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

Summary of findings

Overall summary

This unannounced inspection took place on 22 May 2017. This meant the provider, staff and people using the service did not know that we would be carrying out an inspection of the service. We returned on 23 and 31 May 2017 to continue with our inspection; these dates were announced.

We carried out a previous inspection on 9 and 11 May and 4 June 2016 at this service where we found that people were not receiving safe care. The service was rated inadequate and placed in special measures. We found people were not protected against risks to them and their rights had not always respected. Medicines had not been safely managed and there were insufficient staff on duty. Staff had not been supported to deliver safe care. Quality assurance systems were ineffective.

We previously carried out an inspection of this service on 12 and 13 October 2016, where we rated the service inadequate and the service remained in special measures. CQC had cancelled the registered manager's registration. People remained at risk of harm and their rights were not respected. The management of medicines remained unsafe. Staff had not received the support they needed and people did not have access to regular drinks and snacks. Quality assurance procedures remained ineffective because they had not resulted in improvements.

We previously carried out an inspection of this service on 14 and 15 December 2016. Improvements had been made and the service was taken out of special measures. However further improvements were needed to improve the safe management of medicines, staff training and competency in following the principals of the Mental Capacity Act 2005. Ineffective quality assurance procedures remained.

Windsor Care Home provides residential and nursing care for up to 73 older people, including people who may be living with a dementia type illness. There were 43 people living at the home at the time of this inspection.

At the time of this inspection, a new manager was in place and they had submitted an application to become a registered manager with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection we found that significant improvements had been made to improve the overall quality of the service. People, their relatives and staff expressed their satisfaction about the improvements at the service. They felt listened to and had been kept up to date with changes. People were much happier living at the service and staff told us they enjoyed their jobs. Staff told us the manager was supportive of them and overall they felt the service had significantly moved forward. More effective quality assurance process were in place, however these required further development as not all had identified areas for improvement had been fully completed. This meant that the service needed to make further changes to be well-led.

Staff understood the procedures they needed to follow to ensure people remained safe. Systems were in place to monitor people at risk, however staff had not always taken continuous action to minimise these risks and improvements were needed to the premises. Robust recruitment procedures were in place for new staff and there were enough staff on duty at all times. Medicines were managed safely. Further improvements were needed to ensure people received safe care.

Staff were supported to carry out their roles by way of regular supervision, appraisals and training. Staff understood and followed the principles of the Mental Capacity Act 2005 and best interest decisions had been made. People had received support with their nutrition and hydration and people had regular access to health and social care professionals when they experienced deterioration in their health. This meant staff were effective when providing care and support to people.

People told us they were happy living at the service and were well-cared for. People told us their privacy and dignity was respected and maintained. Relatives spoke positively about staff. People and their relatives were encouraged to be involved in planning and reviewing their care. Staff were aware of local advocacy services for people who needed independent advice and support with decision making. This meant people received good care.

People received personalised care and support. Staff were aware of people's individual needs, wishes and preferences and care records contained the information staff needed. Daily records reflected care plans. People told us there were enough activities at the service and they actively participated in them. Everyone we spoke with was aware of how to make a complaint, though no-one wished to do so. All had confidence that they would be listened to and their complaint taken seriously. This meant staff were responsive to people's needs when care and support was provided.

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 always safe.

We identified discrepancies in the systems in place for monitoring people at risk of experiencing a deterioration in their health condition

People, their relatives and staff told us the service was safe. Staff understood the procedures which they needed to follow to keep people safe from harm or abuse.

Robust procedures were in place for the recruitment of staff. There were sufficient staff on duty during the day and at night.

Improvements had been made to the management of medicines. Systems in place now meant that medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received appropriate support to carry out their roles. This included regular supervision, appraisals and training.

Staff understood the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff carried out best interest decision making for people and looked at least restrictive options for people.

People had access to health professionals when they needed to.

Is the service caring?

Good

The service was caring.

People told us they were happy living at the service and were well cared for.

People were invited to be involved in planning and reviewing their care. They were offered choice and their decisions were respected.

People told us staff maintained and respected their privacy and dignity at all times.

Is the service responsive?

Good

The service was responsive.

People received person-centred care. Staff were very knowledgeable about people's individual needs. Care records contained the information needed.

A variety of activities were available at the service which people spoke positively about. Some people had recently been on holiday with staff to Haggerston Castle.

People and relatives knew how to complain. They told us they felt able to approach the manager and were confident that action would be taken to resolve their complaint.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems were more effective. A system of auditing was in place and action plans identified. However further improvements were needed as some audits had not identified specific issues

Significant improvements had been carried out at the service. The provider had listened to feedback and staff worked together to maintain the changes introduced.

Staff told us they enjoyed working at the service and felt supported by the manager. Staff told us they worked together as a team and this resulted in good care.

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Windsor 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 registered 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.

Before the inspection we reviewed all of the information we held about the service. The information included notifications that we had received from the service. We also contacted South Tyneside local authority and health authority commissioners. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information they gave us to help plan the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Two adult social care inspectors and one expert by experience carried out an unannounced inspection on 22 May 2017. One adult social care inspector returned for a second day of inspection on 23 May 2017. A pharmacist inspector attended the service on 31May 2017 to review medicines at the service. The expert by experience involved in this inspection had experience of working with adults and older people.

During the inspection we spoke with four people and eight relatives. We also spoke with the manager, deputy manager, two nurses, two senior care workers, four care workers, an activities coordinator and a visiting health professional. We also spoke with the provider and a care consultant.

We reviewed eight people's care records in detail and the medicine administration records of a further seven people.

We reviewed staff recruitment, induction, supervision, appraisals and training records for staff. We also reviewed records relating to the management of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice.

Requires Improvement

Is the service safe?

Our findings

At inspection in June, October and December 2016, we found the service did not have appropriate arrangements in place for the safe management of medicines. This was because we could not be sure if people were receiving their prescribed medicines because records relating to medicines had not been kept up to date. Some people did not have access to the medicines they needed because staff had not taken action to order them before they ran out. There was no guidance in place for people who received their medicines covertly (disguised in food or drinks) and risk assessments were not in place for people who administered their own medicines.

At this inspection we could see that improvements to the management of medicines had been made. We looked at seven medicines administration records (MARs) and spoke with two senior carer workers and the nurse responsible for medicines. Medicines were stored securely and access was restricted to authorised staff. Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We saw evidence of regular balance checks of controlled drugs.

We checked medicines which required refrigeration and found temperatures had been recorded for the fridges on both units which were outside of the recommended range for storing medicines and no action had been taken. In addition, maximum and minimum temperatures had not been recorded every day in accordance with national guidance. This meant we could not be sure the medicines stored in these fridges were safe to use. We asked the manager to take immediate action to address this.

Photographs and allergy details had been completed on each person's MARs; this helps to prevent medicines being given to the wrong person or to a person with an allergy. All the MARs we reviewed had been completed fully and accurately to show the treatment people had received. Some people were prescribed medicines to be taken when required, or 'PRN.' There were protocols in place to guide care staff how to administer these medicines; however some protocols needed further information adding to ensure medicines would be given safely, for example the maximum dose or minimum interval between doses. There were adequate supplies of medicines to meet the needs of people living at the home.

One person was being given their medicines covertly (disguised in food or drink). We checked care records and found appropriate assessments and best interest decisions had been carried out in accordance with the Mental Capacity Act.

Some people were prescribed topical medicines to be applied to the skin, for example creams and ointments. Topical MARs were in place to record the application of these medicines, as well as body maps to show staff where they should be applied. However, care staff did not always record when they had applied these medicines. Two people were being given medicines in the form of a patch applied to the skin. We saw patch application records were completed to show where these had been applied and to ensure patches were removed and reapplied at the right time.

Two people were prescribed fluid thickeners to be added to their drinks to reduce the risk of choking. Both care records had information to guide staff how to thicken fluids to the correct consistency. However, we found staff did not record when thickener had been added to drinks. This meant records did not reflect the treatment people had received.

We found that risk assessments were in place for people. A risk assessment had been reviewed when one person had started to experience an increase in falls. The risk assessment and care plan were updated to show what support staff needed to give to this person to reduce their falls. However, when we reviewed another person's risk assessments and care plans we found that staff had not carried out the actions needed to reduce the risk, had not rearranged an appointment with a health professional to reassess the risks to them and records had not been updated when needed.

During the inspection we identified areas of the service where improvements needed to be made to ensure people were safe from harm. This included some radiators which had covers missing which meant that sharp edges were accessible to people. Doors which should have been locked for people's safety were not. We also found that a hand basin in a toilet was not securely fastened to the wall and the toilet seat was loose. The provider told us immediate action would be taken to address these. We checked with the manager after inspection and found that action had been taken to address this feedback.

Accidents and incidents had been recorded and monitored. This information was analysed to try to identify any patterns and trends to enable preventative measures to be put in place. We could see that one person had been referred to the falls team after an increase in the number of falls they had experienced.

Certificates were in place to show that the building and equipment within it was safe for use for people and staff. Health and safety checks were carried out each month, this included water temperature checks and bed rails.

Staff had participated in regular fire drills and all were confident about the action they needed to take in the event of a fire. Each person had an up to date personal emergency evacuation plan (PEEP) which included the information needed for emergency care staff.

Staff understood their roles and responsibilities to safeguard people from abuse and told us they would report any concerns to the manager. We could see that the manager had raised safeguarding alerts and thorough investigations had been carried out and preventative measures taken where needed.

People told us they felt safe living at the service. One person told us, "Yes, it's my home. Why wouldn't I feel safe? I've just been to Haggerston Castle, but it's nice to come back to your own bed." Another person told us, "In here, I know I am safe. There is someone there all of the time. At home I kept losing my balance and hurting myself."

Robust recruitment procedures were in place. All staff files looked at included two checked references and a Disclosure and Barring Services Check (DBS). DBS checks are used to evidence if people have been convicted of an offence or are barred from working with vulnerable adults.

People, their relatives and staff told us there were enough staff on duty to provide safe care and support to people. People told us call bells were answered quickly. One relative told us, "You press the buzzer or call out and there is always someone there."

We looked at staff rotas for the two months prior to inspection and found there were enough staff on duty

during the day and at night. The provider used a staffing tool to determine the number of staff needed to support the needs of the people who lived there. The manager told us staffing levels were above calculated levels for the current number of people. The aim of this was to ensure there would be enough staff on duty as the number of people using the service started to increase.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At inspection in May, October and December 2016, we found that the service did not always have appropriate arrangements in place for consent. There was a lack of understanding about the principals of the MCA and DoLS which meant staff failed to act lawfully to support people who lacked capacity to make their own decisions. MCA assessments and best interest decision making had not taken place within a multidisciplinary team setting. Restrictive practices such as using lap belts and bed rails were sometimes taking place without any best interest decision making having taken place. Where MCA assessments had taken place, they had not been reviewed. Staff had not always considered any other least restrictive options for people who were being deprived of their liberty.

At this inspection, we found that staff's understanding of the principles of the MCA and DoLS had increased. DoLS were in place for people who needed them. We could see staff had considered the least restrictive options for people, whilst keeping them safe. Staff had involved and listened to people and their relatives. For example, one relative provided staff with information about coping strategies for one person which had been included into the person's records. This meant staff had strategies they could carry out with the person to reduce any distress. Staff understood the reasons why people were being deprived of their liberty and systems were in place to ensure staff started renewal applications three months before each safeguard was due to expire. Best interest decision making had been carried out for people who needed to use bedrails and lap belts to maintain their safety.

At inspection in May, October and December 2016, we found that staff were not always supported to carry out their roles safely. Training was not up to date. Although staff had attended training between these inspections gaps in training remained, for example dementia care and pressure area care. Competency assessments for nurses for areas such as medicines, catheter care and tube feeding had not been carried out. Staff had not received regular supervision and appraisals.

Since the last inspection all staff had participated in training. From the training summary records reviewed at this inspection we could see training was complete in most areas. Where training was outstanding or due to expire this had been highlighted and training dates booked. Staff had participated in a range of mandatory training which is training the provider deems necessary for staff to carry out their roles. This

included manual handling, safeguarding, first aid, health and safety, nutrition, fire safety, falls prevention, nutrition and pressure area care. Some staff had recently started dementia care training with South Tyneside College.

Nursing staff had participated in competency checks to make sure they were confident in the role they were employed to do. They had also completed specialist training in diabetes, medicines, catheter care, continence and care planning.

Staff spoken to said they were supported by the management team and had regular supervision from their line manager. All staff were receiving bi-monthly supervision. This is a formal method of support between employee and their line manager. A planner was in place to ensure all staff knew when their supervision session was. Annual appraisals had been carried out or planned dates were in place.

People and relatives told us that staff had the right skills, training and experience to care for them safely. One person told us, "They [staff] do everything very well." Another person told us, "They [staff] are helpful getting me out of my chair and they [staff] drain my [catheter] bag without hurting me." One relative told us, "I've never had any reason to question the staff training. You can tell that they've previously worked in other homes and have been handpicked to come here by the new manager. What a difference."

We spoke to one member of staff who was being supported through their induction process. They told us they had been undertaking training in safeguarding and was aware of the whistle blowing procedure (for raising concerns). They had also attended training in alcohol awareness, nutrition and falls prevention.

People spoke positively about the food they received. One person told us, "I like breakfast the best. It's beautifully prepared and there are plenty of drinks. Water, tea and juice." Another person told us, "I have no problem with eating. But if I want anything, they [staff] do it. I like salad the best." A third person told us, "I like fish and chips and there is enough choice. If I don't like anything, they [staff] will do me an omelette."

One relative told us, "[Person using the service] is a good eater here. They are starting to put on weight." Another relative told us, "Everything is well monitored. I'm confident they are being well looked after." People who needed assistance were given it. Staff provided encouragement to people to eat their meals and consume their drinks. Written and pictorial menus were available for people. We noted that people were offered alternatives.

At this inspection we observed the lunchtime experience on the first day of inspection. Tables were set ready for people to have their lunch and condiments were offered. People were offered a choice of drinks during and after their meal. Staff were aware of people's individual needs and support provided to people throughout. From our observations, we could see that people appeared to be enjoying their meals.

One person told us that staff had provided them with the support they needed after they were discharged from hospital. As a result their mobility had greatly improved and had been able to walk independently with the use of a walking frame.

People had regular access to health and social care professionals involved in their care, such as district nurses, speech and language therapists, occupations therapists, dieticians and their GP. Care records included information about their visits and care plans and risk assessments had been updated following any new recommendations.

One health professional told us, "The staff keep me informed. They are very engaged with me. I'm a regular

visitor [to the service] and the staff are always prepared. They have the care records ready for me. Staff are very open and have an honest approach. They are very proactive to work with. I've had no issues with staff." Care records showed staff acted quickly when one person experienced deterioration in their health condition. We could see that health professionals attended quickly and the person received care from their local hospital.

Good

Is the service caring?

Our findings

People told us they were well cared for. One person told us, "They [staff] know their duties. They are very good. They [staff] chat away and listen. Things have improved 1000% in staff attitude, confidentiality, trust, respect and leadership." Another person told us, "It feels like a home here. This is good. It's where I want to live. It's my home." A relative told us, "It's good here. When I'm slightly older and frail, I would put my name down and come here myself."

Staff told us they enjoyed working at the service. One staff member told us, "I like to socialise with people and keep them [people using the service] interacting. They [people using the service] and we [staff] enjoy it. This is so much better than my previous employment. I love my job. Everything is rewarding. We treat everyone as if they were our Mums and Dads."

People told us staff were always on hand for them. One person told us, "Staff stop and listen and if you're poorly, they are there for you. If staff can help, they will, but they always try to keep you mobile and independent." One relative told us, "Staff couldn't look after [person using the service] any better. They are much more settled here. There have been no infections, a chiropodist visits regularly and they go on day trips." Another person told us. "I think the girls [staff] are all my sisters." One relative told us, "Everyone knows my name. They [staff] are friendly and nice. They [staff] can't do enough for you."

People told us their dignity was respected and maintained. People told us staff ensured they were covered up whenever personal care was taking place and doors and curtains were closed. One person told us, "The carers are lovely. I keep my dignity. You give staff respect and they'll respect you back."

People told us staff went above and beyond what they expected. One person told us, "They [staff] do shopping for me in their own time. It's like family in here."

People and their relatives were aware of their care plans and some people told us they had been involved in planning and reviewing their own care. Others told us they had not, however this had been their choice. From the residents' meeting minutes reviewed, we could see people and their relatives were actively encouraged to participate in the planning and reviews of care.

Information about local advocacy services was on display. This is a means of accessing independent advice and support to make decisions.

Good

Is the service responsive?

Our findings

At inspection in December 2016 we found there had been improvements to the personalised care and support people were received. During this inspection, we found these improvements had been sustained.

People we spoke with told us that they were happy with the staff involved in their care and told us that staff knew what their needs were. Care plans included detailed information about each person which included personal care, nutrition, communication and sleep. These care plans were reflective of people's needs, wishes and preferences and it was clear people had been involved in developing and reviewing them. For example, in one person's care plan it stated that the person would like staff to assist them with specific personal care needs as they could sometimes forget. This meant staff had the information they needed to ensure people received the right care.

Daily records had been regularly completed and detailed information which reflected people's care plans had been recorded. This meant staff coming onto their shift had the information they needed to provide appropriate care for people and also allowed general monitoring of people to take place.

People spoke positively about the activities provided at the service. One relative told us about people who had made trifle. They told us, "They [people using the service] made trifle between the three of them. But they were eating the ingredients as they were going along, so there wasn't much trifle at the end!" One person told us, "They [staff] sometimes take me to the pub, in the nice weather, and, "They [staff] are taking me to vote next week."

Two activities coordinators were employed at the service and worked across seven days. They were responsible for providing activities, facilitating residents' meetings and producing newsletters Activities were provided on an individual and group basis, although we found more individualised activities would benefit people who needed to spend time in bed because of their health condition. We participated in an activity during inspection and found people joined in and appeared to enjoy themselves. External activities provided included miniature ponies, Pat dogs and small animal handling such as insects and snakes.

The manager told us that plans were in place to create a sensory room for people living with a dementia and to create dementia-friendly communal areas. This would include a seated garden area and tactile objects and reminiscence objects in corridors.

People went on holiday and had recently visited Haggerston Castle Holiday Park in Northumberland. One person told us, "We got such a good welcome back. It was nice to be home." One relative told us about a recent trip their family member had been on with the service. They told us, "We went to Haggerston Castle. That was great. There were plenty of activities." People also went out into their local community to shops, the library and parks.

A complaints policy and procedure was on display at the service. We could see that a small number of complaints had been made. Each of which had been fully investigated and records included an outcome of

each complaint.

People told us that they were aware of how to make a complaint, but none wished to do so during this inspection. One person told us, "I have no complaints, but if I did, I would see a carer and it would be sorted straight away." Another person told us, "Why would I want to complain? Everyone gets on with everyone else. We don't want for nothing. We get well fed. I wouldn't change anything." A third person told us, "I have no complaints, but if I did, the manager would sort things."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection of this care home in December 2016 we found the provider had continued to breach a regulation relating to the governance of the service. This was because the provider had failed to address breaches in relation to medicines management, staff training and assessments of people's capacity to consent. We issued a warning notice about this.

At this inspection, we could see that the provider had taken continuous action to improve quality assurance systems at the service, however further work was needed.

A system of auditing was in place each month, these included audits in areas such as infection control, health and safety, medication, care records, dining experiences, kitchen, food safety and the overall service. Some audits had highlighted where further improvements were needed and action plans were in place and showed when these had been addressed.

Quality assurance procedures required improvement because the systems in place had not identified the concerns which we identified during this inspection. In some cases, the scope of these audits was limited. This included gaps in medicines records and staff practice in following systems in place to manage risks to people who could experience deterioration in their health condition.

In medicines audits some actions had been signed to show they had been addressed but the issue had been noted again at the next audit. Some areas for improvement had not been included into audits which meant no action had been taken to make improvements. An audit about the dining experience had not been signed off to show actions were completed.

It was clear during this inspection that some older areas of the service required updating and had needed to be for some time. The manager was designing a building development to address these. Action had not been taken to carry out the work needed to radiator covers and unlocked doors to store rooms.

This meant there was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was clear that the provider had continued to take action to improve the overall quality of the service. People, their relatives and staff had been kept up to date with these improvements. People and relatives told us the quality of care had improved and people enjoyed living at the service. Staff told us they enjoyed working at the service and were committed to their roles. An embargo on the service had been lifted since the last inspection which meant that new people could move into the service.

People and relatives told us that the service was making continual improvements. One relative told us, "[Manager] is starting to put things right." Another relative told us, "It's well run." A third relative told us, "It's a brilliant place and well managed. Everything is clean, the attitude of the staff. Everything and everyone has improved and keeps on improving." One person told us, "The manager is very approachable." Another

person told us, "Things have improved 1000% since last year."

The manager had applied to the Care Quality Commission (CQC) to be the registered manager. Their application was being processed by CQC. Everyone we spoke with during this inspection was aware of who the manager was and told us they were approachable and would approach them to discuss any concerns which they had.

One staff member told us, "Massive changes and the atmosphere is fantastic. I was talked into coming back and I have no regrets. We are one big happy family. [Manager and deputy manager] walk the floor. They are both registered mental health nurses so they know what they are looking for. It's not 'them and us' anymore."

One staff member told us, "It's a pleasure to come to work. You can see the difference. We have all done training too. It's like a team now, we all work together."

Regular staff meetings were in place. This meant staff had been kept up to date with the progress the provider was making with improving the overall quality of the service. Staff had also been able to discuss concerns and share ideas. The manager had been complimentary about staff and told us staff were open to new ideas and were willing to try what they and the provider had suggested.

People and their relatives told us they had attended regular meetings at the service and had been kept up to date with improvements and upcoming events at the service. One relative told us, "It was very informative. We discussed how things could be improved. Everyone had a voice."

Regular newsletters were produced which recapped on events and activities which had taken place and included photographs and comments from people using the service, staff and the manager as well as upcoming events. From the newsletter we could see that people were being given the opportunity to dine out in the community each month and people and staff had started a collection for their local food bank.

A relative told us staff kept them up to date with events and any important information about their loved one. They told us, "The staff tell me about any problems and I get regular updates. There has been 1000% improvement from last year."

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.