Warrenheath Residential Home Limited

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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

Warren Heath Residential Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service does not provide nursing care. Warren Heath Residential Home Limited accommodates up to 18 older people in one adapted building. There were 15 people living in the service when we inspected on 2 February 2018. This was an unannounced comprehensive inspection.

There was a registered manager in place, who was also one of the providers. 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.

At our last comprehensive inspection of 20 November 2015, this service was rated good. The service had not sustained the rating of good and the overall rating for this service was requires improvement. The key questions for Effective and Caring are rated as good. The key questions Safe, Responsive and Well-led are now rated as requires improvement. This was because the systems in place for infection control were not robust, there were inconsistencies in how people's needs were planned for and met and the systems for monitoring the service were not robust enough to independently identify shortfalls. We identified a breach of Regulation 17: Good governance of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The service had accepted the support from the local authority to improve their care plans. However, we identified discrepancies in the reviewed care plans, which did not provide clear guidance for staff on how people's needs were to be met. This included people's conditions and how these affected their daily life. Staff were not always responsive to people's needs.

There were systems in place designed to keep people safe from avoidable harm and abuse. Staffing levels in the service were organised to provide people with assistance when they needed it. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

People were supported to see, when needed, health and social care professionals. People's nutritional needs were assessed and met. People were provided with their medicines as prescribed. The environment was appropriate for people using the service. Staff were provided with training and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with respect and compassion by the staff working in the service. People had positive relationships with the staff who supported them. People were provided with the opportunity to participate in activities that interested them. People's views were valued and used to plan and deliver their care. People's views were listened to and acted upon relating to their end of life care. There was a system in place to manage complaints.

You can see what action we have told the provider to take at the back of the full version of this 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.

Improvements were needed in the infection control processes.

Staffing levels meant that staff were available when people needed them. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them.

There were systems in place to minimise risks to people and to keep them safe. Staff had been trained in how to keep people safe from abuse.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

The service was working within the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to appropriate services, which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy and independence was promoted and respected.

People's choices were respected and listened to.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Improvements were ongoing in how people's wellbeing and needs were assessed and planned for to ensure their individual needs were being met. Systems were in place to support people at the end of their life.

People were provided with the opportunity to participate in activities.

There was a system in place to manage people's complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Improvements were needed in the ways that the service monitored the service to ensure that people were provided with good quality care at all times.

Warren Heath Residential Home Limited

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 unannounced comprehensive inspection took place on 2 February 2018 and was undertaken by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public. Prior to our inspection, we contacted local authority for feedback about the service.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law.

We spoke with six people who used the service. We observed the interaction between people who used the service and the staff.

We looked at records relating to five people's care. We spoke with the registered manager and two members of care staff. We looked at records relating to the management of the service, three staff recruitment files, training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of 20 November 2015, Safe was rated good. The service had not sustained this rating and it was now Requires improvement. This was because improvements were needed in the infection control processes in the service and how people were provided with safe care at all times.

We looked around the service and found it to be clean; this included a mattress, commodes and toilets. However, we checked four people's walking frames and found that two were not clean. This was despite it being picked up in the last two monitoring checks of equipment. In addition, the ferrules on one walking frame were worn away at the bottom. This was a risk because ferrules are designed to stop the walking frame from slipping on floor surfaces. The ferrules were worn away leaving the metal of the frame exposed and in contact with the floor. We pointed this out to a staff member who replaced the ferrules immediately. The registered manager told us that this had been identified and the replacement ferrules had been ordered but had not yet been put onto the frame.

Staff had not recorded when medicines, which were stored in their original packaging, had been opened. Some medicines provide guidance that they should be used within a certain time following their opening, such as eye drops. This was a risk because without this information staff could not be assured that they were safe to use.

We observed the morning medicines administration round. Throughout the round the staff member did not wash their hands, or wear gloves, between giving people their medicines; this included the administration of a person's eye drops. They did not wash their hands before or after this. This meant that good practice in infection control was not followed.

We asked a staff member if they were provided with gloves and aprons to wear when supporting people with their personal care needs. They said that they were and these were stored throughout the service to allow access. We saw staff collecting these when preparing to support people with their personal care to reduce the risks of cross infection. Staff had received training in infection control and food hygiene.

At a recent food hygiene inspection in January 2018, shortfalls were identified. This included staff not wearing appropriate protective garments, discrepancies in food storage temperature monitoring and unhygienic practices. The records in the service stated that the requirements and recommendations had been addressed. We did see staff wearing aprons and hats when working with food. We saw the minutes from a staff meeting in January 2018 where the inspection had been discussed and what the shortfalls were. Staff were advised on their role and responsibilities and provided with training. This showed that the service were working to learn and improve when things went wrong.

People told us that they were safe living in the service. One person said, "I feel very safe."

Care records included risk assessments to guide staff about supporting people safely. This included risk assessments associated with mobility, pressure ulcers and falls. Where people were at risk of developing

pressure ulcers, systems were in place to reduce these. This included seeking support from health professionals and the use of pressure relieving equipment. The registered manager told us that no people were cared for in bed and no one living in the service required assistance with repositioning.

Staff had guidance about managing the risk of falls and supporting people with their mobility. Where people were at high risk of falls, staff took advice from other professionals to promote people's safety. Body maps were in place where people had injuries. Where people had fallen there were documents which showed that they were observed at regular intervals following a fall to check if there were any injuries or concerns about their wellbeing.

Staff had received safeguarding training and understood their responsibilities in keeping people safe from abuse. For example, when they should report concerns to the appropriate authorities. Where a safeguarding concern or incident had happened, the service had taken action to reduce the risks of future incidents.

Risks to people injuring themselves or others were limited because equipment, including hoists, the passenger lift, and fire safety equipment, had been serviced and checked so they were fit for purpose and safe to use. Portable electrical equipment had been checked to ensure items were safe to use. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. Fire safety checks were undertaken. There were personal evacuation plans in place for each person to guide staff on the support that people needed should the service need evacuating.

People told us that they felt that there were enough staff in the service to support them. One person said, "If I need anything I just have to ask, there is always someone around." We saw that staff responded to people requests for assistance, including call bells promptly. The registered manager and a staff member told us how the service was staffed to meet people's needs. This was confirmed in our observations and records. Staff we spoke with said that they felt that there were enough staff to ensure that people were provided with the care and support they needed.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They put on my cream, so gentle. I get my tablets no problem."

Records showed that staff who were responsible for administering medicines had received training. We observed the morning medicines administration round. Staff who were responsible for giving people their medicines did this politely. They checked the medicines administration records (MAR) before providing people with their medicines and signed them when they had seen people taking them.

Where people were prescribed medicines to be taken as required (PRN), protocols were in place to guide staff when these were to be administered. Medicines administration records (MAR) were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. Photographs of people were included in the MAR folder with the date of their photograph and name. This assisted staff to identify that they were providing medicines to the correct person. People's records included information about their prescribed medicines and the support they required to take their medicines.

Good

Is the service effective?

Our findings

At our last inspection of 20 November 2015, Effective was rated good. At this inspection, the service remained good.

The service was working with social care professionals to improve the care plans. This was not yet fully implemented. Our discussions with the registered manager and review of records showed that the service worked with other professionals involved in people's care to ensure they received a consistent service. This included the commissioners for services and health care professionals.

People told us that they felt that their health needs were met and they were supported to see health professionals if needed. One person said, "I tell the staff if I feel ill and they get the doctor in for me." Records showed that where there had been concerns about a person's health, they were referred to health professionals and any advice was recorded.

There were systems in place to share information with other professionals if people needed to move between services. For example if they required hospital admission. The newly developed care plans included a yellow folder. This held important information about the person which would be transferred to hospital with them, including if they wished to be resuscitated.

People told us that they were provided with choices of food. One person said, "We always have a choice, if you don't like it you can have something else, just have to ask." People told us that they enjoyed lunch and we heard a person saying to a staff member, "That was a nice meal." Another person when talking to the person sitting next to them said they were full, "But it's too good to leave anything." Staff took a selection of desserts round to people so they could choose the one they wanted.

Most people who were up were eating their breakfast at small tables in front of their arm chairs in the communal lounge area. One person told another at 8.25am, "I am still waiting for my breakfast, I think they have forgotten." They asked a staff member for their breakfast at 8.35am, which was then provided and staff apologised to them. People chose what they wanted to eat, one person asked for more toast and this was provided. We saw one person said that they felt hungry in between breakfast and lunch and they were given a snack of their choice.

We saw that people's choices were respected in what they wanted to eat for lunch and where in the service they chose to have their meals. Staff promoted a positive dining experience. For example, people chose where they wanted to sit, such as near to their friends. People were encouraged to eat independently and staff promoted independence where possible.

The registered manager told us that there were no people using the service who were at risk of malnutrition and so no records of food monitoring were in place. Records showed that people's dietary needs were assessed using the malnutrition universal screening tool (MUST). Records of weights were in place, however one person's weights records did not have the actual date of being weighed, they just had the month and

the year. The registered manager told us about the system in place if people lost weight, which included referring them to health professionals including a dietician or the speech and language team (SALT).

People were provided with choices of hot and cold drinks throughout our inspection. We saw that people had cold drinks in front of them, which were regularly topped up. This reduced the risks of people being dehydrated.

People told us that the staff had the skills to meet their needs. One person said, "They [staff] appear to know what they are doing."

There were systems in place to provide staff with training to meet people's needs effectively. relevant to their role. New staff were provided with an induction course, which included training such as safeguarding and moving and handling. Staff told us that they received training that they needed to do their job. This included training in medicines, fire safety, first aid, and dementia. There was a training course booked for March 2018 which had been arranged by the registered manager to enhance staff's awareness of what life may be like for people living with dementia.

Staff were provided with the opportunity to achieve qualifications. Where new staff had not completed a recognised qualification in health and social care, new staff were completed to complete the Care Certificate. This is a recognised set of standards that staff should be working to. Staff told us that they were supported to undertake qualifications relevant to their role. One staff member said that they were working on a management qualification and another said that they had achieved a Qualifications and Credit Framework (QCF) in health and social care level 2 and were now working on their level 3.

Staff told us that they were supported in their role. Records showed that staff received one to one supervision meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service people received, including identifying any training needs they had.

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 understood when applications should be made and the requirements relating to MCA and DoLS. Staff had received training in the MCA and DoLS. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service. Care records included information about if people had capacity to make decisions and if they needed best interest decisions. Documents had been signed by people to consent to their care identified in their care plan.

There were systems in place to monitor the environment and where required, redecoration was undertaken.

For example, when a person left the service, their bedroom was redecorated for the next person to move in. We saw records which showed that replacement carpets had been laid when needed. Records showed that safety checks were undertaken as required, including electrical and gas safety. People's bedrooms included items of their personal memorabilia, which reflected their choices and individuality. The environment had communal areas that people could use, including lounges and dining area. There were areas in the service where people could see their visitors in private. There was a secure garden which people could use, which held garden furniture. People told us that they used the garden when the weather was warmer. The service was accessible for people who had issues with mobility. For example, there was a passenger lift and stair lift for those who may not be able to use the stairs. Baths and showers were accessible for people. For example, the provision of a bath chair allowed people to use the bath if they were not able to access it independently.

Good

Is the service caring?

Our findings

At our last inspection of 20 November 2015, Caring was rated good. At this inspection, Caring remained good.

People spoken with said that the staff were caring and treated them with respect. One person said, "They [staff] are all very nice." Another person commented, "They [staff] are all so kind." A thank you card from a relative stated, "I cannot thank you enough for the care, love and attention you gave [person]."

There was a relaxed and friendly atmosphere in the service. Staff talked about and with people in a caring and respectful way. We saw examples of caring and compassionate care. For example, when a staff member sat with a person, the person reached for the staff member's hand. They sat together chatting and holding hands. Staff spoke with people in a caring and calm manner. They positioned themselves at people's eye level when speaking with them and gave them time to share their views.

People's records identified how people's privacy was to be respected. We saw that staff knocked on bedroom and bathroom doors before entering. When people wanted to discuss their personal care needs, staff responded quietly in a way that respected their privacy and dignity because they could not be overheard by others.

People told us how their independence was promoted and respected. One person said, "I try to keep doing things for myself, I ask them [staff] if I do need any help." People's records identified the areas of their care that they could attend to independently and how this should be respected.

People's views, and those of their representatives where appropriate, were listened to and their views were taken into account when their care was planned and reviewed. This included their choices and usual routines, such as their choices of the gender of staff who supported them with personal care and their preferred form of address. We spoke with one person who was in bed, they told us they usually got up at 10am, which was their choice, staff usually brought tea and a biscuit to their room at 10am. They said they usually went downstairs to the communal areas when they were ready. This showed that their choices were respected.

People told us that they could have visitors when they wanted them. Records included information about the relationships that people maintained which were important to them. The records identified where people had received visitors.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection of 20 November 2015, Responsive was rated good. At this inspection, the service was rated requires improvement. This was because there were inconsistencies in people's care plans. The care plans needed improvements in how people's needs were planned for. The registered manager had accepted support from the local authority to improve people's care plans, which was ongoing.

The registered manager told us that they were in the process of changing the care plans to a new format which had been suggested by the local authority. The new style care plans included 'This is Me' documents which identified important information about people. We reviewed two of the old style care plans and three which had been reviewed. We found inconsistencies in all of the care plans we reviewed.

People's health conditions were not all explained in their care plans, including the signs and indicators of their condition, when they may be unwell and any actions that staff should take. There was limited information about, if people were living with dementia, how this affected them in their daily lives.

One person's care plan identified their religion and spiritual needs. However, their daily records stated that the person had taken Holy Communion, their care plan stated that they were of a different religion. There was no information in their care plan about how their spiritual needs, with reference to their religion, were met. We spoke with the registered manager about this and they said this would be addressed.

The language used in one person's care plan about their behaviours was written in a negative way and which was not age appropriate. For example, "Can be abrupt and sulk if I don't get my way." We spoke with the registered manager about the use of language in the records, such as sulking may be attributed more to reference to child like behaviours. They told us that they would change the terminology in the records. Where people had mental health conditions the language used in two people's records were identical and referred to the actions that staff should not take which would make people, "Mad." We spoke with the registered manager about the use of appropriate language which they said they would address. The use of the word, "Mad," had been used to explain that the person could become angry.

In two people's records, there were inconsistencies in the size of continence pads the person used. In one person's records, on one section it stated that they wore pads for reassurance and in another section it stated that they were doubly incontinent and required continence pads. This could lead to people receiving inappropriate care.

There were records in place called 'monthly bowel charts' but these had hour's records and each hour was ticked from 8pm to 7am. The registered manager said that these were records of night checks and would change the format used to ensure there were no misunderstanding of what the records were documenting.

Improvements were needed in people's daily records which identified the care provided to people. Not all of these were legible and easy to read. In addition they did not all include how people's day had been and their wellbeing. The actual time of events were not recorded, for example what time people had got up in the

morning. The records showed what time they were written and not the time of support being provided. The records were written by staff on or around 4am and tea time between 4pm and 6pm. This would make it difficult for staff to track people's wellbeing and any changes in their usual routines. There were some entries during the night, for example at 2am a person was given a drink when requested. One person's care plan stated that they did not want to be checked at night, however, their daily records were consistently completed at around 4am stating that the person had slept well or not, which indicated that the person was checked when they had asked not to be. The records stated when people had been provided with personal care but there was no indication of where people had a bath or shower. The registered manager said this would be addressed.

We saw that staff were responsive to some people's needs. For example, a person was provided with a stool to put their feet up. This was identified in their care plan as what the person needed. However, when we were talking with one person we saw that their spectacles were dirty. When we asked they gave us their spectacles to clean. The lenses were very dirty, one had a dried substance which was difficult to remove. In addition, the arms were loose. When we gave the person their spectacles back they commented how they could see better and told a staff member that we had cleaned their glasses. This had not been noticed by staff despite them speaking with the person throughout the day.

In the afternoon of our inspection, we noted that one person needed support with their personal care needs. We passed this on to staff who immediately supported the person to change. However, this had not been noticed by staff before we had pointed it out.

People told us that they felt that they were cared for and their needs were met. One person said, "I am very happy here, I am looked after." Another person commented, "It is good here, got everything I need." A thank you card from a relative stated, "I could not have asked for a better home for [person] to have been in, first class. I will recommend Warren Heath to anyone."

People told us that there were social events that they could participate in. One person told us that they went for a walk outside several times a day to, "Keep my legs moving and to get some air." Another person prepared to go out for a walk with staff and they said, "I suspect it will be a long time. I like walking."

We saw people participating in activities throughout the day. This included during the morning exercise, throwing a ball to each other, listening to music, watching television, going out for a walk and a staff member showed people a card trick, which made people laugh when they got it wrong. During the afternoon people played hoop-la, had a manicure and a visiting entertainer played music which people sang and danced to. We spoke with a person who was having their nails done by staff, they said they found it, "Relaxing." People's daily records did not include the specific activities that people had participated in and how they had responded to them. The entries did state that the person, "Enjoyed activities," but there was no reference to what they were or when they were provided. We spoke with the registered manager about this and they said it would be addressed.

There was an activity plan in place which showed that people went out in the community to a local church for activities they provided, shopping and activities in the service included visits from entertainers.

People told us that they knew how to make a complaint and that they were confident that their concerns and complaints would be addressed. People were reminded about the complaints procedure in resident and relative meetings and they were asked if they had any complaints about the service.

There was a complaints procedure in the service, which advised people and visitors how they could make a

complaint and how this would be managed. Records showed that people's complaints and concerns were investigated and responded to in line with the provider's complaints procedure. However, the complaint from one person in October 2017 stated that the person had lost their nightwear and a 'chain.' The records stated that the nightwear was located in the laundry and returned to the person and the provider had bought another chain for the person, which they were pleased about. We spoke with the registered manager about what actions had been taken about investigating the loss of the chain. They said that the person had said it was lost and they could not find it so they had replaced it. They were confident that it had not been taken and this was why they had not reported it on to safeguarding.

People's records included their decisions about the care they wanted to receive at the end of their life. For example, if they wanted to be resuscitated, where they wanted to be cared for and any arrangements they had made for their funerals. Audits were in place for the systems in place for end of life care and records, this included checking that the required forms were in place if people did not wish to be resuscitated. Cards and letters had been received by the service from people's relatives thanking them for the care provided. One of these stated, "Thank you very much for making [person's] last few months as comfortable and pleasant as possible. You kept professional, kind and smiling through difficult circumstances. We are very grateful."

Requires Improvement

Is the service well-led?

Our findings

The service had been rated overall as inadequate in a previous inspection of 31 January 2015. At our last inspection of 20 November 2015, improvements had been made and the rating overall for the service and Well-led was good. At this inspection, we found that the improvements had not been sustained. The service did have monitoring systems in place but they were not always effective and they had not independently identified shortfalls noted by us and other professionals.

The care planning audit in August 2017 had not identified the discrepancies and inaccuracies identified during our inspection. The local authority were working with the service to improve in this area. None of the audits undertaken had identified the shortfalls picked up by the food hygiene inspection. This meant that the systems in place to monitor the service provided were not robust enough for the service to independently identify shortfalls and take action to improve them to provide a good quality care to people at all times.

The management team had systems in place to monitor and assess the service provided to people. These included audits in care records, infection control and medicines. These identified when improvements were needed, for example following an audit in August 2017 staff were advised to empty bins regularly. Following another audit of the furnishings in the service in December 2017, the carpets in a room had been replaced. However, these audits were not always effective, for example, the mobility aids audits in August and November 2017 stated that mobility frames needed to be cleaned. We found that they were all not clean during our inspection.

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

People and relatives were involved in developing the service and were provided with the opportunity to share their views. This included quality assurance questionnaires. There were satisfaction questionnaires in people's records which had been completed by them and by their relatives. These were positive, stating very satisfied and satisfied with the care they were being provided with. There were documents in people's revised care plans, 'what we can do better next time.' None of these were yet completed.

The minutes of meetings which were held every two months and attended by people, relatives and staff provided the date of the meetings but there was no record of who had attended the meeting. We spoke with the registered manager who said that this would be included in the next meetings to ensure that an accurate record of information received by people and the comments they had made were kept. The minutes from January 2018 showed that discussions were held about food choices and activities, and people were asked if they had any complaints and the complaints procedure was explained.

People we spoke with were complimentary about the approach of the registered manager and provider. One person said, "They [provider and registered manager] are very helpful, always listen and ask how we are."

The registered manager was also one of the providers in the service. Staff spoken with said that they were happy working in the service, the registered manager and the second provider were a visible presence in the service and they felt that it was well-led. There was an assistant manager who supported the registered manager and provider. Staff understood their roles and responsibilities in providing good quality and safe care to people. Staff told us that they could go to the registered manager and provider if they needed any advice or support.

Staff meetings were held where they discussed the service and any changes in people's needs. Discussions included positive comments received from people, learning from mistakes and improvements being made in people's care plans. Staff were informed that they could speak with the management team at any time if they had concerns about the service.

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 systems in place to monitor the service were not robust enough to independently identify shortfalls to ensure people who use the service are provided with good quality care at all times. Regulation 17 (1) (2) (a) (c) (f).