Mr. Sandeep Phull

Croft House Rest Home

Inspection report

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Tel: 07956313343

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27 October 2016

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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 inspection was carried out on the 17, 18 and 27 October 2016 and the first day was unannounced.

Croft House Rest Home is a registered care home situated in Freckleton close to shops and public transport. It is registered to provide accommodation for up to 22 older people. Bedroom accommodation is situated over two floors and there is a stair lift to the first floor. There are three lounges plus a conservatory which is used for dining. There is a patio area for people to enjoy and car parking is available at the home.

Croft House Rest Home has a manager who is registered 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.

Croft House Rest Home was registered with the Care Quality Commission in April 2012. We last inspected the home in October 2013 and found no breaches in the regulations we looked at.

At this inspection visit carried out in October 2016, there were 18 people who lived at the home. People we spoke with said they were happy with the care and support they received. People told us staff were caring and were knowledgeable of their individual needs. People described staff as, "Very good, very kind." And, "lovely and thoughtful."

We found risks to people who lived at the home were not always identified and control measures implemented to mitigate the risk. This was a breach of Regulation 12 (Safe care and treatment.) You can see what action we told the provider to take at the back of the full version of the report.

Quality assurance checks were carried out to ensure areas of improvement were identified, however did not always identify if improvements were required. This was a breach of Regulation 17 (Good Governance.) You can see what action we told the provider to take at the back of the full version of the report.

Overall we found the environment was clean. However we noted some equipment required cleaning and infection control measures required improvement to ensure the risk of cross infection was minimised. We have made a recommendation regarding this.

People told us they could take part in activities which interested them. We were told, "People come in and sing to us." And, "I like the quizzes".

People who received care and support told us they felt safe. Staff were able to define abuse and the actions to take if they suspected people were being abused.

We found medicines were administered safely. Staff were knowledgeable of arrangements for the ordering, storage and receipt of medicines and we saw medicines were dispensed in a safe way. However we found policies regarding medicines were not always in place to provide instruction for staff. We have made a recommendation regarding this.

We saw recruitment checks were carried out to ensure suitable people were employed to work at the home, however this did not record any gaps in employment. Prior to the inspection concluding we were provided with documentation that allowed for this information to be recorded.

There were sufficient staff to meet people's needs. People were supported in a prompt manner and told us they had no concerns with the availability of staff.

Staff received regular support from the management team to ensure training needs were identified. We found staff received appropriate training to enable them to meet peoples' needs. Staff told us further training was available if they requested this.

Processes were in place to ensure people's freedom was not inappropriately restricted. Staff told us they would report any concerns to the registered manager.

We saw people were offered a variety of foods at Croft House Rest Home and people were supported to eat and drink sufficient to meet their needs. People told us they liked the food provided.

People were referred to other health professionals for further advice and support when assessed needs indicated this was appropriate and documentation we viewed reflected this.

Staff treated people with respect and kindness. People told us they were involved in their care planning.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People who lived at Croft House Rest Home and their relatives were offered the opportunity to participate in an annual survey.

During the inspection we noted improvements were required to ensure the safety of the environment. We discussed this with the registered manager who took action to remedy this. Prior to the inspection concluding we saw windows were appropriately secured.

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.

Risks were not always identified and control measures implemented to mitigate risks.

Improvements were required to ensure people were protected from the risk of infection.

People received their medicines as prescribed. Staff were knowledgeable of the arrangements for receiving and disposing of medicines.

Staff were aware of the processes in place to raise safeguarding concerns if the need arose.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Is the service effective?

Good

The service was effective.

Staff were able to attend training to maintain their knowledge and skills.

People's needs were assessed in accordance with their care plans.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods which met their needs and preferences.

Referrals were made to health professionals to ensure care and treatment met people's individual needs.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people and were knowledgeable of their needs.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

People were able to participate in activities which were meaningful to them.

There was a complaints policy in place to enable peoples' complaints to be addressed.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance systems did not always identify if improvements were required.

Staff told us they were supported by the management team.

Communication between staff was good. Staff consulted with each other to ensure people's wishes were met.

Croft House Rest Home

Detailed findings

Background to this inspection

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

This inspection visit was carried out on the 17, 18 and 27 October 2016 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Prior to the inspection visit we reviewed information the Care Quality Commission (CQC) holds about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This information helped us plan the inspection effectively.

During the inspection visit we spoke with six people who lived at the home. We spoke with the registered manager for the home, two deputy managers, a member of the care staff and the chef. We spoke with the registered provider by telephone. In addition we spoke with three relatives of people who lived at Croft House Rest Home. We did this to gain their views on the service provided.

We looked at all areas of Croft House Rest Home, for example, we viewed the lounges and dining area, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at a range of documentation which included seven care records of people who lived at Croft House Rest Home. We viewed a range of other documentation in relation to the management of the service. These included records of meetings and health and safety certification. In addition we viewed recruitment and training records, medicine records and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People who lived at Croft House Rest Home told us they felt safe. Comments we received included, "I'm kept safe by staff looking after me." And, "I'm safe at this home. There's always someone to help me." Two relatives also told us they considered their family members were safe. We were told, "I've never had to worry about [my family member.]" And, "[My family member] is in no danger whatsoever."

During the inspection we viewed seven care records relating to people who lived at Croft House Rest Home. We did this to look how risks were identified and managed. We reviewed two people's care files and saw the people they related to had fallen. From reviewing the files we could see their needs had been reassessed and care documentation had been updated to reflect this. We checked their rooms and saw equipment had been purchased and was in use to minimise the risk of reoccurrence.

However, we found a further person had fallen and had sustained an injury. We reviewed the person's care records and found there was no risk assessment in place at the time of the fall to minimise associated risks. We discussed this with the deputy manager who confirmed the risk to the person had not been assessed. This was a breach of Regulation 12 (Safe care and treatment.) as the registered provider had not assessed the risk to the person and done all that was reasonably practical to mitigate risks.

We found some individualised risk assessments were carried out appropriate to peoples' needs. Care documentation contained instruction for staff to ensure risks were minimised. For example, we saw one person required support to mobilise. Staff we spoke with were able to explain the person's needs and the reasons for the support the person required. This demonstrated staff were knowledgeable of the risks identified and how to suitably address these.

We walked around the home to check the environment was safe. We found bedrooms and communal areas were clean. However, we noted commodes were cleaned in the laundry next to clean bedding and bins for clinical waste were not foot operated. Soiled laundry was stored in an open laundry basket under a handwashing sink and a bin used for clinical waste was stored in a corridor. This was accessible to people who lived at the home. In addition we found three commodes required cleaning to ensure the risk of infection was minimised. We discussed this with the registered manager and on the 18th of October 2016 we saw action had been taken to minimise the risk of cross infection. We saw the clinical waste bin was now secure, clean laundry had been placed in a separate area to the laundry, soiled laundry was stored in a covered bin and commodes were clean. On the 27 of October 2016 we were informed new foot operated bins and coloured laundry bags had been ordered. We also saw cleaning schedules had been updated to ensure staff were aware of their responsibilities in relation to the cleaning carried out at the home. We reviewed the policies in relation to infection control and found these did not provide instruction to staff on key areas of infection control. For example, the action to take in the event of an outbreak of infection, specific infections and safe laundry management. We recommend the registered provider seeks and implements best practice in relation to the prevention and management of infection.

We viewed people's bedrooms to ensure they were suitable. We found window restrictors were fitted on windows to prevent people from falling from height. However these window restrictors were not tamper proof as advised by the Health and Safety Executive guidance 'Falls from Height'. We also noted there were no alarms fitted on fire exits. This meant it was possible for people who lived at the home to leave unobserved. We discussed this with the registered manager and on visiting the home on the 27 of October 2016 we found tamper proof window restrictors had been fitted and alarms had been fitted to fire exits. This helped ensure people's safety.

Bedrooms we viewed were nicely decorated. We saw some communal areas of the home appeared worn. We discussed this with the registered provider who told us there was an ongoing decoration programme. We looked at the maintenance log for the home and saw if action was required, this was recorded and signed off as it was completed. This demonstrated action was taken to improve the environment as required.

Staff we spoke with told us they had received training to deal with safeguarding concerns. Staff were able to describe the types of abuse which may occur and how symptoms of these may present. They told us they would immediately report any concerns they had to their line manager or to the local safeguarding authorities if this was required. Staff were confident any concerns they had would be addressed. One staff member told us, "I'd report to the registered manager or to safeguarding. The numbers are in the office."

People who lived at Croft House Rest Home were complimentary regarding the staffing levels at the home. We were told, "Staff always come quickly." And, "If I need help staff usually help me straight away." Two relatives we spoke with voiced no concerns regarding the staffing provision at the home. They told us staff were available to support their family member. Comments we received included, "I've never been worried about the staffing here. There's always staff around." And, "Staffing's good."

We asked the registered manager how they ensured enough staff were available to meet people's needs. They told us they assessed people's needs and this informed the number of staff required to support people. In addition they told us people were encouraged to express their own preferences regarding their daily routine. For example, if they wished to retire to bed and get up at a preferred time, this was accommodated. The registered manager told us if unplanned leave was taken, this was covered by existing staff. The registered manager explained this was so people were supported by staff who were familiar with people's needs and preferences. Staff we spoke with confirmed our discussions.

We reviewed one week's rota for Croft House Rest Home and saw the number of staff available was consistent with the registered manager's explanation. During the inspection we saw staff were available to support people and we observed staff were calm and relaxed and did not rush people.

We reviewed two staff recruitment records to ensure suitable recruitment checks were carried out. We saw the required checks were completed. We noted appropriate references were obtained and an employment history was documented. However, we found the application form for prospective employees did not request the start and finish dates of previous employment. This did not allow for gaps in employment history to be identified. We discussed this with the registered manager who told us they discussed this with prospective employees but did not document this. During the inspection process the registered manager provided us with reviewed documentation which allowed for the identification of gaps in employment and an explanation to be recorded.

In addition we spoke with two newly recruited members of staff who told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check which helps ensure suitable people were employed. They also confirmed references had been obtained prior to their employment

starting. Both members of staff confirmed they had been asked when and why they had left previous employment.

During this inspection visit we checked to see if medicines were managed safely. We observed medicines being administered and saw the staff member was diligent in their duties. We noted the staff member sought consent before people were given their medicines and stayed with them to ensure the medicines had been taken. This minimised the risk of harm occurring. Staff we spoke with were able to explain how the system operated and arrangements for the ordering and receipt of medicines. We checked the stock of two people's medicines and saw the records and the amount of medicines matched. This indicated medicines were being administered correctly. We reviewed the medicine policies at the home and found these required improvement. For example we found there was no policy for covert medicine administration. This is the administration of any medical treatment in disguised form. In addition we found there was no policy to instruct staff on the processes to follow if people wanted to self-administer their medicines. At the time of the inspection we were informed there was no one who self-administered their own medicines and no one received covert medicines. We recommend the registered provider seeks and implements best practice in relation to the management of covert and self-administration of medicines.

We reviewed health and safety documentation and saw checks were carried out to ensure the environment was maintained to a safe standard. We saw documentation which evidenced electrical and gas equipment was checked to ensure its safety. We also checked that accidents and incidents were recorded and monitored. We saw accident and incident forms were completed and then reviewed to ensure no further action was required to maintain peoples' safety. The registered manager explained if further actions were required, this was implemented by the deputy managers and discussed with staff. Staff we spoke with confirmed this.

There was a fire risk assessment that ensured the risk of fire was minimised. Staff we spoke with were knowledgeable of this. We learnt two people at the home would not be able to leave by the stairs in the event of evacuation being required. We were informed they would be supported to the nearest fire exit and staff would stay with them until emergency services arrived. This was not reflected in their individual 'Personal Emergency Evacuation Plan. We recommend the registered provider seeks and implements best practice in relation to risk management in the event of fire.

Good

Is the service effective?

Our findings

People who lived at Croft House Rest Home spoke positively about the support they received from staff. People told us staff supported them in the way they had agreed and they found staff were knowledgeable of their needs. Comments we received from people who lived at Croft House Rest Home included, "They all know my little routines." And, "Yes, staff know me." Relatives we spoke with described the care and support as, "Excellent care here." And, "Good care."

We found people were supported to see other health professionals as required. Care records evidenced people had access to external professional advice if this was needed. For example we saw evidence of involvement from district nurses and doctors.

People who lived at Croft House Rest Home also confirmed they had access to external health support. We were told, "I just ask and they arrange for a doctor to come and see me. " And, ""My doctor comes to see me here." Relatives we spoke with commented, "Any little change they call the doctor then me." And, "If [my family member] needs a doctor they arrange it straight away."

We viewed seven care records related to people who lived at Croft House Rest Home. Care files evidenced people's nutritional needs were monitored. We saw people were weighed to ensure any changes in weight were noted and a record of this was kept. Staff we spoke with explained they checked people's weights regularly to ensure any significant weight loss or gain was identified and monitored. They told us if they were concerned they would make referrals to other health professionals. They said this would help ensure further professional advice was accessed when required.

People told us they liked the food at Croft House Rest Home. Comments we received included, "The food's good." And, "All the food is nice. I could have a cooked breakfast if I wanted, but I don't want one." We viewed menus which showed a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

We observed the lunchtime meal being served and saw people were able to eat in their rooms, the lounge or in the dining area if they preferred. People were promptly provided with a meal and a drink of their choice and we observed people talking and chatting as they ate. We saw one person required support with their meal and this was provided with dignity. The staff member offered protective clothing to the person and stayed with them throughout the meal. We noted the staff member was patient with the person and conversed with them as they supported them. We noted the person was offered a second helping, which they declined.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the registered manager of Croft House Rest Home to assess their understanding of their responsibilities regarding making appropriate applications. From our conversations it was clear they understood the processes to follow. We were informed eight applications had been made to the supervisory body. They explained they were supported by the deputy manager who ensured applications were completed appropriately.

We asked staff to describe their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how this related to the day to day practice in the home. Staff could give examples of practices that may be considered restrictive and said they had received training in this area. Staff told us they would report any concerns to the deputy manager and registered manager. During the inspection we observed no restrictive practices taking place.

We asked staff if they received training to enable them to deliver care which met people's needs. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. They also confirmed they had regular meetings with their line manager to ensure their training needs were identified and training was refreshed. One staff member said, "There's always training here." A further staff member told us, "I'm going on training next week. The registered manager expects us all to keep up to date."

We viewed a staff training matrix which recorded the training staff at Croft House Rest Home had attended. This showed staff had completed training in areas such as first aid, safeguarding and the Mental Capacity Act. We reviewed one staff file which evidenced staff had individual meetings with their line manager to review and discuss their performance and training. This demonstrated staff had the opportunity to review their performance and development needs.

Good

Is the service caring?

Our findings

People who lived at Croft House Rest Home were complimentary of staff. Comments we received included, "Staff are lovely and thoughtful." And, "I find the staff to be very kind." Also, "Staff are very good, very kind." Relatives we spoke with also told us they considered staff to be caring. One relative told us, "Caring staff. They fuss over [my family member]." And, "Staff are caring."

We saw staff were caring. Our observations showed staff had knowledge of what was important to people. For example, we saw one staff member spent time with a person and talked with them about their favourite music artist. We observed the person was holding the staff members hand and smiling as the staff spoke with them. We also noted one staff member sat with a person and offered them reassurance as they were worried. The staff member spoke kindly and gently to the person and this enabled the person to become less worried. The person said, "Thank you, I knew you would understand."

One person requested help to go to their room as they felt tired, this was given in a way that promoted the person's independence and dignity. The staff member offered the person help with their mobility and this was accepted. The staff member checked the person was comfortable with the assistance given and gave praise and encouragement as they supported them. We also saw a staff member asking a person what they wanted to listen to on the radio. The staff member helped the person listen to different radio channels until they decided what they wanted to listen to. The person and the staff member were seen to be chatting and laughing together and we noted the staff member was patient. The person thanked the staff member and apologised for taking up their time. The staff member responded by saying, "Don't be sorry, I'm here to help you." This demonstrated staff were caring.

Staff spoke respectfully and caringly about people they provided support to. One staff member said, "I worry about residents if they're poorly. I don't like seeing them ill. I just want to make them better." We overheard a conversation between two care staff who were talking about a person's external activity. The staff were respectful in their conversation and comments heard were, "I hope [person] enjoys today, [person] has been looking forward to it." And, "[Person] looks lovely, I helped them get ready,[person's] dress suits them."

The care records we viewed for Croft House Rest Home demonstrated, whenever possible, people were involved in the development of their individual care plans. We saw records were person centred and whenever possible contained information about people's social interests and histories. People we spoke with told us they had been involved throughout the development of their care plans and influenced their care. One person told us they had stumbled and staff had reviewed their care plan with them. They said, "Staff were worried about me, they said they didn't want me to get hurt."

We saw people's privacy and dignity was respected. For example, we saw staff knocked on bedroom doors and waited for a response before entering. People also told us they considered their privacy was upheld. One person said, "They close the doors and curtains." A further person told us, "They always knock, even if the door's open."

We discussed the provision of advocacy services with the registered manager. Advocacy services support people to express their wishes and opinions and help ensure people's rights are upheld. The registered manager told us this was provided as people wished. At the time of the inspection none of the people we spoke with wished to access advocacy services.

Good

Is the service responsive?

Our findings

People told us the registered manager and staff responded to their individual requests. One person said, "Sometimes I like to sit in the garden, it's never too much bother for staff." A further person told us they had requested a handrail to be adjusted in their room. Handrails are used to assist people who require support with their mobility. They told us this had been carried out promptly and during the inspection we saw this had been done. The person told us, "It wasn't a problem. I asked and they did it."

We saw an activities calendar was displayed at the home to enable people to take part in activities which interested them. This included quizzes, musical entertainers and chair based exercises. During the inspection we saw a quiz take place. We saw staff asked people if they wanted to join in and if they declined their wishes were respected. We also saw a group of local school children attended the home to sing and share cakes. People were seen to be smiling and laughing as they talked with the children.

People told us they were happy with the activities provision. Comments we received included, "The activities are fine. People come and sing to us." And, "I like the quizzes." Relatives we spoke with voiced no concerns with the activities provided. They told us their family members were informed of these and could participate if they wished to do so.

People also told us they were consulted regarding their care needs so changes could be made as required. One person explained how they now required staff support to mobilise. They told us this had been discussed with them and their care plan had been amended to reflect this. We viewed the person's care documentation and found the care record was an accurate reflection of the person's needs and wishes. This evidenced people were involved in the development of their care plans. We checked to see if people received care that was responsive to their individual needs. We looked at a care record which recorded a person needed specific support to maintain their skin integrity. We checked the additional care documentation which recorded the person had been supported in accordance with their assessed needs. This indicated care was delivered as required to meet individual needs.

Relatives we spoke with told us they were happy with the level of involvement and consultation they received. Comments we received included, "Staff keep me informed." And, "I'm always contacted and kept up to date."

We saw there was a complaints policy at the Croft House Rest Home. We saw information which explained how a complaint could be made and the timescale for response. The registered manager told us no complaints had been received. All the people we spoke with confirmed they had not made a complaint. Comments we received included, "I would talk to anyone about a complaint. [Registered manager] is here to talk to but I've never had to complain." And, "I've never had to complain." Also "I don't have any complaints." Relatives we spoke with also confirmed they had access to the complaints policy and they would raise concerns if they felt the need to do so.

Requires Improvement

Is the service well-led?

Our findings

People told us they considered the home was well managed. One person told us, "I've never been left waiting, been treated badly or missed any appointments so I think it's managed well." A further person commented, "It's very well organised here." Relatives we spoke with also made positive comments regarding the management of the home. One relative told us, "It seems well managed." A further relative said, "I'm not worried about the management of this home."

We asked the registered manager what checks were carried out to ensure any areas of improvement were identified. The registered manager told us they commissioned an external organisation to carry out checks. In addition the deputy manager was implementing a series of internal audits to ensure the safe and smooth management of the home. We saw the deputy manager had introduced audits in weight management, falls and nutritional risk. We also saw evidence of medicines audits. However, the audit systems had not identified the concerns we had identified on inspection such as improvements required in infection control practices and the management of environmental risk. This was a breach of Regulation 17 (Good Governance.)

The registered manager told us they were supported by two deputy managers who also delivered care and support. They explained they wanted the home to have a family atmosphere and for people who lived at Croft House Rest Home to know all the staff who worked there. They further explained they had identified improvements were required in some areas of the home and the deputy manager was supporting them with this. This was confirmed by speaking with the deputy manager.

It was clear from our observations the registered manager was known to people who lived at Croft House Rest Home. We observed people asking the registered manager about things which were important to them. One person spoke about a new pair of curtains and a further person discussed their family visit. We noted the registered manager knew people's names and their needs. For example we saw the registered manager asking one person if they wanted to sit in their usual chair. This demonstrated the registered manager was knowledgeable of people's preferences.

We viewed documentation which evidenced meetings were held to inform staff of any changes. We noted areas such as safeguarding, staff leave, management and confidentiality were discussed. This demonstrated meetings were arranged to enable staff to seek clarity and ensured changes were effectively communicated. Staff we spoke with told us they felt supported by the management team. Comments we received included, "I can always talk to the registered manager." And, "Everyone is very supportive."

The registered manager told us people were encouraged to share their views on the service provided. This was carried out by speaking with people in a daily basis, 'residents meetings' and an annual survey. We viewed records of the 'resident meeting' and saw people were asked if they had any suggestions to improve Croft House Rest Home. Documentation also showed people were asked if they had any complaints. We noted a request had been made for activities and this had been introduced on the activities calendar. This demonstrated people's views were sought and changes made where possible.

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 registered provider had not assessed risk and done all that was reasonably practical to mitigate risks. Regulation 12 (1) (2) (a) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people and others. Regulation 17 (1) (2) (b).