

# Jackson Care

# Eveylyn House

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Evelyn House is a residential care home providing accommodation and personal care for up to five people. At the time of the inspection there were five people living at the service. There were two people living in a supported living scheme in the garden, at the back of the property, but they were not provided with activities regulated by the Care Quality Commission, and so are not included in this inspection.

The service supports people with mental health needs, some of whom have brain injury related to substance use.

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

People were positive, in general, regarding staff at the service and we saw kind interactions between staff and people. Relatives and a health and social care professional told us in their view, staff were kind and caring.

We had some concerns regarding the way the service was managed as roles and responsibilities between the service manager and the registered manager were not always clear. This potentially impacted on the quality of the service as there were some management tasks which had not been undertaken and other areas in which the recorded evidence was not always available.

Quality audits were undertaken by the service manager in a number of key areas and the registered manager had identified some key areas that needed improvement prior to this inspection, and had started to make progress in these areas. This inspection has highlighted additional areas that need improvement.

We found some gaps in risk assessments which meant staff were not always provided with guidance in how to safely support people.

Staff had not completed training in all the key areas including safeguarding adults.

The service could not show how they involved staff and people who lived at the service in making decisions as team meetings and residents' meetings were not regularly taking place.

Medicines management was mostly safe, but there was no guidance for one person who required an 'as needed', medicine. Staff competency in the giving of medicines was not checked each year in line with best practice.

Staff were not fully understanding of legislation regarding people's capacity and their freedom. This meant we could not be sure people were always supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Subsequent to the inspection, staff have training booked in this area, and the service have applied for a formal mental capacity assessment for an additional

person.

Care records contained personal information and staff seemed to know the needs of people who had lived there for some time. Health and social care professionals and family members spoke well of the care given to people living there.

The service had a number of systems in place to manage COVID-19. We signposted the service to some minor improvements which were implemented by the time of writing this report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This service was registered with us on 1 May 2018 and this is the first inspection.

At this inspection we found two breaches of the regulations related to the governance of the service and staffing issues.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

we will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eveylyn House

## 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.

#### Service and service type

Eveylyn House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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. However, the day to day running of the service was managed by another person and we refer in this report to them as the service manager.

#### Notice of inspection

The inspection was carried out on 3 March 2021 and was announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

The inspection was undertaken by two inspectors.

#### What we did before the inspection:

We reviewed information we had received about the service from notifications to CQC, and information from other key stakeholders. The provider was not asked to complete a provider information return prior to this inspection due to the timing of the 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.

During the inspection:

We spoke with three people at the care home, three members of staff and the service manager.

In addition to talking with people, we spent time observing the daily life in the home and we looked around the building to check the service was safe and clean.

We looked at care records for two people, infection control documents and we checked the electronic medicines system. We checked that maintenance and building checks were carried out regularly and we looked at complaints, accidents and incidents and safeguarding records. We also checked staff training and supervisions.

After the inspection

We asked for recruitment records, further information on audits, and clarification on how the service was managed and quality checks undertaken. We also spoke with the registered manager. We had responses from two family members and one health and social care professional regarding the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

- The service was in the process of changing the electronic care planning and risk assessment system. However, we were concerned paper copies did not have all relevant information for staff. Although day staff could tell us how they managed people's risks, documents did not give advice or guidance to staff in some key areas. For example, one person had behaviours that challenged. New agency staff, who did not necessarily know people well were being used to cover night shifts on a temporary basis.
- We also found one person who had moved from another service owned by the provider, six days previously without suitable risk assessments being transferred over. These were examples of the provider not maintaining accurate, complete and contemporaneous records in respect of people they were supporting which potentially put them at risk of harm.

We found no evidence that people had been harmed however, the lack of risk assessments placed people at the risk receiving ineffective and unsafe care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection visit the registered manager told us they were prioritising moving the information from one electronic system to another and that agency staff had access to the IT system. However, the service manager confirmed there were some gaps in risk assessments. Subsequent to the inspection, we saw evidence of risk areas being addressed and presented in a format that was easy to find and understand.
- Appropriate safety checks had been completed for gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment. However, fire drills were not being documented. The service manager agreed to record these as they said they were taking place regularly.
- The service also risk assessed the fire risk to the person and set this out so staff would be able to safely support people in the event of a fire.

### Systems and processes to safeguard people from the risk of abuse

- We had some concerns that a safeguarding referral had not been made to the local authority in line with requirements, although CQC had been notified of this concern. For example, one person living at the service had tried to leave the service by climbing over the garden wall and as part of this overall incident had sustained a fracture. Following the inspection, the service manager had sent a safeguarding to the local authority retrospectively regarding this incident. This is further explored in the Well-Led section of the report.

- We could see that actions had been taken following this incident to minimise their re-occurrence.
- We were not confident all care staff had received training about safeguarding people from abuse and whistle-blowing and not all demonstrated a clear understanding of their responsibilities. This is discussed further in the Effective section of the report.

### Preventing and controlling infection

- The majority of the service was clean, and we did not identify any malodours around the home. However, it was clear the stairs had not been swept or hoovered for some time. We drew this to the attention of the service manager who ensured they were cleaned whilst we were at the service.
- Night staff recorded the cleaning they undertook and whilst we saw day staff cleaning the service, this was not recorded, which meant that there was no record of cleaning for part of the day. We drew to the attention of the service manager that the recording of day-time cleaning required improvement, particularly due to the COVID-19 pandemic.
- Subsequent to the inspection visit, the registered manager confirmed day staff were now recording the daily cleaning tasks electronically.
- On admission to the service we were asked to wear a mask and sign in, but we were not asked any additional questions in relation to prevention of the spread of COVID-19. For example, whilst there were signs up about washing one's hands, there were no signs to tell visitors they had to socially distance and our temperature was not taken. At the time of the inspection there were no visitors to the service so this had not impacted on people living there.
- We discussed this with the management team who told us they would put up appropriate signage; review admission processes; and remind staff to take visitors temperatures. The registered manager showed us evidence that staff had been reminded of this requirement following the inspection visit.
- We were told that all the people at the service had received the COVID-19 vaccine and staff had received the first dose. Appropriate testing was taking place at the service to check people's COVID-19 status.
- The service manager could show us staff had received sufficient detailed training regarding the management of COVID-19.
- Person Protective Equipment (PPE) was available to staff to prevent and control the spread of infection and we could see from audits that staff had been checked to ensure they were using it safely.
- Whilst staff encouraged people to use sanitiser from bottles, there were no sanitiser points in the communal areas to encourage people to routinely sanitise their hands. Subsequent to the inspection the registered manager confirmed sanitising dispensers were being installed.
- The registered manager confirmed that the home had managed to keep people safe throughout the pandemic, and were in the process of linking up with a named health professional, in line with best practice for care homes.

### Staffing and recruitment

- We saw there were sufficient numbers of staff available so that people received care that kept them safe and met their needs. Rotas also confirmed staffing levels to match those we observed.
- The provider had taken up criminal checks prior to staff starting work and at the time of the inspection had two references in place for all staff. The registered manager had identified some issues with staff recruitment processes prior to the inspection and had improved the process by recruiting specialist human resources support.

### Using medicines safely

- We had minor concerns regarding the management of medicines.
- Care staff received appropriate medicine administration training. However, annual competency assessments had not been completed to check and ensure staff were appropriately skilled with the required knowledge to administer medicines safely. The registered manager agreed to complete these following the



inspection.

- We found one 'as needed', PRN, medicine which did not have guidance for staff in when to give it. Records simply stated to talk with the service manager as health professionals had been asked to review the use of this medicine. It was not being given to the person, so this lack of guidance had not had an impact on the person. However, best practice is to provide guidance to staff for PRN medicines. The registered manager agreed to set out guidance for use by staff of this medicine.
- Medicines were stored securely. The service had an electronic medicines management system, and checks showed that stocks matched records.
- The manager completed medicine audits and daily medicine stock checks to ensure people received their medicines safely and as prescribed.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and we could see that follow up actions had been taken by viewing other records.
- However, accidents and incidents were not reviewed and analysed so that further learning and improvements could be implemented. It was not clear how learning was shared across staff. The registered manager stated that they would implement this going forward and we saw evidence of this following the inspection.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We had some concerns regarding the lack of key training for staff. We found that the majority of staff had not undertaken training in mental health needs; safeguarding training; training in managing people with behaviours that can challenge or the Mental Capacity Act 2005 (MCA).
- The lack of training was of concern as the service supported people with mental health needs, and at least one person displayed behaviours that challenge. Not all staff were aware of their role in relation to the MCA.
- Staff did receive supervision regularly and we could see that historical supervision records were detailed and highlighted areas for development or training. However, up until recently, supervision for care staff was carried out by management staff from another of the provider's services. This meant their line manager had not been contributing to the supervision process for their staff. We found some areas highlighted in supervision notes were not taken forward in a timely way, for example, safeguarding training and the need identified by staff, for team meetings.
- Staff told us they had not received an appraisal.

We found no evidence that people had been harmed however, the lack of suitable training to support staff in their role, and lack of management action related to issues raised in supervision highlighted this as a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- By the time of this inspection report, staff had been enrolled onto three of the courses highlighted above.
- The service had started a new style of focused supervision in 2021. Supervision was now being undertaken by the service manager, more recent supervision notes we saw, were brief and did not appear to address wider issues such as staff development.
- Staff told us they felt supported by the service manager, we were told by one staff member, "[Service manager] is one of the best managers I have worked with." But staff said the lack of team meetings impacted on their ability to discuss issues across the team, such as allocation of tasks, and staff did not always understand the rationale for decisions. We were told "There are no team meetings. We communicate in handovers and individual chats with the service manager." This is further discussed in the Well-Led section of the report.
- A health professional told us, "Yes, staff were able to formulate care plans to a high standard," and family members told us they felt the staff were able to care for their relatives safely.

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 so that they can 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We had some concerns regarding the management of issues of capacity and DoLS. Staff had differing views as to who was subject to DoLS and as noted above many staff had not received training in this area. Therefore, we were not confident people's rights were fully respected.
- At the time of the inspection two people were subject to DoLS. It was unclear if another person would be safe to leave the building. Following the inspection visit another referral for DoLS assessment was made by the service.
- Care records did not always contain sufficient information regarding people's mental capacity.

We found no evidence that people had been harmed however, the lack of mental capacity assessments meant records did not illustrate clearly decisions taken in relation to care and treatment provided to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we saw evidence from care records sent to us, that additional work had been undertaken in this area.

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

- We were confident people had enough to eat and drink, and people could get regular snacks. To minimise spread of infection during the pandemic the staff were preparing all meals for people at the service.
- People seemed happy with the food. One person said, "Food is fantastic here. Fish is my favourite. Yes, I can get snacks when I want." But it was not clear how menu options were decided. The manager told us that there was a menu, but this changed to suit people's wishes. However, there were no records to show people had been asked for their preference for meals.
- Staff however, could tell us "X only eats vegan food" and "Y doesn't like lamb."
- On the day of the inspection we saw a range of light lunches were provided to people.
- We discussed menu setting with the service manager who agreed they would formalise menu discussions and keep records to show people's involvement.

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

- Prior to admission, the service worked with commissioners, health and social care professionals, family members and the person themselves to determine if the service could meet their needs.
- With the exception of one person who had recently moved in we saw care plans had been set out that identified their needs. People had been involved in the setting out of their care plan in line with best practice.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent,

effective, timely care within and across organisations:

- We were confident that people received appropriate access to health care and the service liaised effectively with health professionals. For example, we saw the involvement of the community matrons; psychiatrists and the GP.
- One relative told us their family member received access to dental and optical care as needed, and the service manager, "Keeps me informed about his health."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service provided a kind and caring service to people they cared for. We saw staff were kind and appeared to know people well. People told us, "Yes staff are mostly fine," a relative and a health professional spoke in praise of the staff. We were told, "Staff were very receptive to care needs and caring and encouraging," and "They have shown much compassion, patience, and care toward my [relative]."
- We saw many kind interactions between people and staff on the day of the inspection.
- Staff supported people to have friendships and family members were supported to maintain contact with their relatives during the pandemic through a mixture of technology and in the summer visits in the garden.
- Care records noted people's personal history, ethnicity and religion. One person liked specific foods from their country of origin and a staff member went with the person to buy these.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Paper care records were signed by people to show they had been involved in decisions regarding their care.
- One person told us, "Yes, staff, they treat me with respect."
- Staff told us how they treated people with dignity and respect, "By not shouting at people and being courteous."
- Staff told us that to promote independence, "I encourage people to do parts of their personal care for themselves." Another staff member said, "I encourage people to make tea."
- We saw people's rooms were personalised, with photos.
- The service ensured people's care records were kept securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- The majority of people had care records in place which set out broadly their care needs, including those related to physical and mental health. Care records noted people's backgrounds, their family members and cultural or religious backgrounds.
- However, one person who had recently moved to the project from a period of isolation due to COVID-19 in another service run by the provider, did not have a care plan set out showing their needs. Instead the service had documentation from the local authority and a brief summary of needs identified from a visit by the service manager, over six months ago, when they were in hospital.
- The service manager told us on the day of the inspection, the service planned to complete the care plan the following week. The registered manager later told us some initial assessments had been completed by the day of the inspection, but due to IT issues we had not been shown these.

We found no evidence that people had been harmed. However, the lack of an accessible detailed care plan was evidence there was not a contemporaneous, complete and accurate record for this person. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- COVID-19 had impacted significantly on the activities people were participating in. Prior to the pandemic, people had routinely gone out of the service, either to day centres, with families for walks or eating out, or for trips to the shops.
- We found that the service facilitated some activities at the service, but these were generic in nature. They included quizzes, skittles, music therapy and singalongs. We discussed this with the registered manager who told us as lockdown eases, they would increase the outings out of the home.
- Relatives told us that they were involved in the care planning and review process.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication preferences were documented within their care plans.

### Improving care quality in response to complaints or concerns

- People told us "I would talk with [service manager] if I wasn't happy." Some people told us they were not entirely happy to be at the service, but this related to their preference to live alone in their own accommodation and was not necessarily a reflection of the service offered.
- External complaints received were logged, investigated and responded to.
- We became aware of one complaint by a person living at the service and the service manager could show us what action they had taken by looking at their care notes, but this was not recorded on the complaints log. The service manager told us they would start to record internal complaints in the way they did external complaints.
- Relatives knew who to speak with if they had any concerns or complaints to raise and told us they found the "The [service manager] is always very responsive". This was also confirmed by a health and social care professional.

#### End of life care and support

- The service was not currently supporting anyone with end of life care. We saw that the service had asked some questions regarding end of life wishes. People did not always wish to answer questions.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We were concerned that the service manager and registered manager did not provide effective management of the service.
- We found there was a lack of clarity regarding the responsibility for undertaking management tasks. This meant that some actions were not completed, for example, a safeguarding referral had not been sent to the local authority, who were unaware of the incident.
- In other instances, the registered manager told us they thought specific tasks were being undertaken when they were not, or evidence could not be provided they were taking place. For example, team meetings were not regularly taking place; neither were meetings for residents. The registered manager told us they thought staff meetings were taking place, facilitated by the service manager. But they were not. Staff told us they would like the opportunity to discuss matters across the team, whilst acknowledging they found the service manager very approachable.
- Although checks of fire safety equipment were being recorded, fire drills and night-time audits were not being recorded. This meant there were gaps in quality and safety checks for people which could impact on their health and well-being.
- A new senior role within the care team had been recruited to, without the responsibilities of the role being set out. This meant there was some confusion amongst the staff team and the service manager as to the role's requirements.
- COVID-19 had exacerbated the disconnect between the service manager and registered manager. The service manager was providing day to day management of the service. To minimise the spread of infection the registered manager was not routinely present at the service. Although both the service manager and the registered manager were meeting virtually on a weekly basis, records were not kept of the meetings to assist in checking the quality of the service. This meant the registered manager was not providing the necessary oversight of the service, nor had found alternative ways of auditing and checking quality remotely.
- When we spoke with both the service manager and registered manager it was apparent there were gaps in quality checks. For example, staff had not had their medicines competency check recorded since their induction. Staff had not undertaken training in key areas as identified earlier in this report.

We found no evidence that people had been harmed. However, the above examples showed us the registered manager did not have robust systems and processes, including contemporaneous records in place to ensure adequate oversight and management of the service. This was a breach of regulation 17



(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were other ways in which the service was well-led. Quality audits of health and safety and medicines took place. We also saw that people received access to healthcare.
- Also, the registered manager had already identified some areas requiring improvement prior to the inspection. For example, they told us they had plans for a survey of views of relatives and professionals. They had improved the staff rota to be more effective and implementation of staff supervision had changed so it was undertaken at service level. There was additional human resources support at provider level to ensure all recruitment was safely managed and the service had started to develop an action plan which had been added to, since the inspection visit. The registered manager had asked the service manager to record more management information on the electronic system which would enable them to check records remotely.
- The registered manager had also identified the care system was not entirely suitable for the service and was in the process of implementing a new system. This system would also capture management information and the service was starting to use it to record information such as results of COVID-19 tests, accidents and incidents and minutes of meetings.
- Following the inspection visit the registered manager held a staff meeting and clarified responsibility with the service manager in a number of key areas. The service has also started to capture more information on the management system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- A health and social care professional told us the service worked in partnership with them and said, "Yes, the manager [service manager name] was very responsive to requests for updates and issues when they arise."
- Both relatives were positive about the service provided to their family member. Feedback included "[Service manager name] does a great job managing his team of caregivers, my [relative] is happy when I see her and talk with her. Another relative told us the environment was positive and this was a good placement for their family member.

Continuous learning and improving care

- The registered manager had already identified some areas of concern at the service, and following the inspection, started to address areas of concern identified at this inspection.
- The service has developed an improvement action plan they were implementing.

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 registered manager understood their duty of candour, to be open and honest when things went wrong. We believe the lack of a safeguarding referral being sent was due to either a management administrative issue or lack of clarity regarding whose role it was to send it, as opposed to a duty of candour issue.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Regulation 17. The registered manager did not have robust systems and processes, including contemporaneous records in place to ensure adequate oversight and management of the service. (1)(2)(a)(b)(c)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Regulation 18 The service had not provided suitable training as is necessary to enable staff to carry out the duties they are employed to perform. (1)(2)(a)