Aldanat Care Limited

Peterhouse

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Peterhouse provides accommodation and personal care for nine people who have a learning disability or autistic spectrum disorder. The service can support up to 11 people. Since our last inspection, the supported living settings have been registered separately and are not included within this report.

The service has not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This guidance ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service did not always receive planned and co-ordinated person-centred support that is appropriate and inclusive for them and did not always have choice and control over what they could do.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 11 people. Nine people were using the service. This is larger than current best practice guidance. However. the size of the service fitted into the residential area and the other large domestic homes of a similar size. There were no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

People's experience of using this service and what we found

Measures were not always in place to ensure people and the environment they lived in was safe and some risks to individuals had not been identified or addressed. Staffing levels had not been reviewed and there were not always enough staff to support people to access to the community. Medicines were not always managed safely. People were protected by the prevention and control of infection and staff received training in infection control. The environment continued to require refurbishment. Some parts of the grounds of Peterhouse were not suitable for people with mobility issues.

People were not always supported to have maximum choice and control of their lives. Staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. Although the management team were aware of the Registering the Right Support guidance, the outcomes for people did not fully reflect the principles and values of Registering the Right Support. People did not always have choice or control about what they wanted to do due to inadequate staffing levels and this did not demonstrate a caring service.

People were not always able to take part in community activities due to a lack of staffing and people were not always supported to engage in meaningful activity. We made a recommendation that the provider reviews the provision of activities and meaningful engagement to ensure that it meets the individual

interests of those living at Peterhouse. Where feedback was received from people using the service, this was not always acted on to ensure positive outcomes. There was a lack of easy read information available to aid people's understanding in line with the Accessible Information Standard (AIS). We made a recommendation that the provider consults a reputable source and further develops the use of easy read and pictorial information to ensure that they meet the AIS.

People were supported by staff who knew them well. Staff were kind and supported people with dignity and respect although their independence could be further promoted. Staff received training, support and supervision to enable them to carry out their roles. The service worked in partnership with other health and social care professionals and these relationships had supported people to have good outcomes. End of life planning required further development. We made a recommendation that the provider consults a reputable source to further develop end of life planning.

The registered manager did not manage the service day to day. Auditing systems were ineffective and had failed to address key concerns identified at this inspection. Some recommendations made at the previous inspection had not been implemented. The oversight and governance of the service required review to ensure any issues were identified and rectified to ensure the service continuously improved.

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

Rating at last inspection and update
The last rating for this service was Requires Improvement (published 17 July 2018).

At this inspection, not enough improvement had been made or sustained and the provider was in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last three consecutive inspections.

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

Enforcement
We identified four breaches in relation to risk assessment, staffing and managerial oversight and governance at this inspection. The provider took some action to mitigate the risks after the first day of inspection, however further improvement was still required.

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

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our safe findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our safe findings below.

Peterhouse

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 team consisted of two inspectors.

Service and service type
Peterhouse is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and three relatives about their experience of the care provided. We observed the support provided to people who were unable to speak with us. We spoke with

three care staff, the cook, two deputy managers and the learning disability director. We looked at five care plans, four medication records, two staff files as well as other records and audit documents relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies, health and safety and quality assurance records. We received feedback from the local authority.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Environmental risks were not always identified or effectively addressed. In one bedroom, the window frames were rotten, and the window restrictor would not withstand force and opened onto a flat roof. Trip hazards had not been rectified including a loose bathroom mat and the uneven slabs in the patio area.
- Building work was in progress in the grounds of Peterhouse. Although a risk assessment was in place, building debris such as bricks placed people at risk of potential injury.
- A legionella risk assessment was in place and the water was checked for legionella annually. However, the water temperatures had not been checked since February 2019. The deputy manager confirmed that since the maintenance person left, no-one had been trained to test the water to ensure they were a safe temperature to reduce the risk of legionella.
- A new building was being built next to Peterhouse. The fire exit was blocked, and a new temporary fire exit was in use. The fire risk assessment had been updated to reflect the change, however no fire drills had been undertaken to ensure staff and people knew how to exit the building safely following this change.
- Some risks to individuals had not been identified or addressed. One person who was at risk of falling, had an upstairs bedroom and struggled to walk down the stairs. This had been raised as a concern by the deputy manager, however no action had been taken and the person remained at risk.

Due to poor risk management, people were at potential risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team agreed improvements were required. After the inspection, the learning disability director informed us the person who was at risk of falling had been moved to a downstairs bedroom.

- When people became anxious or upset, staff knew how to respond to reduce the distress or the risk of injury to the person and others and there were detailed positive behaviour support plans to provide guidance to staff.

At our last inspection, we recommended that risk assessments had a date scheduled for review to ensure they continued to meet people's needs. The provider had made improvements.

- Where risks had been identified, assessments were detailed and had dates for review.
- Each person had a Personal Emergency Evacuation Plan (PEEP) providing guidance to staff on how to support people to safely evacuate the building and these had been regularly reviewed.

Staffing and recruitment
At our last inspection, we recommended that the provider ensured enough staff were always available to support people with their chosen preference of daily activity or outing. This had not been addressed and continued to impact on people living at Peterhouse.

● Staffing levels required review to ensure there were adequate staff to support people to go out and take part in activities within the community. Relatives felt there were enough staff at Peterhouse, however, there were not always enough staff to enable people to go out and to also support those who remained at home. There was a lack of staff who could drive, and this impacted particularly on those with mobility needs as the service is in a rural area with limited public transport. One staff member said, "We try and book things in advance, so we can have more staff on. We only have one driver on today so it's not easy to get people out." Another staff member confirmed there were not always enough staff to support people to access the community.

Due to a lack of adequate staffing levels or review to determine staffing levels met the needs of those living at the service, people were not always able to access the community or take part in activities of their choice.

This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Recruitment systems continued to be effective and ensured suitable people of good character were employed to work at the service.

Systems and processes to safeguard people from the risk of abuse
At our last inspection, we recommended the provider implemented personal inventories to differentiate people's personal belongings from those which belonged to the registered provider. This had not been addressed.
● People did not have inventories identifying their personal belongings to ensure they were protected from potential financial abuse.
● One person had received a gift card which had not been documented on their financial record and placed the person at risk of potential financial abuse.

The completion of inventories was on an action plan and due to be completed. The deputy manager agreed to improve the process for recording gift cards.
● Staff had received training in safeguarding and knew what to do if they had any concerns. There was information displayed about how to deal with concerns about potential abuse.
● Specific incidents and accidents were recorded and investigated. Action had been taken to prevent any future re-occurrence.

Using medicines safely
● Although staff members were provided with medicines training and competency observations to ensure they were able to support people with their medicines, medicines were not always managed safely. Four people's medicines records were missing signatures to show medicines had been given and where there were gaps, no reason was recorded. This placed people at potential risk of not receiving their prescribed medicines or of being given them twice.
● Systems were not effective in checking people received their medicines as prescribed. Although medicines audits were completed, these had not identified the concerns found during inspection.
● Where people received medicines 'as and when required', there was detailed information in place for staff

to follow about the reason it was required, when it could be given and the potential side effects for them to be aware of.

Learning lessons when things go wrong

● Some issues and recommendations raised at the last inspection had not been addressed. Systems required further development to ensure action was always taken to ensure t lessons were learned, and the service continually improved.

Preventing and controlling infection

● People were protected by the prevention and control of infection and staff received training in infection control.

● Staff used personal protective equipment when supporting people with personal care.

Requires Improvement

Is the service effective?

Our findings

Our findings - Is the service effective? = Requires Improvement

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 Requires Improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's individual needs were not always met by the design and decoration of the service. Although some areas of the service had been refurbished such as the dining room, paint was peeling from the walls in the bathroom and flooring and windows needed replacing. The flooring in the hallway had been replaced in February 2019 and this had left a significant gap underneath the front door which had not been addressed.
- The description of the grounds of Peterhouse on the service website stated Peterhouse provided a nice setting for outdoor pursuits. However, the extensive building work had resulted in building debris. The garden area was overgrown, and the patio slabs were uneven making that area unsuitable for people with mobility issues.

There was a plan for continued redecoration and refurbishment in place, however it was taking a significant time for this to be completed and areas were still outstanding from the previous inspection, for example, the windows.

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

- Support was not always provided in line with the principles and values of Registering the Right Support.
- Assessments of people's needs were completed prior to them receiving a service and care plans developed using this information.
- People's needs were regularly reviewed by Essex County Council.

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

- People had regular snacks and hot and cold drinks, however there were no cups available for people to help themselves to cold drinks during the morning.
- People's support plans contained information about their nutritional needs, likes and dislikes and people were given a choice of what they liked to eat.
- Lunchtime was relaxed, and people chose where to sit in the dining room. One person said the food was nice.
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals, however some support plans referred to old guidelines for

describing texture modified foods and thickened fluids and required updating.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People received annual health checks, including a review of their medication and any long-term conditions such as diabetes.
● People had a 'grab sheet' which contained important health information about them which could be shared with other health professionals in an emergency. The service was also part of the 'Red bag scheme'. This scheme helps to improve communication and provide a better care experience for people between care homes and hospitals by ensuring vital information is shared.
● People were supported to maintain good health and medical appointments were recorded.
●The service made referrals to other agencies such as GP's and the speech and language therapy team where required.

Staff support: induction, training, skills and experience
● Staff completed an induction on joining the service which included shadowing a more experienced member of staff to gain experience and knowledge of the service. One staff member said, "My induction included reading all the care plans, risk assessments and different policies and procedures. I got to know all of the people living at Peterhouse."
● People were supported by staff who understood their needs. Staff received a range of training to ensure they were able to meet people's specific needs effectively including epilepsy and dysphagia [swallowing difficulties].
● Staff felt supported. Team meetings were held, and staff received supervision. One staff member said, "We have team meetings every month and we try and have insight meetings every two weeks to discuss any other concerns. I have supervision and we fill out a form to rate our performance."

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.
● Decision specific mental capacity assessments were completed. Where people did not have capacity to make a decision, this was made in their best interests.
● Staff checked people gave consent before they provided any support.
● Staff had received training in the MCA and had a good understanding. One staff member said, "You must assume someone has mental capacity unless proven otherwise and always act in their best interests."

At our last inspection, we recommended the provider implemented a system to flag up when DoLS reviews were due. The provider had made improvements.

● A system was in place to ensure DoLS were being monitored which included a date of expiry. Applications had been made to the local authority and were being monitored.

Requires Improvement

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 deteriorated to Requires Improvement. At the last inspection this key question was rated as Good. At this inspection, Therefore, at this inspection this key question has remained the same.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.
Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People did not always receive a service which was caring as they were not always protected from potential risk or provided with activities and meaningful engagement, as documented in the safe, effective and responsive areas of this report.
- People's independence was generally promoted, and staff encouraged people to do what they could for themselves, however this required further development. For example, the cook prepared the meal and people were not encouraged to be involved or included. Feedback received from some people showed they were not involved with meal preparation and there was no evidence of any action by the provider taken to improve this area.
- People's dignity was respected, and people were treated with kindness. One relative said. "We think [person] is treated with respect. We can tell by their demeanour."
- People's privacy was respected and promoted. People had their own keys to their bedrooms.
- Staff had developed a good rapport with people at Peterhouse and the atmosphere was relaxed and calm. Interactions observed were kind, caring and considerate and staff had time to sit and chat with people. One relative said, "Generally the staff are very caring and support [person] well."
- Staff had a good knowledge about individual's needs, strengths, anxieties and how they communicated.
- Staff received training in equality and diversity. People's support plans included information about their cultural and religious needs.

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

- Where feedback had been given by people using the service, this had not been acted in to ensure people's views were valued and used to improve their experience.
- Staff were patient and gave people the time they needed to understand and respond to requests and to make decisions.
- People and where appropriate, their relatives, had been involved in developing and reviewing their support. One relative said, "We are always told when there is a review and are always asked our views."

Requires Improvement

Is the service responsive?

Our findings

Our findings - Is the service responsive? = Requires Improvement

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

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

This meant people's needs were not always met.

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 not always supported to take part in community activities due to a lack of staffing and a lack of access to a vehicle. We received mixed feedback about activity provision. One relative said, "Activities has been a bit of an issue. For quite some time, there was a problem with the vehicle at the house and [person] couldn't access the community as much. [Person] spends a lot of time watching TV which is not good for his mental health."
- People were not always supported to engage in meaningful activity. One person was waiting around for most of the day, so they could sort of the recycling and another person sat around for most of the day and indicated they were bored. They were offered to go outside, however some parts of the garden was not suitable for wheelchair access.
- At our last inspection, activity planners did not reflect the activities people had access to and this continued to require improvement. One person's plan stated they would do some baking and take part in sensory activities on the day of inspection, however this did not take place. One staff member said, "We do manage to do some of the activities on people's planners but not as much as we would like to."
- Feedback received from some people showed a negative response regarding activity provision and no evidence of any action taken to improve this area.

We recommend the provider reviews the provision of activities and meaningful engagement to ensure it meets the individual interests of those living at Peterhouse.

- A relationship between two people was supported and regular visits were arranged. Family were able to visit when they wished.

End of life care and support

- At our last inspection, people had not been supported to record their wishes and preferences for end of life care. At this inspection, this had not been addressed. The management team agreed end of life support planning still required development.

We recommend the provider consults a reputable source and further develops end of life support planning.

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.
● There was a lack of easy read information available to aid people's understanding. There was a pictorial guide to safeguarding and a healthy eating guide displayed on a notice board, however, these were in small print and not easy to read. Other information such as staff rotas and the menu were not in pictorial format.

We recommend the provider consults a reputable source and further develops the use of easy read and pictorial information to ensure they meet the AIS.

● People's communication needs were identified and recorded in detailed support plans and people were supported in their preferred way.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● At our last inspection, some support plans were not up to date and there was a lack of guidance provided to staff about catheter care and epilepsy. At this inspection, support plans had been reviewed and there was detailed guidance was in place regarding people's health needs which was accessible to the staff team.
● Support plans were personalised and provided a good understanding of the person. Support plans included how the person preferred to be supported and included their likes, dislikes and preferences.
● People had been involved in setting personalised goals to achieve. One person had purchased a new bed and had been keeping their room tidy.

Improving care quality in response to complaints or concerns
● A complaints process in place which was in an easy read format within the guide to the service. Feedback from people showed not everybody knew how to make a complaint. There was no evidence this had been followed up.
● The service had not received any complaints recently. A system was in place for the investigation and management of complaints.

Inadequate

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Inadequate

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 Requires Improvement. At this inspection this key question has now deteriorated to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Some of the concerns raised at this inspection, have been raised at previous inspections and have not been addressed. Where recommendations have been made, these have not always been actioned. This demonstrates a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve.
- The provider had failed to address concerns from previous inspections to improve the rating to at least Good. This service has not been rated as Good since 2015.
- There has been a succession of managers and structures at the service since 2015 and this has impacted on its continuous improvement and its ability to sustain any improvements long term. The most recent manager had left the service and two deputy managers were managing the service day to day. However, staff were not aware of the current arrangements. One staff member said, "There has not been consistent management for a long time. "

- The management team were not always visible throughout the day. Although they did a walk around each morning and sometimes based themselves downstairs, the office is on the third floor and not easily accessible to people or visitors and does not allow for easy engagement with people using the service and the staff team.
- Processes were in place to check the quality of the service provided. However, these had not been effective in identifying the issues and risks we found during our inspection and had not been effective in ensuring the provider met the regulatory requirements and continuously improved.
- Although there were action plans in place, these had not been effective in addressing concerns in a timely manner. There were numerous action plans from different meetings / monitoring visits to the service and not all of them identified a responsible person or had deadlines for completion. These needed to be streamlined to ensure actions were completed.
- Although the provider involved people using the service by gathering feedback, this had not always been acted on to achieve improved outcomes for people as identified in this report.
- The provider had not demonstrated an understanding of the principles and values that underpin Registering the Right Support and other best practice guidance by ensuring that people had choice and

control over their lives and that their independence was fully promoted.

Due to a lack of effective oversight and governance arrangements and a failure to act on all the recommendations and concerns from the previous inspections, people's individual needs were not always met. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● At our previous inspections of April 2016, August 2016, December 2016 and May 2018, there was a lack of clear leadership and oversight of the service. The registered manager who was also the registered provider and director of the company continued not to have day to day oversight and management of the service and, despite this being raised as a concern by the local authority and by the Care Quality Commission previously, no action had been taken to rectify this.

This was a breach of regulation 5 of the Care Quality Commission (Registration) Regulations 2009.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● We received mixed feedback regarding the management of the service. One relative said, "If I have any concerns, they are always sorted out." However, another relative said, "Communication seems to be a major issue. The manager keeps changing and they have changed manager again recently. The staff are trying to do their very best, but the next level up haven't really helped the situation."

● The deputy managers completed a 'walk around' each morning to engage with those living at the service and the staff.

● Insight groups were held and the minutes from February meeting were displayed. Subjects of discussion included fundraising ideas, gardening group and suggestions to improve Peterhouse. One relative said, "A few months ago Peterhouse had a meeting about some new systems so we have more idea on what is going on which was helpful."

Working in partnership with others

● The management and staff team worked with other professionals such as GP's to provide joined-up care and support.

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

● The management team understood their responsibility under duty of candour.

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 5 Registration Regulations 2009 (Schedule 1) Registered manager condition The registered manager was not in full time day to day charge of carrying on the regulated activity 5(1ii)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Environmental risks and risks to people were not always identified or addressed. 12 (2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was a lack of effective managerial oversight and governance arrangements in place 17(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels required review to ensure that the meet the needs of people living at the service and enabled them to partake in meaningful activity and to access the community 18(1)