B and E Thorpe-Smith

Adelaide House Residential Care Home

Inspection report

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Leamington Spa
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Tel: 01926420090

Date of inspection visit:
07 May 2019

Date of publication:
14 June 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service: Adelaide House is a care home registered to provide personal care and accommodation for a maximum of 23 older people. The home is located in a residential part of Leamington Spa and the accommodation is set out over four floors. There were 20 people living at the home at the time of our visit, some of who were living with dementia.

People's experience of using this service:
We last inspected Adelaide House in April 2018 when we rated the service as 'Requires Improvement' in all key questions, together with breaches of the regulations. At this inspection we found improvements had been made in the key questions of 'Caring' and 'Responsive' which are now rated as 'Good'. The key questions of 'Safe', 'Effective' and 'Well-led' remain 'Requires Improvement' and there are continuing breaches of the regulations.

There was a lack of clarity around the role and responsibilities of the management team. Quality assurance systems were not always effective and there were limited formal systems in place to audit the safety of the service.

Staff understood how to support people to keep them safe, but the provider and registered manager continued to demonstrate a lack of understanding of their safeguarding responsibilities. Environmental risks were not always identified and there was no effective system to audit adverse incidents that occurred in the home.

At the time of our inspection visit there were enough staff on duty to keep people safe, but staffing levels were not always maintained, especially at weekends. Staff had been given some training opportunities, but further improvements were required to ensure staff received support to maintain and develop their skills and knowledge.

People had access to the healthcare they required and were supported to access healthcare services. Medicines were given as prescribed, but improvements were required in the records to support safe medicines management. People's nutritional needs were met in line with their preferences.

People told us they felt well cared for and staff demonstrated warmth and kindness in their interactions with people. People made decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005.

Systems were in place to manage and respond to any complaints or concerns raised.

This is the second consecutive time the home has been rated as Requires Improvement.

The registered provider was in breach of Regulations 12, 13 and 17 of the Health and Social Care Act

2008(Regulated Activities) Regulations 2014 and Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Rating at last inspection: At the last inspection the service was rated as requires improvement. (The last report was published on 25 May 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service continues to be rated as 'Requires Improvement' overall.

Enforcement: Action we told provider to take (refer to end of full report).

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always effective. Details are in our Effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our Caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our Responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Adelaide House Residential Care Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses, this type of care service.

Service and service type:
Adelaide House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during our inspection visit.

Notice of inspection:
The inspection visit took place on 7 May 2019 and was unannounced.

What we did:
We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and serious injuries. We assessed the 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 sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection:
We spoke with the provider, the manager designate who was going to apply to become the registered manager, four care staff, a member of housekeeping staff and the chef. We spoke with six people and six relatives/friends to ask about their experience of the care provided. Some people who lived at the home were happy to talk to us about their daily lives, but they were not able to tell us in detail, about their care plans, because of their needs. However, we observed how care and support were delivered in the communal areas and reviewed people's records. This included three people's care records and a selection of medicine records.

We also looked at records relating to the management of the home. These included systems for managing any complaints, checks undertaken on the health and safety of the home and training records.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not met.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- At our last inspection there was a breach of the regulations because the provider and registered manager did not fully understand their obligations to keep people safe. At this inspection we found insufficient improvements had been made to ensure people were safeguarded from risks to their health and wellbeing.
- Environmental risks were not always identified. Bedroom doors were fitted with mechanisms which meant they would close automatically in the event of a fire to hold back smoke and keep people safe. However, seven bedroom doors had been propped open with chairs or ornaments to prevent them from closing. This was common practice as staff continued to prop doors open despite us bringing it to the attention of the provider. One member of staff confirmed they knew it did not accord with safe fire control practice describing it as a 'habit' and adding, "I don't think about it now."
- Thickeners were not stored appropriately. Thickeners are added to fluids for those people who have been identified as being at high risk of choking. Thickener was found on a bedside table in one person's bedroom which meant it was accessible to people as they walked around the home. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident died following the accidental ingestion of thickening powder.
- Cleaning products were not stored securely. We had identified this as an issue at our last inspection visit, but sufficient action had not been taken to ensure safe storage of such items.
- Equipment was not always used safely. We saw an occasion when staff supported a person to use the chairlift, but did not keep them safe by fastening the lap strap. There were also times when the chairlift was not folded away so it presented as a trip hazard to people using the stairs.
- At our last inspection the provider was unable to show us any recorded audits of incidents or accidents, and we did not see any evidence these had been used to identify patterns or trends across the service. At this inspection we found there was still no effective system to audit adverse incidents that occurred in the home.

This was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment

- Individual risks to people were identified and care plans guided staff as to the actions they needed to take to help them manage and mitigate risk. However, a lack of risk assessment tools in some people's care plans meant it was not clear how the level of risk had been assessed. The manager designate told us new risk assessments had been introduced following our last inspection visit, but acknowledged this remained a work in progress.

Systems and processes to safeguard people from the risk of abuse;
●People and relatives we spoke with told us they felt assured their family member was safe at the home. One visitor told us, "[Name] is certainly safer here than at home."
●All staff understood how to support people to keep them safe and how to escalate any concerns people were at risk. One member of staff told us, "It is making sure people are safe from all harm, like making sure they have the right support with their mobility. It's about looking after all their needs. If I was concerned, I would go to management and report it and then I would go further. I do know about whistleblowing, but we don't have a problem here."
●The provider and registered manager had a better understanding of their safeguarding responsibilities. However, when looking through one person's incident records for February 2019, we identified an occasion when they had sustained minor injuries following an alleged incident between them and another person. Whilst this had been fully investigated and appropriate action taken, it had not been referred to the local safeguarding authority as an incident of potential abuse.

Staffing and recruitment
●At the time of our inspection visit there were enough staff on duty to keep people safe. However, rotas demonstrated that identified staffing levels of four care staff in the morning and three in the afternoon were not always maintained, especially at weekends.
●Some staff told us staffing levels supported them to provide safe, effective care. One staff member said, "There are enough staff. I never feel like I am rushing." Another said, "Staffing levels have improved. Sometimes in care you go through stages. Staffing goes up and down, but it's now stable." However, some staff did not feel so confident if there were only two care staff on duty in the afternoon. Comments included: "No, it is not safe" and, "I possibly don't think it is safe with two."
●We received mixed comments from people. One person told us, "I know that I am safe here as the staff come quickly if I press the call button at night." However, other comments included: "There is a lack of staff here and it has been bad over the bank holidays especially" and, "You do sometimes notice that there is a lack of staff around, usually by the bells ringing a lot."
●The provider's recruitment process did not ensure staff were suitable for their roles in line with the requirements for employers in health and social care. One staff member had supplied handwritten testimonials during their interview. The provider had relied on these testimonials without checking their authenticity, rather than obtaining a reference from the staff member's last employer. The provider carried out the authentication checks after our inspection visit.
●Where staff had ongoing medical conditions, these had not been risk assessed to identify any impact on their practice.

Using medicines safely
●At our last inspection we found medicines were not consistently managed and administered safely. At this inspection, improvements had been made to the management of medicines, but further improvements were still required.
●Overall, records showed people received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
●However, some instructions were not clear. For example, one MAR instructed staff to administer a medicine at night, but this had not been done. Another medicine was recorded to be given daily, but the manager advised that it was now given 'as required'. The manager assured us these people's prescriptions had changed and people were receiving their medicines as prescribed. They confirmed the MARs would be updated to reflect the prescriber's latest instructions.
●Protocols to guide staff when administering 'as required' medicines were not always in place. The manager told us immediate action would be taken to complete these.

●People receiving medicines in a patch, had their patch applied at the required intervals, but there were no charts to record the application site and removal of patches. Charts provide a safeguard to ensure the application sites are rotated to prevent people's skin becoming irritated or that medicines are absorbed at an unsafe rate.
●Medicines were stored securely and safely. There were clear records that demonstrated correct storage temperatures were maintained.
●Staff who gave people their medicines had been trained in safe medicines management. The manager told us they were in the process of assessing the competency of staff to ensure they continued to follow good practice when giving people their medicines.

Preventing and controlling infection
●Overall, the home was clean and tidy. People's bedrooms were deep cleaned on a weekly basis as part of the provider's cleaning schedule.
●Staff prevented the spread of infection by wearing personal protective clothing when necessary.
●The laundry supported good infection control practice as there was a clear separation of clean and dirty linen.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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 restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- At our last inspection there was a breach of the regulations because people told us they were not always given choices about how they lived their lives. At this inspection we found staff had a better understanding of the principles of the MCA. Staff gave people choices and asked for their consent before supporting them. One staff member told us, "Mental capacity is about a person being able to make decisions for themselves, like dressing, we always encourage them to choose. I might say something like 'what about this one' and hold up some clothes. They have a choice."
- However, we could not be sure the registered manager and provider fully understood their responsibilities under the Act. This was because previously and during this inspection mental capacity assessments were not always in place to evidence how decisions about a person's capacity had been made. The manager designate had started to complete some capacity assessments, but told us this was an area that required further work.
- Despite a lack of capacity assessments, DoLS referrals had been raised with the local authority to ensure any restrictions on people's liberty were lawful.

Staff support: induction, training, skills and experience

- At our last inspection staff had not been given regular training opportunities to maintain their skills and knowledge and ensure they consistently followed best practice. At this inspection we found some improvements had been made, but further improvements were still required.
- Whilst some training had been completed, there were still significant gaps on the training matrix in core subjects like fire safety and infection control. We saw poor fire safety practice during our inspection.
- The induction for new staff had improved because they were now given the opportunity to work alongside more experienced staff before they worked alone. One staff member said, "I had a three day induction where I did observations like watching and learning and then I could work with people as I had good training

previously. I have had no training here, but I have previous certificates."
●The manager designate explained that due to the size of the home and relatively small staff team, it was a challenge to arrange training without it impacting on care provision. They told us they were developing a relationship with another local healthcare provider so they could share training opportunities and good care practice.

Adapting service, design, decoration to meet people's needs
●At our last inspection we found the environment was not supportive of those people living with dementia and did not accord with good practice guidance.
●At this inspection we saw directional signs had been introduced to help people find their way around the communal areas of the home. However, there was still limited use of aids on bedroom doors, such as photographs or memory boxes, to help people find their own room more easily.
●In April 2018 we saw the carpet in the corridors was heavily patterned which made it difficult for people to differentiate between the flat surface and the steps. This remained an issue at this inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's needs were assessed before they moved to the home. Assessments included people's care and support needs, personal preferences and life style choices.

Supporting people to eat and drink enough to maintain a balanced diet
●People were supported to eat and drink in line with their preferences.
●People spoke positively about the meals and told us staff understood their likes and dislikes. One person said, "Food is very good here, I enjoy the food. I do sometimes eat chicken but never beef or lamb and the staff know that now and offer me an alternative." Another said, "I get loads of drinks, meals and snacks through the day."
●The main meal was served at lunch time, but staff were flexible to people's individual needs. One person told us, "There is nothing wrong with the food here. The staff have quickly worked out that I need substantive meals in the evenings and now give me meals like jacket potatoes with filling rather than a sandwich."
●Risks to people who were at risk from malnutrition and dehydration had been assessed. Information was provided in care plans to manage these risks. However, the chef was unaware that one person who was at risk of losing weight had been advised by a dietician to increase their calorie intake by drinking homemade milkshakes and having milk powder added to their drinks. Despite this advice not being followed, the person's weight had remained stable.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
●People had access to the healthcare they required and were supported to access healthcare services, such as their GP, district nurse and optician.
●People spoke positively about the healthcare support they received. One person told us, "The staff check our feet regularly and if our toenails need doing they get them done really quickly." A relative told us, "Any time there is any query over their health the GP is contacted straight away."

Good

Is the service caring?

Our findings

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

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

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

●People told us they felt well cared for. One person told us, "Staff are very good to me, we are so blessed by the quality of staff here." A relative said, "The staff are all so pleasant and nice to us both" and another told us, "All the carers are very helpful."

●Staff told us they enjoyed working in the home and caring for the people who lived there. One staff member said, "I just love it. It is happy here and there is lots of laughter." Another said, "It's all about the residents here."

●We saw staff demonstrating warmth and kindness towards people and people responding positively. For example, one staff member demonstrated a caring, patient approach when walking beside a person who was unsteady on their feet. They had a supportive hand on the person's back and encouraged them without rushing.

●Relatives and visitors told us they could visit whenever they wanted and said staff always made them feel welcome. One relative told us, "Every time I come in, the staff are so friendly and welcoming to me, it reassures me that my relative is in the best place."

●The care demonstrated by staff extended to people's families. We heard one member of staff offer to drive a visiting relative home when they finished their shift. Another relative had written to thank the provider for making a room available so a family member could stay at the home when visiting their poorly relation.

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

●Staff checked with people before providing support and encouraged them to express their views and wishes. When two people expressed a wish to eat their lunch in the lounge, staff immediately set up a dining table for them.

●Staff understood the importance of communicating with people, so they could provide care in the way people preferred. One staff member told us, "Everybody is different. What one person may like, the next person might not and we can't just assume things."

Respecting and promoting people's privacy, dignity and independence

●Staff promoted people's privacy and dignity. One staff member told us, "When I started they told me to make sure I knock on people's doors out of respect before I go in." Another said, "We always have females doing female personal care. If I am washing people I make sure the door and curtains are shut. I cover their bottom half to try and keep them warm."

●We spoke to staff about how they promoted people's independence. One staff member told us about a person who was losing the ability to eat independently. They said, "We let [person] do as much as they can and then we are there to assist when they get tired."

●However, one person told us, "I keep asking staff to let me walk but they keep putting me in a wheelchair

as I am too slow." When we shared this with the manager designate they told us the person had lost their confidence to mobilise following a period of ill-health. They told us they would remind staff to support and encourage this person to recover their independence.

Good

Is the service responsive?

Our findings

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

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

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

- At the last inspection the manager designate told us care plans needed to be reviewed and updated to ensure staff had all the information to provide care that met people's individual needs and preferences.
- We looked at one of the new care plans and saw it was person centred. It contained details about the person's history and background, so staff could understand their personality and motivations. It described the person's needs in an outcome focussed way and identified how staff could support the person's emotional wellbeing.
- Some care plans had not been updated into the new format and were not so person centred. However, staff knew people well and were knowledgeable about people's preferences and routines. For example, one person could become very anxious and distressed. Staff told us it was important to give this person space or offer a change of staff to help reduce their anxiety. They said, "You need to be very gentle in your approach."
- Most people felt staff were responsive to their needs and personal preferences although one person told us, "I would like a shower every day and I do wake up fairly early so I cannot see why I have to wait until 11.00am for one."
- There had been improvements in the provision of activities in the home. On the day of our inspection visit some people engaged in an exercise activity and enjoyed singing along to the old songs being played. Once a month people enjoyed an art therapy group and we saw examples of work they had produced displayed in the home.
- The service had also introduced a gardening club and at the time of our inspection some raised beds were being constructed so people with more limited mobility could still enjoy planting and growing vegetables and flowers.
- It was not always clear what activities were available to people who chose or needed to stay in their rooms because of ill-health. Staff assured us they regularly checked people to ensure they did not become socially isolated but one person told us, "I am left sitting on my own a lot, there is no-one here to talk to. The carers when they get time come into my room and chat with me but that is not every day. I didn't know there were activities taking place today as I would have asked to go up to the lounge to take part."

End of life care and support

- People were supported to remain in the home at the end of their life if this was their wish. People's care plans included some information about their future wishes for their end of life care.
- People's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

Improving care quality in response to complaints or concerns

- The complaints procedure was available in the entry to the home.

●People told us they had 'no cause to complain' about the service. Comments included: "I would recommend the home to anyone. I have not had any reason to complain" and, "I have not had any complaints about this home."

●The provider had not received any complaints since our last inspection visit.

●We saw the service had received a number of compliments. One relative had written, "[Name] has been a resident there for almost two years. In that time she has been looked after with the utmost care, respect and dignity."

Requires Improvement

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●At our last two inspections at Adelaide House we found quality assurance within the home required improvement. At this inspection we found the required improvement had not been made which continued to impact on the safety and effectiveness of the care people received.
●The management team consisted of the provider, the registered manager and the manager designate. At our inspection in April 2018 the manager designate had been in post for three weeks and we were told they would be submitting their application for registration with us, to replace the current registered manager. This had still not been actioned at the time of this inspection visit.
●There was a lack of clarity around the role and responsibilities of the manager designate and the registered manager. Whilst the provider told us, "We see [manager designate] as shadowing the registered manager with a view to taking over," it was clear the manager designate had been expected to assume managerial responsibilities that had not been formally delegated to them. This meant there was no definition of individual roles and a lack of ownership of tasks to ensure they were completed. For example, there was no overall analysis of adverse incidents that occurred in the home.
●The manager designate had an in-depth understanding of people's needs and was committed to providing good quality care. However, it was not clear what support they had received from the provider and registered manager as they had not received any formal supervision or an appraisal in the 13 months they had been working at Adelaide House.
●The manager designate was also expected to provide care to people during the mornings and was one of the allocated care staff on the rota. Whilst working on the floor enabled the manager designate to have a good working knowledge of the challenges faced by staff, this impacted on the time available to carry out their managerial responsibilities.
●Immediate action had been taken to improve following our last inspection, but the momentum for improvement had not been maintained. For example, work had started to improve care plans and make them more person centred. However, only one of the three care plans we looked at had been transferred into the new format. There was no formal action plan with timescales as to when the further improvements would be implemented.
●There was a lack of policies and procedures to support the development of staff. The provider was unable to tell us their expectations for when staff needed to refresh their training to ensure their skills remained up to date. Some training had been completed over four years ago and there was limited evidence to

demonstrate how the minimum requirements for induction were being met.
●Quality assurance systems were not always effective. We found risk had not always been identified or managed. When the member of staff responsible for checking water temperatures left the service, the provider failed to identify the responsibility needed to be delegated to another staff member.
●There were limited formal systems in place to audit the safety of the service in areas such as infection control, health and safety, pressure relieving equipment and incidents and accidents. The provider described their checks of the environment as "piecemeal" and went on to say, "Formal audits, it may be something you say we are deficient in."
●The provider had failed to learn from our previous inspections of the service and similar issues were identified during this inspection.

These shortfalls represent a continuing breach of regulation 17 of the HSCA (Regulated Activities) Regulations 2014. Good governance.

●Despite these challenges, overall staff spoke positively about the manager designate. One staff member said, "[Manager designate] is lovely and very approachable. They have the best interests of the people at heart and is there for the residents and staff. She has done a good job in the last 12 months." Another staff member said, "[Manager designate] is the best. She does everything from care to cleaning. She is always polite and will tell you nicely if you get something wrong. I would feel comfortable to tell her about anything." The manager designate told us, "it is a lovely and happy home but there is still a lot to do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●Surveys were used to gather people's, relative's and healthcare professionals views on the service. Analysis from the last survey indicated that overall people were happy with the service provided.
●Staff attended regular staff meetings with an agenda that covered training, updates regarding the home and care planning. However, staff had limited opportunities to discuss their training and developmental needs in one-to-one meetings. The manager designate told us, "We did a lot last year but this year we are a bit behind."

Working in partnership with others
●The manager designate was keen to learn from other providers within health and social care and building a relationship with another care home to improve the quality of care at the service.
●External professionals were also welcomed into the home to identify where improvements were required. For example, an occupational therapist had visited the home and advised on best practice around falls management.
●However, communication within the service needed to be improved because advice from a healthcare professional had not been effectively communicated to staff.

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 The provider had failed to assess the risks to the health and safety of service users and do all that was reasonably practicable to mitigate any such risks.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems and processes to manage and monitor the quality and safety of the service were not effective.