Mauricare Limited

Dallington House Care Home

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?	**Requires improvement**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We inspected Dallington House on 19 June 2015. The inspection was unannounced. Dallington House provides accommodation for persons who require personal care and treatment of disease, disorder or injury to people.

This is the first inspection of this service under the new provider, who was registered in December 2014.

On this inspection we found breaches of the Health & Social Care Act 2008 Regulated Activities Regulations 2014 with regard to people's safety and good governance.

A registered manager was in place. 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 and associated Regulations about how the service is run.

People using the service and relatives we spoke with said they thought the home was safe. Staff were trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

Summary of findings

Relatives, and some staff, told us that on occasions they thought there weren't enough staff on duty to meet people's needs promptly. Some people's risk assessments were in need of improvement to help ensure staff understood how to support them safely.

People using the service and relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were ordered to ensure medicines were always available as prescribed to people.

Risk assessments were not detailed enough to be able to keep people safe. Staff were not always safety recruited to help ensure they were appropriate to work with the people who used the service.

People told us they thought staff had skills to be able to provide care to them. Records showed staff had an induction but needed more training to ensure they had the skills and knowledge to be able to fully meet people's needs.

Not all staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had plenty to eat and drink and told us they liked the food served.

Staff understood people's health care needs and referred them to health care professionals when necessary though they had not always shown what action they took when people had minor injuries.

All the people we spoke with told us they liked the staff and got on well with them, and we saw many examples of staff working with people in a friendly way. However, there were instances of staff ignoring people when they asked for help.

People were not actively involved in making decisions about their care, treatment and support. People also said staff protected their privacy and dignity and we observed this in practice.

Care plans were not fully individual to the people using the service and did not cover fully cover their health and social care needs.

People said they were generally happy with the activities provided. Records showed that activities requested by people had not been introduced. Planned activities did not always take place.

People and their relatives told us they would tell staff if they had any concerns. Records showed that concerns had been made by relative but had not been responded to.

The manager only worked in the home for a short period every week, which was not enough time to ensure people received a quality service.

People and staff said they were generally happy with how the home was run. People had the opportunity to share their views about the service at meetings, though we could not see that changes were made as a result of peoples input.

Management carried out audits and checks to ensure the home was running smoothly. However, audits did not include all issues needed to provide a quality service, and did not show that prompt action was taken if improvements were needed to the service.

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Risk assessments were not detailed enough to be able to keep people safe. Staff were not always safety recruited to help ensure they were appropriate to work with the people who used the service.

There were not enough staff on duty to always keep people safe. Some improvements were needed to the way medicine was managed in the home.

People felt safe in the home and staff knew what to do if they were concerned about people's welfare.

Is the service effective?

Requires improvement

The service was not consistently effective.

Staff were not fully trained and supported to enable them to care for people to an appropriate standard.

People's consent to care and treatment was not fully sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

Staff understood people's health care needs and referred them to health care professionals when necessary though they had not always shown what action they took when people had minor injuries.

Is the service caring?

Requires improvement

People said the staff were caring and kind. We saw many instances of staff providing people with dignified care. They gave reassurance when required. However, we saw and heard of instances where people had been ignored when they tried to speak to some staff.

People were not involved in making decisions about their care.

Is the service responsive?

Requires improvement

The service was not consistently responsive.

People did not always receive personalised care that met their needs.

Activities were not consistently provided to people using the service.

Concerns expressed by relatives had not been responded to.

Is the service well-led?

Requires improvement

The service was not consistently well led.

Summary of findings

The manager only worked in the home for a short period every week, which did not show full commitment to improving the service.

People had the opportunity to share their views about the service at meetings but there was no evidence of changes made as a result of their input.

Management carried out some audits and checks to ensure the home was running smoothly but not all issues had been checked or improved.

Dallington House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection took place on 19 and 24 June 2015 and was unannounced. The inspection team consisted of two inspectors for the first day and one inspector for the second day.

Before the inspection we reviewed the notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with five people using the service, two relatives, the registered manager, the provider, three care workers, a dietician and a local authority contracts monitoring officer.

We observed people being supported in the lounge and dining area. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Requires improvement

Is the service safe?

Our findings

People's care records included risk assessments to keep people safe. However, risk assessments were not always detailed for people with identified needs. For example, there was no guidance on how to distract one person when they became agitated. So there was no detailed information for staff on how to de-escalate behaviour and keep the person and other people safe. This person had been identified as having a high risk of developing pressure sores. However, there was no risk assessment in place to prevent this condition. A person was also assessed as having a high risk of falling but no risk assessment was in place to help prevent falls. The person was assessed as having a choking risk. A visiting professional stated she had witnessed a junior member of staff assisting this person with their meal this person when the person had not been positioned correctly in her chair and she was leaning to her side. This meant the person was at risk of choking. Measures were not in place to protect people's safety in these instances.

Another person had been identified as having serious dental issues. Record showed us that staff had sought emergency treatment. The emergency dentist stated that the person needed to register with a dentist to obtain treatment but records showed no recorded action had been taken for a month. This meant the provision of safe care to the person had been compromised.

We asked staff about their understanding of people's care plans. They told us they had not read all of people's care plans or risk assessments. This meant that they were not aware of all the issues that needed to be in place to provide care that met people's needs with the risk that people may have received unsafe care.

We discussed these issues with the registered manager who said that people's care plans and risk assessments were currently being updated to ensure they were fit for purpose.

These issues are a breach of Regulation 12 (a) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

Care workers said they thought the care was generally good in the home but they felt that staff shortages had a negative impact on people's care.

We saw that a number of people needed personal care assistance from two staff members. However, there were times in the early morning and evening period where only two care staff were on duty. This meant when they were carrying out personal care for people who needed two staff, there were no other staff available to attend to other people. And where one staff member needed to do other duties such as supplying medicines to people, then people had to wait for personal care. Staff told us this did not compromise people safety but this meant that people had to wait for up to 25 minutes to receive care.

We spoke with the registered manager about this. She said she was in the process of analysing whether additional staff were needed at certain times to meet people's needs.

One relative said they were concerned about a lack of staff at the home. They told us, "I don't think there are enough staff. My [family member]mum is often left in the lounge by herself where she could fall."

During our inspection the home was fully staffed and we did not see any evidence of people's needs not being met promptly. However we acknowledged that people using the service, relatives, and staff did have concerns that this was not always the case.

Records showed that some staff worked in the home without the required background checks being carried out to ensure they were safe to work with the people who used the service. We checked three staff recruitment files. One record did not have a criminal records check in place. Two records did not have written references in place. The other record did not have references from previous employers. This meant there was a risk that people received care from staff that were not safe to provide care to them.

We looked at how the staff managed people's medicines. We talked with two people using the service about this. They told us they were satisfied with how their medicines were given. They said, "Staff give me my medicines when I need them." Two relatives also told us that from their observations medicines were always given safely and on time.

We observed the lunchtime medicines round. We saw that the senior care worker giving out the medicines prepared them safely. We also saw they checked that people had taken their medicines before signing the records. The staff member responsible for giving out the medicines was friendly in her approach to people and did not rush them.

Requires improvement

Is the service safe?

We also observed that people were offered a choice of whether or not they wanted their PRN ('as required') medicines. This helped to ensure that people were not given their medicines unnecessarily.

The provider's medicines policy was comprehensive and covered key aspects of the safe management of medicines in care homes. However this had not always been followed as the policy stated that individual protocols must be in place for people on PRN ['as required'] medicines and variable dose medication. Records showed this was not the case for two people which meant that staff did not always have written guidance on when to give 'as required' and variable dose medication. This meant people may not have received medication when they should have, or had received medication when they did not require it. A cream had not been supplied to a person two days before the inspection as it was out of stock. The deputy manager followed this up on the day of the inspection. This did not protect people's health or safety.

These issues are a breach of Regulation 12 (1) (2) (b) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. Safe care and treatment. You can see what we have told the provider to do at the end of this report.[CK3]

A care worker told us, "We have had moving and handling training so we know we need to have the right sling, and we now have new wheelchairs to keep people safe."

People using the service and relatives we spoke with said they thought the home was safe. One person said, "I feel perfectly safe here." A relative told us, "I have no worries about my mum. Staff are kind and friendly."

We saw two people who receive care in their bedrooms. A crash mat was next to one bed to prevent the resident injuring themselves if they fell out of bed. A pressure mat was placed on the crash mat to alert staff if the person tried to stand. One person had their call bell close by and told us that staff responded quickly to calls for care. Air flow mattresses were found to be in working order and checked daily by staff. A care worker told us, "We have had moving and handling training so we know we need to have the right sling, and we now have new wheelchairs to keep people safe."

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These told staff what to do if they had concerns about the safety or welfare of any of the people using the service.

All the staff we spoke with had been trained in safeguarding and understood their responsibilities. One care worker told us, "If there were any concerns I would report them to management." Staff were also aware of reporting concerns to other relevant outside agencies if management had not acted to protect the person.

Policies set out that when a safeguarding incident occurred management needed to take appropriate and swift action by referring to the local authority, CQC, or police. This meant that other professionals were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own.

Requires improvement

Is the service effective?

Our findings

People told us they were happy with the competence and skills of the staff. One person said, "I think the staff know what they are doing." A relative told us' ''Staff get the GP in if they have any concerns and let us know''.

Staff had some understanding of how best to meet people's needs. They told us they were satisfied with the training they'd had. One care worker said, "We seem to have had a lot of training recently and I know we are going to have more, like dementia training."

Another care worker told us that the deputy manager was improving the moving and handling training to make it more specific to the people using the service. They thought this was a good idea as it would make them more effective in the way staff assisted people.

We observed staff supporting people in communal areas. We saw they appeared confident in their dealings with people. We saw staff using the hoist and this was done effectively. They always talked with people as they supported them and put them at ease.

Records showed staff had induction and on-going training. They undertook a range of courses in general care and health and safety, and those specific to the service, for example some staff had received training in dementia care. These were recorded on the home's training matrix. However, a number of staff had not yet received training in relevant issues such as dementia care, medication, managing challenging behaviour, providing care to meet individual needs, diabetes, stroke, pressure ulcer awareness, mental health and learning disabilities. This meant there was a risk that effective care would not be provided to people to meet their needs. The registered manager said that more training would be provided on these issues to improve staff skills and she sent us an action plan addressing this issue.

Not all staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) when we asked them about this, although when we discussed this with the manager, she said staff had received training. She said she would follow this issue up with staff to ensure they were aware of how to assess people's capacity to make day-to-day decisions about aspects of their care and treatment.

At the time of our inspection the registered manager told us that DoLS applications had been made in the past but acknowledged they had not been renewed as they needed to be as they were time limited applications. She said this would be carried out. We saw examples in people's care plans where staff had made decisions for people such as restricting a person's diet. There was no record this had been discussed with the person and whether they had agreed to it or had been approved by the required process of a 'best interests' meeting. This meant that some people had been deprived of lifestyle choices. Effective consent had not been assessed or sought to ensure that people were able to make decisions for themselves, unless they did not have capacity to do this following the proper legal process.

A DoLS standard authorisation instructed staff to take an assertive approach and speak to the person in a direct manner. It also stated that it took two to three carers to ensure the person received personal care needs utilising a proportionate amount of restraint. However this was not recorded in the person's care plan or risk assessment. This meant that there was a risk that care responsive to the persons needs may not have been provided by staff. The registered manager recognised that care plans needed to be improved and said she was in the process of carrying this out at the moment.

People told us they were satisfied with the meals served. One person said, "Food is good. I have no complaints." Another person commented on the meal served during our inspection. They said, "Food is always good here." A relative told us, "'The food looks quite nice and it's all home cooked'." Relatives told us that they thought their family member was well fed and had a choice of food. A staff member said, "People seem to always enjoy their food."

We saw thickeners used for a person's drinks to make them easier to swallow.

We spoke with the cook who told us people could have whatever they wanted for breakfast and made their choices from a selection of items for lunch and tea.

The cook said people had just been asked about what food they would like and this was put on the menu. The cook had written information on people dietary needs, for example if they needed food of a certain consistency, or were on particular diets for health or cultural reasons. The cook told us of a person who needed their food cut up and

Requires improvement

Is the service effective?

to be served with a sauce and it needed to be cut up to prevent a choking risk. We found that this was the case when we looked at this person's lunchtime meal. Information about this person's needs was displayed in the kitchen so that staff could refer to it and provide effective care.

We spoke with a dietician who told us that staff followed her guidance on supplying the proper food and fluids for a person with nutritional needs. This meant effective care was supplied to the person.

People told us that if they needed to see a GP or other health care professional staff organised this for them. One person told us, "If I need to go to the doctor the staff take me. " A relative told us their family member had recently had a medical issue and staff had addressed this promptly. "[My family member] 'Mum has improved in her physical health here and since the new management [came in] she is well dressed in her own clothes''.

Each person had a 'health profile' as part of their care records which set out their physical and mental health needs and how they were to be met. Records showed that people had access to a range of health care professionals including GPs, district nurses and opticians. If staff were concerned about a person's health they referred them to the appropriate health care services, and accompanied them to appointments if necessary. However, some relatives told us they were concerned that their family member had dental needs and said lost the plate to her teeth and they had asked staff several times for the dentist to come out. This had not happened and they had had no update. The registered manager said this would be followed up.

We looked at accident records. We found two instances where people had fallen and grazes their skin but there was no record as to whether staff had applied first aid such as applying cream to their skin. The manager said this issue would be followed up with staff.

Requires improvement

Is the service caring?

Our findings

All the people we spoke with said they liked the staff and got on well with them. People told us; “staff are nice. They take care of us.”; “They are lovely”;. “They look after me”. “They are sweet to me”.; and “I am warm and comfortable”.

Relatives we spoke with told us; ‘‘Staff are caring and they know [our family member]’’.

We saw many examples of staff working with people in a kind and sensitive way. For example, we observed staff listening to people, speaking with them, and providing them with reassurance when they needed it. These were examples of a staff caring attitude.

However, there are also a small number of occasions where staff appeared to ignore people. On one occasion a person slipped down their chair and asked for help. This help was not supplied and she was just asked to move herself up the chair without the staff member checking she had done this. This was not an example of a caring attitude.

We were informed by a visiting professional that in a recent visit, people had been ignored when they tried to speak to some staff.

No one told us they were actively involved in making decisions about their care, treatment and support, or had seen their care plans, though no one seemed to mind about this. The registered manager said this issue would be reviewed as it was the practice of the service to involve people in decisions about their personal care.

The staff we spoke with understood the importance of ensuring people could make choices about their day to day lives. One staff member told us, “People have a lot of choices. They choose what they want to wear and may choose what they want to do during the day.” Another staff member commented, “We never take choice away from people. For example, if they want to stay in bed or stay up they can do that.” We saw from care records that one person wanted to stay up and watch the TV. We found they had been able to do this. This was an example of a caring attitude towards the person. However, we also saw a person wanted to get up during the early morning and staff had told her to stay in bed. Conversely, this was not a caring attitude and did not allow the person to make a choice.

People told us staff protected their privacy and dignity. Throughout our inspection we observed staff treating people with respect and dignity. For example, we saw a staff member knocking on a person's door and waited to be given permission to go into the room. When people needed assistance in communal areas staff provided it discreetly to ensure people retained their dignity.

The staff we spoke with could describe how they would preserve people’s dignity during personal care. This was a good example of a caring attitude by staff.

Requires improvement

Is the service responsive?

Our findings

People told us they generally received care that met their needs. One person said, “I can stay up and watch TV if I want and I can stay in bed.” A relative told us’; ‘’Staff get the GP in if they have any concerns and let us know’’.

Records showed that people had an assessment at the time of their admission to the home and this formed the basis of their care plans. These included information about people’s health and social care needs. However, not all the information was included. For example, a person's religion or hobbies had not been recorded. This meant staff had no information to respond to these needs. In another care plan, a person's cultural background and had not been included. The staff member we spoke with did not know the religion of the person. They also did not know the first language of the person. This meant staff were unaware as to how to respond to social care needs. The registered manager acknowledged this and said care plans were being updated at present to include all needs. This will help staff to respond to people’s individual their care needs.

Records showed that plans of care were reviewed on a regular basis. Care staff we spoke with had not read all the care plans so there was a risk that responsive care would not be provided to people. Staff had some knowledge about some of the needs of the people who used the service and were able to tell us who needed extra support at times in order to minimise risk. The registered manager said staff would be asked to read people's plans. This will mean that responsive care can be supplied to people.

Care plans did not always supply detailed information to make people's needs. One person's care plan with continence and mobility needs did not make clear how often staff needed to check their well-being, the frequency of checks was not always clear. Two hourly checks were detailed for at night and hourly during the day when on bed rest. However at other times the records dated ‘’staff to check [person’s name]O on a regular basis’’, but this regularity was not defined. Similarly, in one person's care plan it stated; ‘’staff to monitor [person’s name’s]O’s weight on a regular basis’’. Again, the regularity of weighing the person was not defined. Risk assessments included the use of a manual wheelchair, where it was stated ‘’tyre pressure needs to be checked as acceptable’’. Again this was not defined, nor how often the pressure should be checked. This meant staff could not always be responsive to people's needs.

A behavioural care plan and risk assessment was not specific in terms of risks posed and action plan needed. Behaviour management information for staff on how to deescalate behaviour was not detailed and there were no guidelines available.

With regard to a DoLs standard authorisation this stated staff to take an assertive approach and speak to the person in a direct manner. It also stated, that it took two to three carers to ensure the person received personal care needs utilising a proportionate amount of restraint. However this was not recorded in the person’s care plan or risk assessment. This meant that there was a risk that care responsive to the persons needs may not have been provided by staff. The registered manager recognised that care plans needed to be improved and said she was in the process of carrying this out at the moment.

People told us they were happy with some of the activities provided. One person said, “I like playing bowls.” However, we saw in the minutes of a residents meeting that a person had requested doing exercises. Neither people nor staff we spoke with said this had been introduced. The registered manager said she would look into organising this activity. This will then respond to people's wishes.

We saw some activities for people. A person filled in a colouring book, which they said they enjoyed. Another person was reading a daily paper which they said they enjoyed. We saw people playing a quoits game during the inspection. A staff member told us that having activities was not typical and this had been put on for our benefit. We looked at the activities programme. We found many activities were ordinary events that would happen in any case such as watching films on the TV. A visiting professional told us she had visited the home the previous Sunday to the inspection and she saw no activities had been provided to people, despite the activities programme outlining that sewing and ball games were the activities offered at this time. The registered manager acknowledged that more activities needed to be supplied and this was part of the priority work plan that was to be introduced shortly.

Requires improvement

Is the service responsive?

We observed the TV on most of the time we were in the lounge, despite no one watching it for long periods. Eventually, staff did turn off the TV and asked people what music they would like to listen to. The registered manager said she would follow this up with staff and ask them to monitor this and offer another activity instead.

People using the service and their relatives told us they speak to staff if they had any concerns. One person said, "If I have a problem I speak to the staff. They sort it out."

The provider's complaints procedure gave information on how people could complain about the service if they wanted to. This included information on how to contact the local authority should a complaint not be resolved to their satisfaction. However, there was no information on how people would access it if they needed support to make a complaint. This meant that there was a risk that people would not be able to communicate their views of the service, and the service would not be able to respond appropriately to any issues raised.

We looked at the complaints file. We found no details of any complaints made. The registered manager said that in the seven months since the company had taken over, no official complaints have been made. However, we saw evidence in a relative's questionnaire where a relative had commented about issues that they were not satisfied with such as the lack of activities. The registered manager agreed that such issues would be recorded as complaints in the future so that they could be appropriately investigated, with action taken if necessary to put things right. This would then show that complaints were taken fully seriously and people kept informed as to how they were dealt with.

Requires improvement

Is the service well-led?

Our findings

All the staff we spoke with said they thought the service given to people had improved since the new company had taken over, although two staff said that they had only received criticism for their work and hardly any praise when they supplied good care they felt they would like more support and praise from the management. The registered manager said that she would review this issue, as she stated it was right for staff to receive praise where due.

People told us they were happy with some of the activities provided. One person said, “I like playing bowls.” However, we saw in the minutes of a residents meeting that a person had requested doing exercises. Neither people nor staff we spoke with said this had been introduced. The registered manager said she would look into organising this activity. This will then respond to people's wishes.

Relatives told us they had raised the lack of activities with management at a relative's meeting two months previously and they were told this would improve. They found no improvement. This does not indicate a well led service.

Records showed the manager did not always take prompt action if any improvements were needed to the service. ‘Residents and relatives’ meetings were held but records did not show that changes had been made as a result of listening to people’s views at meetings. For example, a person said they wanted day trips out in the residents meeting in February 2015. However, this had not been organised. At the same meeting, a person wanted to have their bedroom repainted. This also had not happened. There was no action plan in place to show action had been taken to meet these issues.

We looked at records for quality checks. Health and safety audit checks showed that water temperatures had been checked and fire records showed that fire alarms and drills had taken place to keep people safe from fire hazards.

However, not all relevant systems were audited. For example, there were no audits in place for medication, care plans and risk assessments for people living in the service, staffing levels, staff recruitment checks and the provision of activities for people. This did not demonstrate that management were ensuring the service was well led and committed to providing high quality care to the people using the service.

These issues are a breach of Regulation 17 (1) (2) (a) of the Health & Social Care Act 2008 Regulated Activities Regulations 2014. You can see what we have told the provider to do at the end of this report.

Although there was a registered manager in post she was also responsible for another larger home. This meant that she only usually spent a day at Dallington House each week, rather than being in charge full time. An interim manager, the deputy, had recently been appointed to carry out management duties, who was the deputy manager. Due to the issues identified as needing to be tackled on this inspection, and also the issues identified from the local authority, the registered manager and provider stated that the registered manager would now be spending more time at the home. This should then ensure that the service provided to people was of a suitable standard.

People told us they were happy with how the home was run. One person said,; “I like it here. The staff are nice.”

Relatives told us,; “Things are better generally. There have been lots of improvements” and “The [deputy] manager was a carer and we did not have a high opinion of her. But she […] is now more welcoming and approachable as a result of feedback.”

Staff felt able to raise concerns or ideas with the manager. For example one staff member identified that it would be beneficial for a chair to be in a person's room to enable staff to assist with feeding. This was raised with the deputy manager and a chair was then provided.

At the inspection we spoke with a member of the quality improvement team from the local authority. She told us the team was visiting daily to check on the care provided to people. She said there had been no concerns to date from the spot checks. These issues indicate elements of a well-led service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People had not been protected from risks to their safety.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **There was not an effective system in place to assess and monitor the service to improve quality and safety.**