

Tricuro Ltd

The Lawns

Inspection report

Fernhill Avenue
Weymouth
Dorset
DT4 7QU

Tel: 01305760881

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Lawns is a residential care home providing personal and nursing care to 38 people the majority of whom were older people living with dementia at the time of the inspection. The service can support up to 41 people. The service is in Weymouth and is a large detached building with bedrooms on both the ground and first floors. There are fully accessible showers and assisted bathrooms available for people. There are lifts available to access the first floor of the home. The ground floor has a large lounge and dining area and people have access to a level garden to the rear of the home and use of a sensory/activities room and several quiet lounge/seating areas throughout the home.

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

Quality assurance systems were not fully effective. Some of the gaps we identified during the inspection had not been highlighted by the provider's governance systems. However, prompt action was taken by the manager and provider to address the issues.

The risks to people and the risks from the environment had not been fully assessed and planned for. Action was needed to mitigate the risks to people.

People's care and support plans needed fully reviewing and updating to make sure they included information for staff to be able to provide personalised care and support. The manager anticipated these would all be completed by the end of October 2019.

There was a stable and established staff team who were well trained and supported by their line managers. We have made a recommendation for the provider to review the way the service assesses whether they have enough staff. This is because the layout of the building has an impact on the number of staff needed to safely meet people's needs.

We have made further recommendations about the improved use of the capabilities of the electronic care planning system and producing personalised activity plans for people that are based on the interest and past life experiences.

There was a friendly, welcoming and relaxed atmosphere at the home. Staff cared about people and were committed to providing them with quality care and support.

There were safeguarding systems and procedures in place and staff knew how to report any allegations of abuse. People's medicines were safely managed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the records to support this practice were

not readily accessible to staff.

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

Rating at last inspection The last rating for this service was Good (published February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

We have identified breaches in relation to safety and risk management for people and the environment and the governance of the service at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

The Lawns

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

One inspector and an Expert by Experience attended on the first day of the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Lawns 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 in the process of being 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 11 people and three relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, duty managers and care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We received information from the manager as agreed with them at the end of our inspection visits. This included information related to staff training, compliments, surveys, action plans, staff and residents' meetings and end of life care. We received email feedback from one health professional.

Is the service safe?

Our findings

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

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

- Risk assessments and management plans were not always in place to reduce the risks to people and clear guidance for staff was not consistently provided. For example, some people who were living with dementia presented some challenges to the service and others when they were upset or unsettled. There was not any clear guidance in risk management plans for staff as to how to support people at these times. One person needed specific support with their stoma care and this was not detailed in their care plan. A stoma is an opening on the surface of the abdomen which has been surgically created to divert the flow of faeces or urine. The person was living with dementia and may not have been able to give staff direction as to how and when they needed stoma care.
- Overall, the environment and equipment was safely maintained. There was a planned programme of servicing of equipment. However, some aspects of the service were not safe, such as wardrobes not being secured to walls. This placed people at risk of pulling the wardrobes on to themselves.

These shortfalls in risk management were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager acknowledged that people's risk assessments and management plans, required reviewing alongside people's care plans to ensure that the plans reflected how staff were supporting people. They anticipated the reviews would be completed by the end of October 2019.

- There were systems to keep people safe in the case of emergencies.

Staffing and recruitment

- People and relatives told us overall there were enough staff. Comments included, "They usually come when I ring the bell but not always. Sometimes I have to re-ring (sic)", and "There are mostly enough staff but there are odd times when not."
- Overall, there were enough staff on duty to provide people with safe care and support. Staff responded when people requested or needed their support. However, staff told us, and we saw they did not have sufficient time to spend time with people apart from supporting them with personal care and support. This meant some people became unsettled or withdrawn when they did not have any stimulation or anything to occupy them.
- The layout of the service meant that people could choose to spend their time in up to four different

communal areas. The layout meant it was difficult to supervise everyone who may need staff support. The manager used a staffing tool that calculated the staff needed based on people's needs. However, the staffing tool did not take into account the layout of the building and the impact this had on the number of staff required. In addition, both staff and the manager identified that it was sometimes difficult to maintain staffing levels at weekends when staff were off work at short notice.

We recommend the provider review the staffing tool in use to include the layout of the building and the number of communal areas in the calculations. This is so there are enough staff to meet people's needs.

- The service had a well-established, experienced staff team. More permanent staff had been recruited since the last inspection and agency staff were not used, so people were now always supported by staff they knew.
- The manager explained the recruitment processes remained unchanged since we found them safe at our last inspection.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and told us they felt safe. Comments received from people included, "Yes I feel safe and they always come as quickly as they can, they always apologise if they are a while. They have never not come", and "Yes, I feel safe here. There is nobody threatening around! I am a worrier and always have been." A relative told us, "Yes she is safe here and she wasn't at home."
- Staff understood their role in ensuring people were protected from potential abuse and they had received safeguarding training. Staff told us they would initially report any concerns to their managers who they were confident would take any action necessary to ensure people's safety.
- Safeguarding incidents had been reported to the local authority and the CQC appropriately.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that met their preferences. One person told us, "They give me my meds (sic) on time and it's all recorded somewhere". Another person said, "They will suggest some pain relief if they feel that I need it rather than waiting for me to ask for it. The staff are very good in here".
- Medicines were safely obtained, stored, recorded, administered and disposed of. Systems were in place for medicines that required cool storage and medicines that required additional security.
- The medicine administration records (MARs) provided contained the detail necessary for safe administration.
- Staff were trained to administer medicines and their competency was regularly reassessed.
- Staff told us there was a good culture for reporting and following up any medicines errors or omissions.

Preventing and controlling infection

- People and relatives told us they were happy with the cleanliness of the home.
- There were infection prevention systems in place and staff used protective equipment such as gloves and aprons.
- Monthly infection prevention audits were completed. However, this did not include checks to make sure commodes and pressure cushions were clean and intact, so they could be easily cleaned. We identified a commode that was rusty and seat pressure cushions that were split. The manager took immediate action and replaced these and added additional checks to the monthly audits.

Learning lessons when things go wrong

- The service had a robust system in place to monitor and learn from safeguarding incidents and accidents.

For example, following a safeguarding incident, the manager accompanies the visiting nurse practitioner when they visit people each week. This is so the outcome of any visits can be fully recorded, and relevant information shared.

Is the service effective?

Our findings

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

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

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

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

- People's needs had been assessed prior to them moving in to the service. This was to make sure the service was able to meet the person's needs.

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

- People could choose to spend their time in numerous seating, dining and communal areas at the home. The home now had additional communal, storage and office space following the closure of a day service that was connected to the service.
- The gardens were accessible and had brightly coloured furniture. People frequently used the gardens and had benefited from the input of a local charity who had refurbished and re painted the garden furniture.
- People's bedrooms were very personalised with their own belongings and photographs.
- The service had taken some measures to aid people's ability to navigate and understand where they were within the home. There were brightly coloured hand rails with dementia friendly signs on all communal doors including dining areas, bathrooms and toilets. However, the flooring was not a consistent colour and some of the carpets were highly patterned. Research has shown that people's living with dementia find this can make it hard for them to navigate around their environment safely.
- We discussed with the manager that they consider completing a recognised dementia audit tool to highlight areas for improvement for the service, including making the environment more dementia friendly.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the training, knowledge and skills to meet their needs. One person said, "They are all well trained and know what to do regarding my oxygen." Another person said, "I would say that they are all well trained and know what to do"
- Where staff were new to care, they completed the care certificate, a nationally agreed set of standards. Staff had qualifications in care, and training methods included online, face to face training and competency assessments.
- Staff completed core training and had additional specialist training. Staff told us about their recent dementia training, and this included understanding the experiences of people living with dementia. They all said about the impact this training had on them, their practices and their understanding of people living with dementia.
- Staff told us they were very well supported by their line managers and the manager. They said they had

opportunities to receive feedback and discuss any further training and development needs through regular supervision and annual appraisals. One staff member said, "I can talk to [manager] I wanted some end of life training and she sorted it out."

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

- People praised the food. The menus were available daily on the dining room tables and outside the main lounge and included photographs of the meals. One person said, "The food is very good and I have put on weight in here. I can choose where to have my meals." Another said, "The food is excellent here."
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed.

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

- People had their healthcare needs met, and staff worked closely with local health professionals. A health professional told us, "The staff really know people well, they alert us early to any changes and always implement any instructions we give the next day. We have no worries or concerns and as a team we are always keen to come here."
- People told us, and records showed their health needs were well managed and they were supported to attend hospital, dental and optician appointments. People had access to the local frailty nurse, physiotherapists, consultants, occupational therapist and speech and language specialists.

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.

- Where DoLS had been authorised, these were monitored, and any conditions were clear on the person's care plan.
- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making on a day to day basis.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions. However, information about MCA assessments, best interest decisions and whether people had representatives who could act in their best interests, was not easily available for staff in people's paper and electronic records. The manager told us they would address this concern when they were reviewing people's electronic care plans.

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 remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a caring culture. The service worked hard to enhance the lives of the people living there and their families. Staff were committed to providing a very caring service and did so with kindness and compassion.
- Staff had positive, caring and meaningful relationships with people. People's comments included; "They are all very kind and seem caring to me in here", "They are all very caring and thoughtful here" and "They are all kind and lovely in here. I love it here".
- A health professional told us, 'I have never had an issues with how caring the staff are and have always found them to know all their residents well and show compassion and understand their needs at all times.'
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected. One person said, "I have no spiritual beliefs, but I do like to attend the service when it happens here." Another person said, "I am Catholic, and I have communion here, all the staff are very kind and I do appreciate that. They also let me go to C of E communion on a Saturday night with my friends".

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

- People were able to choose how they spent their time and which activities they engaged with. Staff sought people's consent and explained their intentions before providing support.
- People felt consulted and involved in decision-making and their views were listened and responded to. Comments included; "I am involved with my own care plan and have my say in how things are done. They know what I like" and "I decide all about my care and I let them know what I like and what I don't like".
- Where people needed more support with decision making, family members, or other representatives were involved.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully, and the staff spoken with were committed to provide the best possible care for people.
- Staff respected people's privacy and ensured their dignity was protected. One person told us, "They will always put a towel over me when they wash me to preserve my dignity."
- We saw people were encouraged to remain independent and staff were patient and gave people the time they needed to complete tasks for themselves.
- People were supported to maintain and develop relationships with those close to them. Relatives told us

they were able to visit anytime and always felt welcome.

Is the service responsive?

Our findings

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

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

- Each person had an electronic care plan in place, but these were not always personalised or detailed how staff were to care for and support people. Staff had some knowledge of people as individuals. However, the life and personal history information gathered when people moved in had not been made available to staff in the electronic records. This meant this important information had not been used to plan to meet peoples' personal care, social and emotional well being needs.
- People's care plans were in the process of being fully reviewed by the senior team, people and their representatives to ensure they were accurate and up to date.
- Overall, people received care and support in accordance with their assessed needs. However, the electronic care plans developed from these assessments needed reviewing to make sure they reflected people's current needs and to give clear guidance to staff. This was so staff had clear and up to date plans of how they were to care for and support people. The staff were very knowledgeable about people and were able to describe how they supported and cared for people and this mitigated the shortfalls in people's care plans.

The manager told us following the inspection, they anticipated the reviews would be completed by the end of October 2019. This remains an area for improvement as we have not been able to check the effectiveness of the people's care plans.

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 had varying opportunity to engage in hobbies and activities. There was an activities coordinator, who worked Monday to Friday during the day. They interacted well with people and tried to encourage participation. However, when the activity coordinator was not present, people did not partake in anything and spent their time sitting in communal areas with minimal stimulation.
- The activity coordinator ran group activities which people who chose to and or were more able to, would participate in. However, for those less able to participate or who preferred 1 to 1 activity, the staff did not have time to spend any meaningful time engaging with them.
- People told us, and we observed that there was a focus on activities geared towards meeting the interests of the women living or staying at the service. There were a number of men living or staying at the service and there were not any activities or things for them to pick up and do that was based on their preferences or life experiences. A relative told us, "He was a car mechanic and it would be nice for him to have something to do

along those lines, I don't think they do anything on a 1 to 1 basis in here."

We recommend the provider review how people's social, emotional and wellbeing needs are being met. The provider should implement personalised activity plans and deliver the support needed to meet people's needs.

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.

- Staff knew about people's individual communication needs and these were set out in people's care plans. For example, one person who was deaf, used a small wipe board and marker pen to communicate with staff and others. In addition, the service had produced personalised cards to check whether the person was in pain and or whether they need any specialist medicines.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
- Where there were minor concerns, the team addressed these promptly to prevent the concern becoming a complaint. People and relatives said they were happy they could make a complaint or raise a concern if they needed to. Comments included, "I would complain if I needed to but not had to so far, I would feel totally comfortable about it as well", "I have never complained but I would know how to if I needed to but they are just so good that I don't need to" and "Once I did complain but I cannot recall what it was about now. I do remember that whatever it was it got sorted out quickly. I feel fine about complaining if it's needed."
- There had been no complaints made in the last year.

End of life care and support

- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. The manager sent us thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time.
- People were involved in making advanced decisions and developing any end of life plans if they wanted to.
- People's end of life wishes were met wherever possible. For example, one person wanted to remain at the service as their previous hospital admissions had been traumatic. The service worked with the GP and health professionals to ensure their wishes were met. The person died at the service with their family present and listening to the music they loved.
- Family members were fully supported by staff and encouraged to stay with their loved one. Families were presented with a book of remembrance that included information about the person's life at the service.
- The service had recently been reassessed for the Gold Standards Framework and had maintained the standards to meet the award.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The manager had been in post since July 2019. They had worked at the service for 13 years in a variety of roles before being promoted to manager and were in the process of registering. The previous registered manager left the service in February 2019.
- The provider's quality assurance systems and processes were not always robust or effective. They had a range of quality assurance processes in place with the aim of ensuring good governance. These had already identified some of the shortfalls we found at this inspection, such as the need for care plans to be reviewed. We identified areas which required improvement that the provider's systems had not identified. These included, risk management for people and the environment, the effectiveness of the staffing assessment tool and ensuring information about people's MCA assessments and subsequent decisions were available. In addition, the environment was not dementia friendly, there were shortfalls in meeting people's emotional, social, stimulation and wellbeing needs, and their previous life histories had not been used to develop personalised activity plans. This meant the provider lacked sufficient oversight of the service.
- The accidents and incidents were reviewed by the manager to look at times of the day and areas of the building to identify any themes or trends. However, the analysis did not consider the days of the week when accidents happened, and the information was not used to review whether staffing levels were adequate. For example, the manager had identified that there were more accidents and incidents in the evening and at night and reviewed whether there were sufficient staff. The manager told us they would use this information in the future, but we have not been able to test this.

These shortfalls meant the manager and provider did not have sufficient oversight of the service to identify all of the areas for improvement and use this information to drive improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The manager was very responsive to any shortfalls we fed back and took immediate action. They produced an action plan and provided us with progress updates as to when the actions would be completed.

- The service was not using the electronic records system to its full potential. This meant peoples' care records and plans were disjointed. Staff told us they were required to read every person's records since they

were last on duty, rather than use the system's handover. This meant it was difficult for staff to find all of the information they needed quickly. For example, for staff to find information about people's best interest decisions they had to search for the documents rather than them being part of the person's care plan and being visible and accessible.

We recommend the manager seek good practice guidance about the electronic care planning system from the provider's other services and or other local provider networks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff expressed confidence in the leadership at the home and said it was well run.
- There was an open culture at the home. Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Staff told us they were confident to do this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were consulted and involved in day to day decisions about the running of the home through resident and family meetings.
- Surveys of people and relatives showed they were happy with their care and feedback given about any suggestions for improvement had been acted on.
- Professionals surveys were all positive with no areas for improvement.
- Staff surveys showed staff were committed to the service but there were some frustrations at some shifts not being covered at short notice.
- Staff spoke very highly of the manager. They told us they were listened to and the manager always acted on what they said.
- Staff team meetings were held regularly and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff reported that communication within the service was good.
- There were good links with the local community and school groups. The service also supported people who lived near the service. For example, they had supported the spouse of a person who was staying at the home for a short stay. They had offered the spouse the opportunity to come and have their meals and stay at the home, so they could have a total break whilst the staff cared for the person. The spouse told staff that watching the staff at work had given them such a positive outlook as to what residential care will be like when inevitably their family member would need to live in a care home. This was something they had dreaded thinking about in the past.

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 manager understood their responsibilities under the duty of candour. Relatives told us they were kept well informed of any changes in people's needs or incidents that occurred.
- Where significant events or accidents occurred, the service had submitted any required notifications to the commission.

Working in partnership with others

- The service worked collaboratively with professionals and commissioners to ensure people's needs were met.
- A health professional that visited the service weekly told us, 'I have found The Lawns responsive to recommendations on how to improve the general process of the weekly rounds. They have now an

organised, relevant, efficient round in place, that is consistent and reliable. The new manager has made these changes which has improved the service and I now enjoy coming to review the patients. They have always taken onboard advice and shown willing to new ideas or approaches.'

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 systems were not fully effective in assessing and monitoring the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established effective good governance systems that had identified all of the shortfalls found.