

Opus Care Limited

Folkestone Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Folkestone Care Centre is a residential care home providing personal and nursing care to 34 older people some of who may be living with dementia at the time of the inspection. The service can support up to 110 people, over four floors, in one purpose-built building. People were living on the ground and first floor, known as communities.

People's experience of using this service and what we found

People told us they felt safe and happy living at the service. However, potential risks to people's health and welfare had not always been assessed. There was not always guidance in place for staff to mitigate risk and keep people as safe as possible.

Checks and audits had been completed on all aspects of the service. These audits were not robust and effective, they had not identified the shortfalls found at this inspection. The provider had completed spot checks, but these had not been recorded or used to improve the service.

The environment did not always meet the needs of people and promote their independence. Some people were living with dementia and the environment did not meet current guidelines to support people living with dementia. There were no pictorial signage and all the doors looked the same, some people were unable to find their way around the community.

People were not always supported to express their views. People were not always given information in ways they could understand, information was not available for people in different formats such as easy read. We have made a recommendation about this.

Staff knew people well, but people's care plans did not always reflect the care being given. Care plans had not consistently been changed when people's needs had. People's medicines had not always been managed safely.

Staff monitored people's health and referred people to relevant healthcare professionals and followed their guidance to keep people as healthy as possible. People's needs had been assessed before they moved into the service and continued to be reviewed using recognised assessment tools.

People were supported by staff who had been recruited safely and had received training appropriate to their role. Staff had received supervision to discuss their practice and training needs.

People were supported to eat a balanced diet, people had a choice of meals. People's choices and dietary needs were catered for. People had access to activities they enjoyed.

People's end of life wishes were recorded. People were supported to be as comfortable as possible at the

end of their lives.

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

There was an open and transparent culture within the service, people felt comfortable to speak to the registered manager about their views of the service. People told us they knew how to complain, there had been no formal complaints since the service opened.

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

This service was registered with us on 21 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service was registered with the Care Quality Commission.

Enforcement

We have identified breaches in relation to care and safe treatment, the environment and the governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will ask the provider to provide an action plan of how they plan to improve their rating to at least good. We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well led.
Details are in our well led findings below.

Requires Improvement ●

Folkestone Care Centre

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Folkestone Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information sent to us from the provider about significant events that had happened at the service.

During the inspection-

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, clinical lead, community

leaders, care workers and wellbeing staff. We observed interactions between staff and people in communal areas.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager sent us information that had not been available to review during the inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant 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.

Assessing risk, safety monitoring and management

- Potential risks to people's health and welfare had not been consistently assessed and there was not always guidance to mitigate the risk. Some people had catheters to drain urine from their bladder. There was no guidance for staff about how to reduce the risk of infection and the signs when people become unwell. There were no records for one person to show when the catheter bag had been changed. There was confusion between staff who was responsible for this. The catheter bag did not look clean and the drainage tap was touching the floor increasing the risk of infection.
- Some people were living with diabetes. However, there was not always guidance for staff about the diet people should be supported to eat. Staff did not have guidance about how people presented when they were unwell and what action to take.
- Due to their medical conditions some people were at high risk of falls and had complex needs when being supported to mobilise. The assessment of support required by one person when mobilising was not detailed. It stated two or three staff were needed to support the person, but not how they should position themselves or how staff should support the person. Healthcare professionals had advised the person should wear specific equipment to protect them if they fell. This was not written in the care plan, the person received support from agency staff and there was a risk they would not know this.
- Some people were at high risk of skin damage and had been admitted to the service with wounds. Equipment had been used according to people's needs when admitted but this had not been updated quickly when people's needs changed. For example, adding a cushion to a person's wheelchair. There was no guidance for staff about how to minimise the risk and recognise the signs of further skin damage. One person had told the nurse their sacrum was sore. They had developed a broken area that had not been reported by staff.

The registered persons had failed to do all that is practicably possible to mitigate risk. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

Using medicines safely

- Medicines had not always been managed safely. Some medicines required specific storage and had specific administration guidelines. These including being recorded in a separate book, stored in a specific way and requiring two people to sign the book when the medicines are administered.
- One person had been admitted to the service with a supply of these medicines. The medicines had not been stored safely, they had been stored in the general medicines trolley. Nurses had administered the medicines from the trolley for two weeks, they had not identified that the medicines were incorrectly stored.

Nurses had not followed the correct administration process of having two people present when the medicines were given.

The registered persons had failed to manage medicines safely. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Act 2014.

- The temperature of the rooms and fridges where medicines were stored was recorded, to make sure medicines remained effective. Some liquid medicines had a limited time when they were effective once opened. Staff had recorded when the bottles had been opened to make sure the medicines were destroyed when they were no longer effective.
- Medicines records had been completed accurately when medicines had been given and we checked that the stock medicines were correct.
- Some people were prescribed medicines on an 'as and when' basis, such as pain relief and medicine for anxiety. There was detailed guidance for staff about when to give the medicines, how much and the action to take if they were not effective.

Learning lessons when things go wrong

- Accidents, incidents and near misses had been recorded. The registered manager had acted when incidents had occurred. The action had been effective as these incidents had not happened again.
- Accidents, such as falls, had been recorded. However, these had not been analysed to identify patterns and trends. Staff had acted following each fall but there had been no analysis to check if the action had been effective. We discussed this with the registered manager and they stated they would start to analyse the information, we will check this at the next inspection.

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager used a dependency tool to calculate the number of staff required, and this would be reviewed when people's needs changed. Staff covered holidays and sickness, where possible to make sure people were supported by people that knew them.
- Agency staff were used to cover one to one hours. Where possible the same staff were used, to provide continuity for people. Staff told us there were enough staff and they were able to support people without rushing them.
- Staff were recruited safely following the provider's policy. Checks were completed before staff started work to make sure they were of good character to work with people. Nurses professional identification number was checked, to make sure they were qualified and able to work as a nurse.
- People told us there were sufficient staff to meet their needs, and call bells were answered promptly. One person told us, "Well yes they respond quite quickly." Another person told us, "There always seem to be enough staff, more than my last place. I get three or four come in if I ring my buzzer"

Systems and processes to safeguard people from the risk of abuse

- The registered manager and staff understood their responsibilities to keep people safe from abuse. Staff knew how to recognise and report any concerns they may have. They were confident the registered manager would act appropriately.
- The registered manager had reported concerns to the local safeguarding authority. They worked with them to resolve issues and had taken appropriate action to keep people safe.
- Staff had received training and had access to local safeguarding guidelines.

Preventing and controlling infection

- The service was clean and odour free. There were enough domestic staff to maintain the cleanliness of the service.
- We observed staff using gloves and aprons when appropriate.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service had been purpose built. The building had four floors, only two were occupied at the time of the inspection. One floor supported people who were living with dementia. The decoration of the unit did not support people living with dementia.
- There were no pictorial signs for communal rooms so people could find their way around the unit. All the bedroom doors looked the same, there were only some photos or pictures, for people to be able to identify their room. A relative told us their loved one would become very distressed if people went into their room, and this happened regularly. They told us as all the rooms were the same, they understood how people could become disorientated. The registered manager told us that this shortfall had been recognised and they were waiting for items to be delivered.
- We observed people walking around the unit asking staff where rooms were.

The registered persons had failed to adapt the environment to meet people's needs. This is a breach regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The building was purpose built, with wide corridors for wheelchair access. Each room had an en-suite, and there were shared bathrooms which were fully accessible for people.
- The service had rooms which could accommodate couples, for example. The rooms were separated by folding doors, which could be locked shut, or kept open to provide one space for people to share.

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

- People met with staff before they moved into the service to make sure staff were able to meet their needs. People were offered accommodation on the floor with staff that would be able to meet their needs.
- The pre-admission assessment covered all aspects of people's physical, mental and cultural needs. The assessment covered people's protected characteristics under the Equalities Act 2010. We discussed with the registered manager how they would support people who identified as LGBT. The registered manager showed a good understanding of how to respect people's protected characteristics and develop their care and support.
- People's needs were assessed using recognised tools including skin integrity and nutritional needs. Nurses assessed and managed people's clinical needs including wounds.

Staff support: induction, training, skills and experience

- Staff told us they received the training and support required to complete their roles. Staff had been supported to develop. One staff member told us they had just been promoted and supported to train new staff members.
- New staff members completed an induction which lasted for three weeks. During this time, they were supported by a senior member of staff, who reported back their progress to the deputy manager.
- Staff told us they received supervision. One staff member told us, "We have supervision. They ask if we are happy, if we have any concerns. Sometimes we are not as organised as we can be. I found that difficult, so we discussed it during my supervision, that has improved now."
- People told us they were confident in the abilities of staff. One person told us, "Oh yes all the staff know what they're doing. They have basic training before they start, they go around with someone."

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

- People were supported to eat a balanced diet. People's dietary preferences were met. People had access to drinks and snacks throughout the day, staff could make drinks in the kitchenettes around the building.
- People told us they enjoyed the food, one person told us, "Yes, the food is always good" whilst a relative told us, "The chef is excellent, the food is restaurant quality."
- People had been asked their preferences in relation to food. One person told us, "They are all nice here, they cook you whatever you want. I like kippers and every now and again the chef cooks me kippers."
- During lunch we observed staff discreetly asking people if they needed support. Staff asked if people had enough to eat and encouraged them to eat and drink. People told us they were able to choose their lunch from a daily menu. When people required a puree diet, this was presented in an appetising way, with each element of the meal separated.

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

- Staff monitored people's health, including their weight and referred them to relevant professionals when their needs changed.
- Staff followed the guidance of health professionals, we observed people being offered thickened fluids and nutrition drinks when prescribed.
- People had access to a GP, optician and dentist who visited the service. People were supported to attend hospital appointments, people were encouraged to express their views during appointments. During the inspection, one person told us, how they had been supported to attend an appointment and speak to the specialist themselves.
- People were supported to be as active as possible. People were encouraged to take part in activities to keep them mobile and supple.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people had DoLS authorisations in place, there were no conditions on these authorisations.
- Staff supported people to make decisions about how they spent their time, what they would like to wear or eat. Staff described how they supported people to make decisions such as showing them two different outfits.
- When people were able to make their own decisions, these were respected. When people had a Lasting Power of Attorney (LPA) in place, a copy was placed in the person's care plan. Staff worked with the people named in the LPA, to make decisions in people's best interest, when required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. People were observed using specialised cutlery to be able to eat their meals independently.
- We observed people being supported discreetly in the communal areas. Staff anticipated people's needs and were discreet when offering support. When one person became upset, staff went over to them and put their arm round them, reassuring them quietly.
- Staff told us how they promoted people's privacy by knocking on people's doors and closing their curtains when supporting them. During the inspection, we observed staff knocking on people's doors and closing the doors behind them.

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

- Staff discussed people's care with them where possible and agreed how they wanted to be supported. They had signed the care plan to confirm they had been involved.
- One person told us, "I got a bed with some sides up as I sleep on the edge, staff noticed, and they asked if they could put them on for me to stop me falling out of bed."

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

- People were treated with respect. Staff told us, how they had recognised a person became calm when they put Indian music on. During the inspection, the music was playing, and the person was calm and relaxed.
- Relatives told us how the staff had got to know their loved one and knew how to support them. One told us, "We are learning from them. Their way of dealing with him is quite different, it is obviously one that's right and it works."
- People were encouraged to maintain their routines. One relative told us, "He likes biscuits. And he has two beers a day, he was having them at home."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a care plan in place. The plans did not always reflect the care being given or changed when people's needs had changed. Some people had expressed in their pre-admission assessment, a preference to only having female staff support them, this had not been recorded in their care plan. The registered manager told us there were only two male staff who worked on a different unit, so the person would be supported by a female.
- When people required support to eat and drink enough, nurses calculated how much they should drink. This calculation was designed for a well person, records showed that people had never drunk the target amount of fluid. This may have impacted on the person's health and wellbeing. This had not been reviewed and adjusted to meet people's needs to make sure the fluid target was relevant, and person centred.
- The detail about people's choices and preferences varied in the care plans depending on which member of staff had written them. Some care plans contained little detailed information about how people liked to be supported. Others contained more information about people's choices and preferences such as when people liked to go to bed and get up or how they liked to sleep.

The registered persons had failed to maintain accurate, complete and contemporaneous record in respect of each person. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were not given information in ways they could understand. There were no pictorial versions of important documents such as the complaints policy. People did not have access to their care plan in different formats so that they could understand them and express their opinion.
- There was no pictorial information around the building about what was happening in the service. There were no pictures of staff, the activities taking place or the choice of meals for the day.

We recommend the provider consider current guidance on providing information in the way people can understand and take action to update their practice accordingly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with people who were important to them. Relatives told us they were able to visit at any time and were always made to feel welcome.
- The service had wellbeing staff to support people to take part in activities they enjoyed. These activities were recorded, they included one to one time with people who did not want to join in organised activities.
- The dementia community had a cinema room, which was used regularly. Staff told us that often people liked to go into that room when they were feeling unsettled and put a 'fish tank' on the screen, which often settled them. On the day of our inspection, people told us they enjoyed karaoke in the cinema room, where words to the songs were displayed in large print, so they could read the words easily.
- People told us they received a weekly leaflet with activities listed. These included quiz, bowls and big events such as Wimbledon, rugby and cricket were shown in the cinema room. One person told us, "None of us can really walk very far. Considering the adjustments, they need to make there is quite a lot to do." Another person told us of the activities, "It's good fun."
- People told us that activities helped everyone from different communities intermix. One person told us, "It is quite good fun. People come to see me (during activities), then I get them to join in. It brings the people upstairs down which is good." and "Even the chef comes to play bowls with us sometimes."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and this was displayed in the main reception. The registered manager told us they had not received any complaints since the service opened.
- People told us they knew how to raise concerns and complaints but had not had a need to do so. One person told us, "Oh yes I know what to do. I would always find someone to tell if I was unhappy. It's important they know." Another person told us, "No complaints at all. I am really lucky to be here."

End of life care and support

- People had been asked about their end of life wishes and this was recorded. There was information about if people wanted to go to hospital and their funeral wishes.
- Staff made sure there were end of life medicines available as soon as someone was known to be approaching the end of their lives. Nurses understood how to manage people's symptoms and how to keep them comfortable at the end of their lives.
- When people had life limiting illnesses, staff worked with specialist nurses and the hospice to make sure their specific symptoms and health needs were met.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Checks and audits had been completed on the quality of the service. However, these had not been effective at identifying the shortfalls found at this inspection including the lack of guidance for staff to mitigate risk. The audit tools used were not in-depth, for example, the care plan audit only checked if documents were completed, not the content. There was no method to which care plans were audited, therefore, new care plans were not automatically checked to make sure they met people's needs.
- Some records requested during the inspection, such as training matrix, was not accurate and up to date.
- People living with dementia were not supported in an environment that followed national guidance.
- The registered manager told us, the provider completed spot checks on the service. However, these had not been recorded. There was no information about what areas of the service they had looked at and if there were any shortfalls found. The registered manager told us, they met with the provider each week to discuss any issues, but these had not been formally recorded.
- Following the inspection, the registered manager sent us the provider audit reports that had been completed retrospectively. They told us, in the future reports would be completed and they would develop an action plan following a provider visit. We will check this at our next inspection.

The registered persons had failed to assess, monitor and improve the quality and safety of the service. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was an open and transparent culture within the service. People who were able, were supported to be involved in developing their care. Staff told us, "Everything is around the people who live here. It is their home, and everything is about what they want. It feels like you come home not to work. I don't dread to come in, it feels nice to come in. I've not really had that before."
- Relatives told us how the atmosphere within the service had helped their loved ones to improve. One told us, "It does not feel like a care home because of the freedom that they have."
- People knew who the management team were. One person told us, "We have an assistant manager and a manageress. They asked me if I like it here."
- Staff told us they felt supported. One told us, "The managers are lovely, really nice. They are easy to talk to. They always have time to speak with you. I've never felt like I couldn't go to them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had an 'open door' policy. People, relatives and staff told us they felt comfortable raising issues and concerns and any concerns were dealt with straight away.
- The registered manager told us, how they kept families informed when incidents had happened, and things had gone wrong. Records confirmed that families and other agencies had been informed.
- The registered manager had informed the Care Quality Commission of events as required in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had not yet held formal resident or relatives' meetings. However, people told us they had opportunities to share feedback. One person told us, "We can always talk about anything. We don't have regular meetings to discuss things, but if anything crops up then we can say so, and we do."
- Senior staff took part in a daily meeting where people's needs were discussed. Any concerns were reported to the registered manager. We observed a meeting; the registered manager asked the staff for their opinions and feedback.
- Staff told us they were involved in regular team meetings. One staff member told us, "We had a team meeting last month. We discussed skin infection. Reminded not to use our mobiles whilst at work and they discussed sickness."
- The registered manager told us that as the service had only been open for a year quality assurance surveys had not been completed. A staff survey had recently been sent out and a resident survey will be sent out in the future.

Continuous learning and improving care; Working in partnership with others

- The registered manager received updates from national organisations and works with the clinical nurse specialist to improve staff skills.
- Staff had worked with other agencies and charities to improve the service. They have worked with dementia charities to start using a dementia journey board and sporting foundations with Sport GB.
- The registered manager had started the registration for the Gold Standards Framework to improve end of life care.
- The service worked with other agencies such as the local commissioning group to provide joined up care for people.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered persons had failed to do all that is practicably possible to mitigate risk. Medicines were not always managed safely. Regulation 12 (2)(b) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The registered persons had failed to adapt the environment to meet people's needs. Regulation 15 (1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered persons had failed to maintain accurate, complete and contemporaneous record in respect of each person. The registered persons had failed to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a)(c)