and were complimentary about the registered manager and staff team. However, we had concerns there were at times insufficient staff on duty to meet people's needs particularly on night duty.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. This included GPs, hospital consultants, community health nurses, opticians, chiropodists and dentists. We found staff responsible for administering medication received appropriate training and people received their medicines safely. However, the providers medication policy was out of date and based on regulations which were no longer in use.

We saw some areas of the home required refurbishment to ensure they provided people with a safe and comfortable environment.

We saw there was a complaints procedure available which enabled people to raise any concerns or complaints about the care, support or treatment they received. However, the policy referred to regulation which were no longer relevant.

We also saw the statement of purpose, which contains detailed information about the service, required updating as it referred to a policy which had not yet been developed and facilities which were no longer available.

We found the quality assurance monitoring systems in place were not robust as not all shortfalls in the service highlighted in the body of this report had not been identified through the internal audits system.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the procedures for safeguarding vulnerable adults.

The staff recruitment and selection procedure was robust but not always followed correctly. Staffing levels need to be reviewed to ensure there are always sufficient staff on duty to meet people's needs.

Some areas of the home require refurbishment and work to ensure they provide people with a comfortable and safe environment.

### Is the service effective?

**Good** ●

The service was effective.

The service was working in accordance with some requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) which helped to make sure people's rights were protected.

People were supported to have an adequate dietary intake and their preferences were catered for.

People had access to a full range of NHS services.

Staff received the training and support they required to fulfil their roles and meet people's needs.

### Is the service caring?

**Good** ●

The service was caring.

Care and support was provided in a caring and respectful way.

People's right to privacy, dignity and independence was respected.

Wherever possible people were involved in reviewing their care needs and were supported to express their views about how they wanted their care and support to be delivered.

### Is the service responsive?

The service was not consistently responsive.

Care plans were in place that reflected people's individual needs. Care plans were reviewed and updated as people's needs changed.

Staff were knowledgeable about people's needs, interests and preferences. There were some activities but more needed to be done to support people to spend their time meaningfully.

There was a clear complaints procedure and people who used the service knew how to make a complaint if they needed to.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led

There was a quality assurance monitoring system in place designed to continually monitor and identify shortfalls in the service and any non-compliance with current regulations. However, we found the quality assurance system had been ineffective in identifying and addressing the concerns raised in the body of this report.

Feedback from people who used the service and staff about the register manager was positive. The registered manager was open and transparent and demonstrated a commitment to improving the quality of services provided.

**Requires Improvement** ●

# The Heathers

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 July 2016 and the inspection was unannounced. The inspection was carried out by three inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support being delivered. We looked at seven people's care records, medicines administration records (MAR) and other records which related to the management of the service such as training records, staff recruitment records and policies and procedures.

We spoke with ten people who were living at the home, the registered manager, two team leaders, four care staff, the chef and one visiting healthcare professional. Following the inspection we also spoke with the Local Authority Commissioning team and Safeguarding Unit.

Before the inspection we reviewed the information we held about the home. This included looking at information we had received about the service and statutory notifications we had received from the home. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

## Is the service safe?

### Our findings

The registered manager told us sufficient staff were employed for operational purposes. They told us staffing levels were based on people's needs and we saw they had recently introduced a dependency tool to determine staffing levels. However, we saw the dependency tool did not take into account the layout of the building which has bedroom accommodation on three floors. We were concerned there was a potential risk to people's safety at night due to the fact there were only two staff on duty to support 32 people and there were known risks in relation to people smoking and consuming alcohol in their rooms.

In addition, we saw the service only employed one housekeeper who was on leave at the time of inspection, did not employ laundry staff and had no weekend cook. This meant care staff were also required to carry out some housekeeping and laundry tasks in addition to their primary role of providing people with care and support. This was discussed with the registered manager who told us they had tried unsuccessfully to recruit more housekeeping staff and a weekend cook. They told us a designated member of care staff supernumerary to the staff on duty cooked at weekends but acknowledge in the long term this vacancy needed to be filled.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how people's medicines were managed within the service. We found medicines were stored safely. However, we found the medication fridge was located in one of the communal rooms used by people living in the home. The registered manager assured us this was a temporary arrangement.

We looked at the medication administration records (MARs) and found they were up to date and accurate. They included information about medication allergies. Some medicines were prescribed with special instructions about how they should be taken in relation to food. We found there were suitable arrangements in place to make sure these instructions were followed. None of the people living in the home were receiving their medicines in a disguised, covert, form. Some people were supported to manage their own medicines, this was clearly supported by risk assessments and care plans.

Certain medicines are classified as controlled drugs which means they have to be stored, administered and recorded in a specific way. We observed staff administering one of these medicines and saw they followed the correct procedure.

There were suitable arrangements in place to make sure medicines prescribed to be taken 'when required' (PRN) were managed properly. This included guidance for staff on when to offer people these medicines. When people were prescribed topical medicines, creams and lotions, body maps were used to show staff where and when they should be applied.

All the staff involved in the administration of medicines received training which was updated every year. Medication competency assessments were done to check staff were following the correct procedures when

assisting people with their medicines. In addition, one of the senior staff told us the pharmacist was always available to provide advice, support and additional training.

One of the team leaders was designated as the lead person for medicines and they told us they carried out random and monthly checks on the medication records and stock. We discussed using a more detailed checklist to provide a clear audit trail. The team leader was in the process of putting together an information file about the different medicines used in the home to help staff develop a better understanding of their uses, side effects etc.

The NICE (National Institute for Health and Care Excellence) guidelines on managing medicines in care homes were available. However, when we looked at the providers own medication policy we found it was out of date, despite having been reviewed in September 2015 it was based on regulations which were no longer in use.

We saw there was a recruitment and selection policy in place. The registered manager told us as part of the recruitment process they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people.

We saw there was a staff disciplinary procedure in place to ensure where poor practice was identified it was dealt with appropriately. The registered manager told us if they found a member of staff was no longer suitable to work in a health or social care setting they would make a referral to the appropriate agency, for example, the Disclosure and Barring Service.

We looked at three employment files and found all the appropriate checks had been made prior to employment. The staff we spoke with told us the recruitment process was thorough and done fairly. They said they were not allowed to work until all relevant checks on their suitability to work with vulnerable adults had been made. However, we found the registered manager had not always followed the recruitment procedure or explored gaps in people's previous employment history to ensure they were suitable to work in the caring profession. This was discussed with the registered manager who told us they would address this matter immediately.

People who used the service told us they felt safe living at The Heathers because the staff were caring and enjoyed what they did. We saw the service had policies and procedures in place to safeguard vulnerable adults. The staff we spoke with had a good understanding of how to identify and act on allegations of abuse and told us they were confident that any concerns reported to the registered manager would be dealt with promptly. They also told us they knew how to contact the local authority safeguarding unit and the Care Quality Commission (CQC) if they had any concerns. Due to the nature of the service and the high number of notifications that would be sent, the registered manager had arranged with the police and local safeguarding team a clear defined list of what would be reported. We looked at the incidents file and found all incidents that met the criteria had been forwarded on to the appropriate professional body.

We looked at the systems in place for handling the personal finances of people who used the service and no concerns were raised. We saw a team leader had been designated responsibility for managing people's finances and the systems in place were audited on a regular basis to protect both the staff and people who used the service from allegations of financial abuse. All transactions were recorded and receipts obtained by staff when they purchased items on people's behalf. We checked financial records for four people and found all records and monies were accounted for. This showed us people's monies were looked after in a safe way.



Risks to people's health were appropriately assessed and managed. Where risks were identified, risk assessments and care plans were put in place covering areas such as falls and nutrition. Where incidents such as falls took place, incidents were recorded and preventative measures put in place to help prevent a re-occurrence. The staff we spoke with had a good understanding of their responsibilities with regards to reporting incidents to the registered manager for investigation.

However, we saw one person had a risk assessment in place for the taking of illegal drugs on the premises. The risk assessments and the services statement of purpose both referred to a specific policy on the possession of illegal substances. We asked to see this policy and were told it had not yet been created yet. This meant both the statement of purpose and risk assessment referred to a policy that was not actually in place and therefore could not be enforced.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we reviewed the environment. The building was set across three floors with communal areas on the ground floor and bedrooms located on all three floors. We found corridors on the upper two floors were not always well lit despite having working lights. Carpets and decoration were darker shades which exaggerated the poor lighting. On the top floor we found one very dull corridor leading to stairs which increased the risk of an accident occurring. We mentioned this to the provider who said they would review the lighting in this area of the home.

One of the rooms on the top floor was unlocked and was filled with old furniture. The furniture was not stacked and appeared to be pushed in with some of the furniture touching the very high ceilings. This presented an increased fire risk. One of the living rooms on the ground floor had a line of chairs pulled forward narrowing the angle to the TV. These chairs were pulled forward because large rolls of carpets were being stored behind the chairs. We asked the provider about this and they said they bought carpets by the roll so they could replace it when required. We asked the provider to move this carpets elsewhere so they were not intruding on people's living space.

We also saw that although the home primarily provided care and support to younger adults the décor of the building was very old fashioned and not always well maintained with marks on walls and paint that needed refreshing. Furniture in the home was old fashioned with some chairs in the smoking room having rips and tears in the arms and base and cushions that did not match.

This was in breach of regulation 17(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed fire safety records and maintenance certificates for the premises and found that the equipment in use had been maintained in line with the manufacturer's guidelines.

# Is the service effective?

## Our findings

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us one person had a DoLS in place although they had not received the paperwork for this yet. We saw the e-mail to confirm the DoLS had been authorised and reviewed the referral paperwork. We saw people had been referred appropriately. The registered manager demonstrated a good understanding of the safe application of DoLS which gave us assurance that the correct processes would continue to be followed. We also asked the staff about MCA and DoLS and found they had a good working knowledge of the legislation and how it affected their roles.

In the care records we saw an agreement signed by the person who used the service and the registered manager about their alcohol consumption which provided consent to reduce the amount to a daily agreed limit. This showed us people had given their consent to the care and support that was being provided.

We observed the meal service at breakfast and lunch and saw people were offered choices. For example, at breakfast we saw people having full cooked breakfasts, egg sandwiches and sausage sandwiches in addition to a choice of cereals and hot drinks. People told us breakfast was served between 8am and 10am and we saw one person who had eaten an early breakfast go back for a second breakfast just before 10am.

Tables were set in the dining room and conservatory and the meal service was calm and well organised which helped to create a relaxed mealtime experience for people. One person said, "The food is good, there is plenty of variety" and another person said, "The food is very good, there is plenty of choice."

People told us they had a light meal at lunchtime and the main meal of the day was served in the evening. This was confirmed by our observations and by the menus which were displayed in the dining room. We spoke with the cook who demonstrated a good understanding of people's individual dietary needs and preferences. However, although people's dietary needs were met it was not clear how menus were monitored to ensure nutritional content was consistent. None of the people living in the home at the time of the inspection had particular dietary needs related to their religion or culture.

People's nutritional needs were assessed and people's weights were monitored. We found action was taken

when people were identified as being at risk of poor nutrition or had unplanned weight loss. This included referrals to other health care professionals such as GPs and dieticians. We therefore concluded people's dietary needs and preferences were catered for.

Care records demonstrated that the service liaised closely with external health professionals such as district nurses, doctors and dieticians. We saw details of their visits were logged and care plans were updated to reflect the changes in people care, treatment and support. In addition we were informed by the registered manager that a general practitioner held a surgery at the home on a weekly basis. This helped ensure effective care and treatment was provided. We spoke with the GP on the day of inspection and they told us they had no concerns about people healthcare needs and that staff were knowledgeable and always followed their advice and guidance.

The registered manager told us a designated member of the senior staff team had taken on the role of training facilitator and was responsible for ensuring staff received the training they required to carry out their roles effectively. We spoke with the training facilitator who told us all new staff completed an induction training programme on employment and staff who had not previously worked in the caring profession completed the care certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The training facilitator also told us new staff always shadowed a more experienced member of staff until they felt confident and competent to carry out their roles effectively and unsupervised.

The training facilitator confirmed following induction training all staff completed a programme of mandatory training which covered topics such as moving and handling, infection control, equality and diversity, food hygiene, health and safety and safeguarding.

We looked at the training matrix and saw mandatory training had been completed by staff within the recommended time frames for each training course. We saw the majority of training was completed in-house by staff watching DVDs although some training was provided by staff attending external training courses or distant learning. The training facilitator confirmed that following all training completed in-house staff were asked to complete a questionnaire to make sure they fully understood the content of the course. It was apparent when speaking with the training facilitator they were enthusiastic about their role and wanted to ensure staff received the training they required to carry out their roles effectively and in people's best interest.

The registered manager told us individual staff training and personal development needs were identified during their formal one to one supervision meetings and their annual appraisal. Staff spoke positively about the training provided and confirmed they received regular updates in a range of mandatory topics.

## Is the service caring?

### Our findings

People told us staff were supportive and were there for them if they required help or assistance. One person said, "The staff are there if you need them but realise there are times when I want to be left alone." Another person said, "It's a good place to live, I can within reason do what I want to do during the day and have somewhere safe and comfortable to sleep at night."

Information in the Provider Information return (PIR) showed many of the people who used the service had lost contact with their family or their relatives had no involvement in their care, treatment and support. The registered manager confirmed that the staff therefore tried hard to create a homely, family atmosphere and celebrated people's birthdays and other special occasions throughout the year.

In addition, our discussion with the registered manager showed they had a good insight into the requirements to provide people who had no family support the opportunity to access the service of an advocate who would act on their behalf and in their best interest. The registered manager also demonstrated their understanding of when an Independent Mental Capacity Advocate (IMCA) may be appointed.

We asked people if they had been involved in their care planning and making decisions about their care and support. One person said "They (staff) always try to discuss things with me but to be honest I am not always interested in what they have to say. I am happy with the way things are. If I have a problem I tell them but otherwise I just want to be left alone to live my life as I want to live it." Another person said "I have been involved with my care plan and know I can read it at any time, but generally I just let the staff get on with sorting things out."

It was evident from speaking with staff and observing their interactions with people that they were aware of people's needs and were able to manage any behaviour that may challenge as a result of their alcohol dependency problems. We saw people appeared relaxed and confident in the presence of staff and the staff were able to effectively communicate with people.

People told us that staff respected their privacy and dignity. One person said, "All the staff treat you with respect, we never have any problems." Another person told us, "The staff always knock before they come into my room, they never just barge in."

We saw "residents" meetings were planned in advance and held on a three monthly basis. People told us the meetings were informative and gave them an opportunity to air their views and opinions of the facilities provided and the care, treatment and support they received.

We also saw people were asked to complete an annual customer satisfaction survey questionnaire. We looked at the results of the most recent survey and found the service had received nineteen returned questionnaires. The questionnaires asked what people liked about the service, what could be improved and if they could change one thing, what would it be. We saw when asked to make suggestions about how to

improve the service the majority of people had made comments about improving the décor within the home. However, overall people were happy with the level of care and support they received from the registered manager and staff.

## Is the service responsive?

### Our findings

We saw before people were admitted to the home a pre admission assessment had been carried out to ensure staff had the experience and skills to meet their needs. We saw the information gathered at this meeting was then fed into people's care records which were person centred and included information about their personal choices, decisions and likes and dislikes. We saw people's care records stated specifically how people wanted their care and support to be provided. This showed us people had been involved in the care planning process.

On the day of inspection a local GP held a surgery at the home and requested a change in the way their care and support was being delivered to one person. We observed that immediately following the consultation the person's care plan was updated to ensure all staff were aware of the changes made. In addition, we spoke with one person who had just returned from physiotherapy appointment. They told us staff had noticed they were not walking as well as they used to and had suggested they see their GP. They had done so and had been referred to a physiotherapist. This showed us staff were responsive to people's changing needs and realised the importance of maintaining up to date and accurate records.

We saw staff were patient in their approach and had a good rapport with people. Staff supported people in a calm and relaxed manner. They stopped to chat with people and showed a genuine interest in what they had to say. We observed staff supporting and responding to people's needs appropriately throughout the day and the people we spoke with indicated that they were generally happy living at the home and with the support they received. One person said "The staff are Ok, you can go to them if you have a problem and they will try and help you if they can." Another person said "Things could be a lot worse I have a comfortable room, the food is good and I get along with most people. I would rather live on my own but I have tried that in the past with dire consequences so for now The Heathers is the best place for me to live until I sort myself out."

We saw the service employed an activity coordinator two days per week and on the days they worked it was apparent they organised a wide range of activities for people to participate in. We looked at some of the past events and activities and found they included a range of outings. These included a visit to a classic car show, going for a curry, visiting the library, and visits to local towns, museums and a steam train.

On the day of inspection we saw staff playing dominos with some people. However other people in the main lounge area made comments including, "This is a long day" and "There is nothing to do but watch TV day in and day out" People told us on the days the activity's coordinator did not work there was limited things for them to do and we observed people were not engaged in meaningful activities either within the home or the local community. This was discussed with the registered manager. They told us they were aware more needed to be done to provide people with a stimulating environment and would take steps to address this matter although they told us some people refused or were reluctant to participate in any form of activities.

We looked at the complaints policy which was available to people who used the service, visitors and staff. The policy detailed how a complaint would be investigated and responded to and who they could contact if

they felt their complaint had not been dealt with appropriately. However, the policy required amending as it referred to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 which is no longer relevant.

We looked at the complaints received since the last inspection and saw they had been dealt with correctly and within the timescales set out in the complaints procedure. The registered manager told us some people who used the service were reluctant to make a formal complaint however we saw they logged all concerns raised and the action taken. The people we spoke with told us they had no complaints about the service but knew who they could complain to if they had concerns.

## Is the service well-led?

### Our findings

Throughout our inspection we observed the registered manager interacted with staff and people who lived at the home in a professional manner and had a visible presence throughout the day. We found the registered manager was open and transparent with the inspectors about where they recognised improvements were still required and encouraged both staff and people who used the service to raise concerns and ideas for improving the service.

The staff we spoke with told us the registered manager was approachable and encouraged and supported them to develop their skills and knowledge base. One staff member told us they received lots of training and had regular supervision and appraisals. Another care assistant told us the registered manager had supported and encouraged them to complete an NVQ (National Vocational Qualification) at level 2 in care. They said this had increased their self-confidence and they now planned to do an NVQ at level 3.

The registered manager told us as part of the quality assurance monitoring process the service sent out annual surveys questionnaires to people who used the service, their relatives and other healthcare professionals on an annual basis. They told us the results of the survey were collated and an action plan put in place to address any concerns raised. We looked at the results of the last survey and found overall people had made positive comments about the management of the service.

The registered manager told us the service had a quality assurance monitoring system that continually monitored and identified any shortfalls in the service and any non-compliance with current regulations. We looked at audits completed by the registered manager, provider and an external consultant employed by the provider. We saw care plan audits were completed with a detailed review of the people's care records. Areas of improvement and changes required were identified and an action plan was created. We looked at the action plans for two people created in May 2016 and found all improvements had been made.

We saw the provider and consultant completed spot checks in the service and the consultant produced a report for the service checking specific areas against regulation. However there were a number of concerns from the day of inspection that had not been identified either by the registered manager or the consultant. For example, the recently introduced dependency tool used to determine staffing levels did not take into account the layout of the building or known risks such as people smoking in their rooms and drinking alcohol. Therefore the provider could not be certain the staffing levels in place were sufficient to meet people's needs and keep them safe. In addition, we saw the registered manager was not always following the recruitment and selection procedures for new staff by exploring gaps in their employment history.

We saw Health and Safety audits had been completed on a monthly basis which included checks on equipment, the emergency call system, furniture, lighting and carpets. However, we found corridors on the upper two floors were not always well lit despite having working lights. Carpets and decoration were darker shades which exaggerated the poor lighting. On the top floor we found one very dull corridor leading to stairs which increased the risk of an accident occurring. We also found large rolls of carpets stored in one lounge area and an unlocked room on the top floor of the building stacked full of furniture which potentially



increased the fire risk.

The statement of purpose (SOP) which contains detailed information about the service was out dated as it referred to a games room which was not present anymore. The SOP also referred to a policy on people found to be taking illegal taking drugs. However, the provider told us the policy was still being developed and was not yet in use.

In addition, both the provider's complaints and medication policies and procedures referred to regulations which were no longer in use even though the medication procedure had last been reviewed in September 2015. This raised concerns about the effectiveness of the quality assurance monitoring process.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 17 HSCA RA Regulations 2014 Good governance  The registered person did not have suitable arrangements in place to regularly assess and monitor the quality of the services provided and to identify, address and manage risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed to meet people's needs.