Care Management Group Limited

Care Management Group - 361 The Ridge

Inspection report

361 The Ridge
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
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
Care Management Group – 361 The Ridge is a residential care home providing personal care to 11 people living with a learning disability at the time of the inspection.

The service was a large home, bigger than most domestic style properties. The service can support up to 12 people in one adapted building. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs outside to indicate it was a care home. Staff did not wear uniforms and therefore were not immediately identifiable as care staff when coming and going with people.

People's experience of using this service and what we found
Quality assurance checks and the governance of the service was not always robust. There had been a delayed response to a person's changing needs. This had led to delays in the person receiving the right healthcare support. People and their relatives' feedback about the service had not always been acted on or responded to. There was a lack of management oversight of incidents and accidents that meant there was an increased risk of reoccurrence. Notifications had not always been submitted to CQC.

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. However, when people had authorised Deprivation of Liberty Safeguards (DoLS) this was not always known by staff. The manager recognised this as an area in need of improvement.

People told us they felt safe. Staff understood safeguarding, types of abuse and how to report any concerns they had about people's safety and well-being. People received their medicines safely and were protected by the prevention and control of infection.

People and staff had positive relationships. Staff interactions with people were kind and caring and showed they knew people well. People were treated with dignity and respect, their independence respected and promoted.

There were enough staff available to support people. There were staff vacancies at the time of the inspection and the manager was continuing to recruit new staff. Staff new to the service were supported with induction and then ongoing training and supervision. The staff team met regularly together to discuss the service.

People needs and wishes were assessed before they moved into the service. Care plans included various aspects of people's lives including life histories, their likes and dislikes and health conditions. When people had specific health conditions these were well planned for. People were supported to access healthcare

professionals.

The service applied the principles and values of Registering the Right Support. This is to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them maintaining their current independence and having opportunities to gain new skills and become more independent.

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

Rating at last inspection
The last rating for this service was Good (published 11 November 2016).

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified a breach in relation to good governance at this inspection.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality. We will work alongside the provider and local authority to monitor progress. We will 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Care Management Group - 361 The Ridge

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 an inspector.

Service and service type
Care Management Group – 361 The Ridge 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 did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post who was in the process of registering with CQC.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with six members of staff including the regional manager, manager, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three 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. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

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

● Staff understood how to respond in the event of an accident or incident. When people exhibited behaviour that challenged, staff responded calmly and consistently. When needed, referrals had been made to relevant professionals for support.
● Lessons learnt within the company were shared with staff in the home. For example, a recent fire elsewhere had led to shared learning about reviewing fire bags and ensuring emergency information was up to date.
● Where risks had been identified for people, these had been considered and mitigated. For example, risks around bathing had been explored when a person lived with epilepsy. A risk assessment clearly identified control measures for staff to reduce the risk to the person.
● Risks about the assistance people needed to move were assessed. These included details about the person and the environment and a plan of how to support the person most safely. Some people also had postural care profiles which detailed the support the person needed with moving and their posture throughout the day and night.
● Regular checks were completed to ensure the building and equipment was safe for people. For example, fire equipment was checked and fire drills involving people and staff were regularly completed. Personal emergency evacuation plans reflected the support and equipment people would need to leave the building in the event of an emergency.
● Environmental risks had been considered and checks such as legionella, gas safety and electrical testing had been completed. Equipment used to support people to move was regularly checked.

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe and staff understood about keeping people safe. One member of staff told us, "It's keeping all of them safe, healthy and protected." There was a safeguarding policy in place, in line with legislation and local policy. Staff understood about whistleblowing, and a policy supported this.
● Staff understood different types of abuse and how they could report any concerns. One member of staff said, "I'd talk to the shift lead or manager. Fill out paperwork. Make sure the person was safe. I could raise concerns to [regional manager]."

Staffing and recruitment
● There were enough staff available to meet people's needs and people told us they did not feel rushed. On the first day of the inspection one member of staff did not arrive for their planned shift, without contacting

the home. The manager arranged for staff to cover the later element of the shift but was unable to get additional support that morning. One member of staff told us, "Staffing is an issue. Today we are one down, it lets down everyone. It's tough when it is last minute, as I like to plan things. Staff we've got are really good though and get it done." However, we saw staff prioritising people's needs and working together well, despite the staff shortage.

● The manager told us that there were three staff vacancies and that they were recruiting to fill these. A member of staff also told us, "We are recruiting at the moment."

● People told us that staff responded quickly when they needed assistance. One person said, "I have a buzzer in my bedroom, I used it last night and they came up quick." Another person told us, "They come quickly."

● Staff were recruited using safe recruitment processes which included checking the person's identity, references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions.

Using medicines safely

● People received their prescribed medicines safely. One person told us, "They [staff] bring it to me. They bring it at the right time." Staff had training in how to support people with their medicines and then their competency to do was assessed. One member of staff said, "The manager did lots of shadowing and asked me questions." Records were kept of when people were supported with their medicines.

● Medicines were stored safely. There had been a recent change in how staff received people's prescribed medicines from the pharmacy and they had changed their storage arrangements to accommodate this.

● Some people had been prescribed 'as required' medicines. There were clear protocols in place to guide staff about when these should be given, how much and how often.

Preventing and controlling infection

● The home was kept clean and tidy. One person told us, "My bed has been made this morning, made it look smart."

● Staff understood the importance of infection control. One member of staff told us, "We clean everything, including door handles. Make sure we have clean hands. We have gloves and aprons." An infection control audit was completed monthly.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 their liberty restricted or were under constant supervision and lacked capacity to agree to this so had a DoLS authorisation. Staff were not aware which people had authorised DoLS in place. One member of staff told us that no-one living at the home had a DoLS. Another member of staff told us that everyone had a DoLS. The manager agreed that staff's knowledge of DoLS was an area for improvement.
- When necessary people's ability to make particular decisions had been assessed in line with the MCA. Records of these assessments did not always reflect how people had been communicated with, and that all efforts made to help the person make the decision. Following the inspection, the deputy manager sent us updated assessments which better demonstrated people's involvement and efforts made to communicate with them.
- People were supported and encouraged to make choices. Staff had training in MCA and DoLS and understood the importance of offering people choices. One member of staff told us how they did this with one person. They said, "We still talk to him and offer things." Another said, "We offer choices, go through wardrobes with people and give them a choice. We talk to people and plan their day, do what people want If people refuse we try offering something else."
- Potentially restrictive practices had been identified as necessary for people and the risks assessed to ensure the least restrictive methods were being used. These were regularly reviewed, with the involvement of relevant health and social care professionals. For example, the use of lap belts when people were moving around in a wheelchair.

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

- People's needs were holistically assessed before they moved into the home. Assessments included

information about people's backgrounds, needs, communication and considered their spiritual and cultural needs.

● Two people had recently moved into the home. The manager explained she, and various staff, had visited people in their previous home to get to know them before they moved to Care Management Group – 361 The Ridge.

● Assessment tools, such as the disability distress assessment tool were used by staff to assess people and inform the support they offered.

Staff support: induction, training, skills and experience

● Staff new to the service were supported with an induction. One member of staff told us, "It was really good. I sat down with all the information needed for a couple of days. I felt that when I was hands on, that I knew what I was doing." Another said, "It was good. First three days I read all files and got to know the guys. I struggled on shift and asked to shadow more with people I wasn't sure of. My colleagues were very supportive and went through everything."

● Some staff were completing the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

● Staff were supported with training. When people's needs changed, staff were retrained as necessary. One member of staff told us, "Manual handling. When there are changes with their [people's] needs, they come in and retrain us." Other training included emergency first aid, epilepsy, safeguarding and awareness of learning disability, mental health and dementia. We saw that staff put this training into practice and understood how to support and communicate with people living with a learning disability. Staff understood people and their needs well.

● Staff were supported with regular supervision. One member of staff told us, "I like them. If you get praise it makes you feel better. If there was anything I was concerned about I could go to [manager]." Another said, "It's really useful and important. You don't have to wait to get things off your chest."

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

● People were given options about what they would like for meals. For example, one person did not want the planned meal staff went through the cupboards and freezer with them to help and encourage them to find an alternative.

● There was a lowered worktop in the kitchen so that people could be involved in the preparation of meals and drinks. We saw people preparing their breakfast and hot drinks.

● People were supported to eat and drink in accordance with their needs. Some people had specialist guidance from speech and language therapists about their food consistency and support they needed to eat. This information was understood and followed by staff who gave people time to eat at their own pace.

● Staff had training to meet people's specialist needs around eating and drinking. One member of staff told us, "I have training on dysphagia and eating and drinking. They go into it quite a bit. It really helped my understanding, like experiencing being fed. I now don't rush, and respect if the food is pushed away. I'm more aware about making sure the food is gone."

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

● People told us that staff would help them to seek medical assistance if they were feeling unwell. One person said, "They'd call a doctor." Records showed that staff contacted health professionals when they identified that this was necessary.

● Staff worked with health care professionals when people's needs changed. For example, one person had been referred for new equipment to support them moving around the home.

● Staff worked with health and social care professionals to ensure people received the right support. One health and social care professional told us, "Their current staff always seem happy and knowledgeable about the residents. They have some very complex residents who require hoisting, sleep systems and other specialist equipment. I do not have any concerns about their ability to support these residents and my guidelines have always been followed. I feel confident that staff at the home are able to raise relevant referrals for physiotherapy support as required."

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

● The home had been designed and adapted with people's needs in mind. Wide corridors and doorways allowed people who used wheelchairs, or other mobility aids, to move around freely. A lift connected the two floors.

● People's bedrooms were personalised to their tastes. People spent time in the communal lounge area which was spacious and allowed people to move around freely. People also had access to a small garden area.

● Some of the bathrooms included ceiling tracking hoists to assist people to get into baths. The manager explained that they were awaiting maintenance assistance with the shower room as there was discolouration in the grouting and floor.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant 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 that staff were kind and caring. Comments included, "very lovely," "very nice," "Staff are lovely, they are nice people." And "I like them, they are lovely." Staff and people had positive relationships and we saw people laughing and joking together. One member of staff told us, "I love it, the service users make it. I enjoy seeing them and helping them."
- People were supported to meet their spiritual and cultural needs. Some people had recently expressed interest in attending church. This had been supported by staff. One person told us, "I like church, I do all the moves and dancing. The vicar talks about Jesus and stuff like that."
- Staff were aware of equality and diversity and people's equality characteristics such as religion, sexual orientation and disability. One member of staff described the home as, "It's pretty diverse, quite loud and fun at times… Making sure everyone is happy, that is the bottom line."

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

- People told us that their choices were respected. For example, whether they preferred a shower or bath. We saw staff offer people choices, about what to eat and how to spend their time. A member of staff told us, "I always ask what they want. I never put words in their mouths."
- People had regular opportunities to spend time with their keyworkers to talk about what mattered to them. Keyworkers are members of staff who work closely with individual people. One person told us about their keyworker. They said, "I get on with her marvellous." Another told us about what they talked to their keyworker about. They said, "We chat about food and how you are getting on."
- People had regular meetings together to discuss their service. Discussions including how people were feeling, activities, changes in the home and any concerns they may have.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. One member of staff told us, "We keep everything private and confidential. Cover people during personal care and knock before we enter a room."
- People's independence was promoted. One member of staff told us, "It's them doing it rather than us doing it for them." For example, one person required staff to provide hand over hand support to assist them with eating. We saw staff providing this support and encouraging the person to maintain this independence. People were encouraged to take part in preparing their meals and hot drinks and household chores such as washing their clothes and tidying their bedrooms.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

● People received personalised care and support. Care plans included people's preferences and any spiritual and cultural beliefs. People's life histories were shared with staff to help them know more about the people supported.

● People's care plans included information about people's learning disabilities and health conditions. For example, when people had health conditions such as epilepsy, a specific support plan helped guide staff about how to support them. This included the type of seizure the person experienced, their current treatment, any triggers for seizure activity and what staff should do in the event of a seizure.

● People had regular meetings with their keyworkers to discuss what was important to them. This included any goals they wished to achieve and recognising achievements.

● Staff knew people well and understood their needs, wishes and interests. We heard people and staff talk together about places they had been and plans for future activities.

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's communication needs were considered and planned for. Care plans and communication passports explained how people who did not use verbal communication would show their emotions and needs and how staff could communicate with them. Some people made vocal noises to communicate and these were understood by staff who knew them well. This was recorded in their communication passports to share with others who might not know the person including hospital staff.

● We saw staff communicate with people using their preferred methods, this included touch communication for some people, and speech for others. Staff used objects of reference to communicate with some people. These are objects which have a meaning to the person and signal that it is time for an activity. For example, pointing to shoes to communicate going out of the house.

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 access the community. One person told us, "I go out shopping, by things for myself and go out for dinner. I go down town. Staff come with me so that I don't get lost." And "I always go to

church, go shopping, go for dinner, go to the pub sometimes. I go to the cinema, pantomimes and ballet." Staff told us, "We do whatever they want" We saw people and staff making plans to go out shopping together.

● People were involved in making their meals and taking care of the home. We saw people preparing breakfast for themselves and others. A section of the kitchen had an accessible worktop so that it was the right height for people using wheelchairs.

● People told us that staff supported them with activities in the home, such as nail painting. Outside organisations visited the home to provide activities too. For example, people were taking part in a music and movement activity during the inspection. One person told us about how they sometimes spent their time in their bedroom. They said, "I have a computer and I watch films on it."

Improving care quality in response to complaints or concerns

● People told us that they could raise concerns and worries with staff. One person said, "I'd tell the boss [manager] and my carer." Information about how to raise concerns was available to people in an easy read format.

● Staff knew how to support people to make a complaint. One member of staff told us, "I'd come to one side with them and make note of what they need to raise."

● There had been no complaints made since the last inspection. There was a complaints policy and procedure in place, to investigate and respond to complaints if received.

End of life care and support

● People's end of life needs had been considered and planned for, as appropriate. End of life plans included people who were important to the person, and the person's preferences about the end of their lives.

● People were supported to talk about people who had passed away, as needed. For example, staff told us about one person who had been supported to go to church as they wished to pray for a person who had passed away.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Risks were not always effectively monitored to ensure they had been addressed and responded to in a timely way. One person had lost 25 kilograms of weight in the few months prior to the inspection. During this period their weight had not been monitored monthly, in line with their personalised guidance. When weight loss of 10 kilograms was first identified and recorded, no action was taken, and they had continued to lose weight.
- The manager said the scales were not working effectively, and that staff had encouraged the person to eat when the initial loss had been recorded. However, weights for other people had not shown such significant changes and no action to check the scales had been taken.
- The person had been referred to their GP for support around this weight loss. However, due to the delay in the monitoring of the person's weight, there had been a three-month delay in staff contacting the GP for support about weight loss. Following the inspection the provider told us the person was being supported by a dietician.
- Records did not always demonstrate that authorised DoLS conditions had been correctly complied with. For example, one person's condition was about weekly contact with a family member. Records did not reflect this regularity.
- Feedback from people and relatives was not always responded to in a timely way. When people expressed their views on the home, action was not always taken. For example, minutes of resident's meetings in both March and April 2019 included comments about the home being noisy. There were comments about putting a television in the smaller lounge, so people could go there if the large lounge was too noisy. This had not happened and the manager had not discussed this further with people.
- Surveys had been sent to families and staff in 2018, but not to people or professionals. Responses to areas identified by families for improvement had not been recorded. The provider accepted this and said they would reflect on how they record actions in response to feedback.
- Management oversight of accidents and incidents was not always completed in a timely way. For example, none of the incidents for September 2019 evidenced management oversight or action taken by the manager in response. The manager could not be sure that all necessary actions to reduce the risk of reoccurrence had been taken.
- Not all incidents of behaviour that challenged were recorded and provided during the inspection. Following the inspection we were provided with reports completed when a person displayed behaviour that

challenged. Updated guidance for staff had not been written to ensure the person was supported in a consistent way but the manager and staff were able to tell us how they supported the person. Without updated guidance there was a risk that this support may not be consistent.

The provider had not ensured good governance. This was a breach of Regulation 17 Good governance of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● There were quality assurance checks and systems in place. For example, medicine audits were completed regularly. These were overseen by the regional manager who completed quarterly audits on the quality of the service.
● Staff were supported with regular team meetings. One member of staff told us, "We speak about any problems, go through service users and think about behaviour. We talk about what we do. When we are all on board, the same wave length, it is better." Minutes showed that meetings were used to discuss various aspects of the service including people, key working, safeguarding and training.
● People had links with the local community. For example, some people had recently begun attending the local church. People and staff regularly visited the local town and shops.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
● Notifications to CQC had not always been made as required. For example, the manager told us they were not aware that when a person had an authorised DoLS they were required to send us a notification and had therefore not done so. Following the inspection, they immediately sent notifications for three authorised DoLS.
● The manager had changed since the last inspection. The manager had begun the process to apply to be registered with CQC.
● We received mixed feedback, both negative and positive, from staff about whether they felt listened to and supported by the management team. The regional manager, once aware of this, arranged to visit the service more regularly and began to organise some team building activities. We saw staff work well together during the inspection and approaching the manager for support as needed.
● People and professionals spoke positively of the manager. One person told us, "I like [manager], we always play a joke, all different ones. She is friendly and kind." A health and social care professional said, "The home has been through a number of managers since I have been going there but has settled now with the current manager who has improved the standards throughout the home. Like most care homes there have been a number of staff changes, but new staff have integrated well with the team there. Communication is always a key issue, but the current manager is very approachable and will keep me informed, if she is there when I am there."
● The manager understood their responsibilities under duty of candour.
● The previous CQC rating was displayed within the home. This information was also displayed on the provider's website.

Working in partnership with others
● Staff worked in partnership with other professionals. One health and social care professional told us, "I have had very positive appointments with both [manager] and [deputy manager] who have always been extremely positive and helpful." And "I remain confident that as/when the needs of service users change, that staff will contact me to discuss and arrange reviews as appropriate."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance.