

Parvy Homes Limited

Swanage Lodge

Inspection report

22-24 Swanage Way
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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Swanage Lodge is a care home for up to six adults with mental health needs. At the time of the inspection, six people were living at the service. The registered manager also managed another registered care home and supported living services. The staff worked across all of the services.

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

People were not cared for in a safe way. There were risks within their environment which had not been monitored or mitigated which included failures to follow systems to manage infection prevention.

People's money was not safely managed. Records of financial expenditure were incomplete. In some instances, receipts were not available to account for how money was spent. One person was not being supported to manage their savings account in a safe manner as poor record keeping meant we could not confirm what savings they had and how their money had been used. We raised a safeguarding alert about this with the local authority.

The provider had not identified serious failings at the service or risks to people, despite recording that they had completed audits on different aspects of the service, such as health and safety, infection control and people's money. There had been a lack of oversight which led to poor practice and poor record keeping. Incidents were not recorded in a manner which allowed for provider oversight and lessons were not always learnt following incidents.

People's needs were not always met. One person who had complex needs was not being supported to manage their behaviours in a way which addressed their dual diagnosis of mental health and learning disability.

Medicines were generally managed in a safe manner with a few aspects which could be improved. We have recommended the provider reviews the guidance in relation to the management of medicines in care homes.

Three of the people who lived at the service told us they were happy at the service. Care workers spoke positively about management support and told us they thought there were enough staff and enjoyed working as a team.

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; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The care provided by staff maximised people's choice, control and independence. Care plans were mostly person-centred, and we made a recommendation the provider should review their systems and processes to achieve best practice when working with people who have learning disabilities and autism. Staff promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the managers and care staff ensured people using services led confident, inclusive and empowered lives.

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

Rating at last inspection

The rating at the last inspection was good (published 7 May 2020).

Why we inspected

The inspection was prompted due to concerns received about this location and the other provider's location. In particular, we were alerted to concerns about how people's money was being managed and staffing arrangements. A decision was made to inspect both of the provider's registered services on the same day to assess whether people were being safely cared for. We focused our inspection on the key questions of Safe, Responsive and Well-led because the concerns we had received related to these.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needed to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

The key questions of Effective and Caring were not looked at on this occasion.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swanage Lodge on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, safeguarding service users from abuse

and improper treatment and good governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it, and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.□

Swanage Lodge

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by two inspectors.

Another inspector simultaneously carried out an inspection of the provider's other registered location. We looked at some of the records shared across both services and we used this information to help make our judgements about Swanage Lodge.

Service and service type

Swanage Lodge 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 looked at all the information we held about the service, including notifications of significant events and

information and concerns raised to us. We spoke with the local authority safeguarding adults and quality and assurance teams.

During the inspection

We met all six people who lived at the service and spoke with three people. We spoke with four care workers and spoke with the administration assistant, team leader, deputy manager and the registered manager.

We looked at how medicines were being managed, the care records for two people who used the service and records relating to three people's finances. We reviewed six staff records for staff who worked both at Swanage Lodge and the other care home. These records included staff recruitment, induction and supervision records. We also looked at other documentation the provider used to manage the service, such as records of activities, audits and some procedures. We conducted a partial tour of the environment and looked at records relating to this.

After the inspection

The provider sent us some additional information which included a COVID-19 procedure, fire risk assessment and general risk assessment and we reviewed these.

Following the inspection we wrote to 12 staff members and invited them to share their experience of working in the service. We received eight replies.

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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. The staff supported people to manage their finances. We found three people's records of financial transactions were incomplete and lacked receipts and details of purchases. This meant we could not determine if money had been spent as stated on the records. Receipts were not always kept in an orderly manner to ensure ease of reconciliation. For example, we found two receipts with one person's name on in another person's financial records.
- One person's savings had been moved from an account which was closed in 2018. We were told money was moved to three other accounts. The registered manager could only locate two savings books. The total amount of money in these savings books was lower than it was in the original closed savings account in 2018. The financial statements for these accounts were not kept in an ordered manner so we could not determine how their expenditures had been monitored and money spent.
- The registered manager informed us this person did not have capacity to understand their savings accounts. There was no evidence available which demonstrated they were being supported in a safe manner with their savings or that the registered manager had requested the commissioning body to make alternative arrangements for the management of their savings.
- We raised a safeguarding alert with the local authority for suspected mismanagement of people's finances.

Failure to protect and safeguarding people from abuse was a breach of Regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received safeguarding adults training and people we spoke with told us they felt safe, they were happy, and staff met their needs well.

Preventing and controlling infection

- The provider had not taken enough steps for the prevention and control of infection. Since the COVID-19 pandemic staff were required to wear masks in the workplace. We observed staff did not always wear these in a safe way. For example, wearing them under their noses and loose-fitting masks that slipped down.
- There were no paper towels available for use in either bathroom. Instead a cloth hand towel was provided, which although changed at each shift could still be used by multiple people and staff. This presented a risk of cross infection.
- The bathroom described as the, "Staff" bathroom had an ill-fitting toilet seat which moved and was damaged. This meant the seat had to be adjusted, so touched by hands before use and presented an infection control hazard. The flush was a wire and therefore not an easily cleanable surface.

- The laundry room was situated in an external building and was not cleaned to an acceptable standard. It contained numerous items being stored. The floor was dusty and shelving next to the washing machine and dryer had items on them which were covered in dust and cobwebs. We checked the cleaning schedules which named areas of the home to be cleaned and the laundry room was not included in those.
- Four black sacks containing refuse had been left in the garden on the ground. They were not placed in a suitable container for refuse. One bag had blue PPE (Personal protective equipment) gloves sticking out of the bag. Therefore, this PPE was not being disposed of in a safe way to minimise the risk of cross infection.
- In the kitchen, saucepans used for cooking were stored under the sink close to the sink waste pipe. This pipe was stained, and this was not an appropriate site for cooking utensils to be stored.
- The provider had not assessed the risks of individual staff catching COVID-19 and how this might affect them because of their specific needs. This meant they had not planned for staff individual needs in this area.

Inadequate steps to prevent and control infection placed people at risk and was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider did have protocols and procedures to improve infection control in response to the COVID-19 pandemic. Staff were provided supplies of PPE and they told us there were enough supplies at all times. The registered manager had also provided training and information for staff to use PPE safely. They had encouraged both staff and people using the service to have COVID-19 and season flu vaccinations.
- There was a programme of regular COVID-19 testing for people and staff. There was a visitors policy in place which promoted safe visits to the home and supported people to remain in contact with their loved ones.

Assessing risk, safety monitoring and management

- The provider had not always done all that was reasonably practicable to mitigate risks to the health and wellbeing of people using the service and staff as we identified risks within the environment.
- Items stored alongside the house in the rear garden next to a garden path included a Zimmer frame, walking frame with seat and washing machine. These were a possible tripping hazard for those walking in the garden.
- Stored with these items was a gas cylinder marked flammable. This was close to where people walked and near to people's smoking area. The gas cylinder should have been stored in a safe secured place where there was no danger of a chance ignition.
- A cupboard containing the electricity meter and wiring situated in a hallway under the stairs was labelled as "Danger 240 Volts". This door was not lockable therefore it would have been easily accessible to anyone living at the home and therefore was not safe.

Failure to maintain a safe environment was a further breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out individual risk assessments for people using the service relating to their health and wellbeing. These included guidance for staff on how to mitigate these risks and were reviewed monthly.

Learning lessons when things go wrong

- The provider did not always accurately record accidents and incidents or show there had been learning from those. The electronic database which was used for oversight was not completed after October 2019. This meant the registered manager could not demonstrate how they reviewed incidents and accidents and looked at possible trends in the service.

- In one person's care records we saw there was an incident form completed when they became agitated and self-harmed in April 2021. Whilst the incident report was in the person's care record it was not reflected on the database. The incident form was very brief. There had been no analysis of the event considering why they may have become distressed, no record of lessons learnt or reflection about what actions could be taken to prevent a reoccurrence.

Failure to effectively monitor and improve the quality of the service was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medicines were generally managed in a safe way although we found a few areas which could be improved.

- People's care plans did not explain what each person's individual medicines were for, and what side effects to look out for. We were told the leaflets that accompany medicines when they are dispensed were available in a file for staff reference and these described the medicines use and side effects. However, this file was not available to check as it could not be found. Only after several hours the file was located, which meant it was not readily available for quick staff reference.

- The leaflets in the file were generic. They described when a medicine could be used to treat multiple conditions but did not state the specific use for each individual.

- We noted two prescribed ointments were not kept in the medicines cupboard but were left out in the office. These were returned to the locked medicine cabinet when we drew the registered manager's attention to this.

We recommend the provider reviews the guidance in relation to the management of medicines in care homes.

- We noted other medicines were stored appropriately in a secured manner.

- The sample of medicine administration record sheets (MARs) reviewed were completed without error and a sample of medicines counted tallied with amounts recorded on the MARs. We observed staff were recording in MAR sheet promptly after each person's medicine was administered and counter checked. Staff encouraged people to take their medicines in a gentle manner and watched to check they were swallowed.

Staffing and recruitment

- We had received concerns both prior to and after our inspection visit stating there were not enough staff. This was one of the triggers which prompted our focussed inspection. We found people had times unsupported by staff in the activities room while staff were undertaking other areas of work. Therefore, whilst activities were provided it was possible their recreational support needs were not always being met.

- One member of staff informed us when we asked for feedback that they did not think there were enough staff to manage in the morning, as tasks were rushed and sometimes not all planned tasks were possible.

- We noted a 50 minutes period of time when people were in the activities room were without supervision or staff interaction. People we spoke with told us, they felt staff were good and kind and there were enough of them.

- There was no staffing dependency tool in place to enable the provider to calculate that the staffing levels were sufficient. However, three people required 1:1 staffing when they went out into the community. We saw they had been out for some trips to local shops and walks appropriately accompanied by the deputy manager or staff member.

- Most staff who gave us feedback on the day of the inspection, or in writing afterwards told us there were enough staff to meet support needs and provide good experiences for people. They praised the quality and level of support from both the registered manager and deputy manager. They said there was good teamwork.

- The provider deployed the staff to work in different care locations on a rotational basis. The staff told us they liked this because they could get to know the different services and people they supported. This also meant the provider had a pool of staff who were familiar with the service and could cover absences. The registered manager told us, that during the COVID-19 lockdown staff remained in allocated sites to prevent cross infection.
- The provider had systems to help ensure only suitable staff were recruited. These included carrying out recruitment checks, criminal records check and interviewing potential staff. Staff completed inductions, which including shadowing experienced workers and assessments. This helped to make sure they had the skills and competencies needed to work at the service.

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

- People had person centred care plans which outlined how their care should be provided. These were reviewed each month by their keyworker. Most were informative and aspects of people's personal care and mental health care was clearly managed. However, we found not all aspects of one person's care was considered.
- One person had a dual diagnosis of mental health and learning disability and it was stated in their care plan possibly autism. Whilst there was guidance in place for staff in relation to the approach to manage their behaviours which could be regarded as challenging, it did not take into account why these behaviours occurred or what the person might be trying to communicate. There had been no referral made for psychology input, no specialist work done to assess these behaviours or work undertaken with staff to understand those behaviours. When an incident had occurred in April 2021 there had been no analysis of the reasons for the person's agitation, the cause, if the staff member's approach had been appropriate or if it could be improved.

We recommend the provider reviews their systems and processes in line with best practice guidance for people with learning disabilities

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

- Swanage Lodge had an activity room in the rear garden which was used by the people living in the home and people from the provider's other services. People who lived at the home told us they were happy to have people from the other services visiting them. A variety of arts and crafts took place in the activities room, also meals which included breakfast laid out on a long table and served. We were told people enjoyed this and one person was now eating with others when they would not before.
- In the garden was also a vegetable plot which one person told us they liked to help garden and an ornamental pond with fish. There was a smoking area for people's use. before.□
- Staff told us they took people out for walks unless they were unwilling to go or there was bad weather, this included through the COVID 19 lockdown. There were some trips out, but these had been limited through the COVID 19 pandemic. There were visits to local shops, fast food venues, barbers and recently some people had gone to a nail bar for a pampering session.
- One staff member told us, "Yes, we have enough time to spend with [people]. I take them to the activity room, and we have conversations. We also do some activities such as playing cards, some of them love to listen to music and dance, go to the garden and play ball games. In addition, when I do key worker session, we have conversation."

- Staff had supported people with relatives to stay in contact throughout the pandemic. One person had been supported to speak with their relative who lived abroad using an electronic tablet. Some relatives had taken family members out and there were arrangements for visiting in a safe manner.

End of life care and support

- No one was receiving end of life care at the time of our inspection. The registered manager described how they were working with one person who was older to identify their end of life wishes in general terms and were developing a care plan to reflect these.

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 living at the service at the time of the inspection did not have any communication impairments or sensory loss which they needed additional support with.
- People in the service spoke English. Staff were able to speak a number of other languages as well so could offer a service to people who had a similar cultural background.

Improving care quality in response to complaints or concerns

- There was a complaints procedure. People using the service knew how to raise a concern and they had their own copies of guidance on how to raise a complaint in their bedrooms. The registered manager explained they visited the home most days and spoke with each person giving them an opportunity to raise any concerns.
- The registered manager told us apart from a staff complaint which the area manager was investigating there had not been any formal complaints from people or relatives using the service since the last inspection.

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 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.

Continuous learning and improving care

- The provider's systems for monitoring and improving the quality of the service and monitoring and mitigating risk had failed to identify serious risks to people's safety and wellbeing. Senior staff had undertaken audits of financial transactions which had failed to identify staff were not following a safe procedure in line with the provider's "Personal Allowance Policy." This included not retaining receipts for goods, failure to itemise what goods were purchased and staff had not kept financial records in a manner which allowed for robust oversight.
- There were risks within the environment of the home which included an unlocked cupboard containing electrical wiring and electric meter and inappropriately stored goods and equipment. Infection control hazards were identified which had not been captured through the provider's audit systems. For example, on the "Manager's Periodic Health and Safety Checklist" undertaken on 16 June 2021 it was recorded there were paper hand towels in use when these were not used.
- Although there was a generic COVID-19 risk assessment there were no individual staff COVID 19 risk assessments. This was not in line with the provider's "COVID 19 Policy and Procedure," with regard to employee risk assessments, which stated "An individual's risk assessment will be completed and updated as necessary in line with any changes in individual circumstances or national guidance."
- Oversight of incidents and accidents had not been maintained by the registered manager. The electronic system for recording incidents had not been completed since October 2019 and incident reports seen after that time were only available in each person's care record. No analysis had been made to determine shortfalls or identify lessons that could be learned to prevent a reoccurrence.
- The above concerns had not been identified and rectified by audits and checks. The provider had failed to identify and mitigate these risks.

This demonstrated a serious lack of oversight resulting in a service which was not safe. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 deputy manager and two team leaders undertook audits and checks of finances. These, as described above, were not undertaken in a robust manner. In addition we identified numerous health and safety concerns which had not been previously been identified through their checks. For example, in one bedroom

there was an armchair with frayed fabric on the arm, another bedroom had a rusting radiator and one doorknob missing from wardrobe leaving a screw exposed.

- There was a large garden for people's leisure use, but it was not well maintained throughout. A fence panel was missing leaving a gap into a neighbour's garden. There was a section with old goods to be disposed of which included, bikes, furniture, walking frames and wiring. This was unsightly and did not give the garden a welcoming ambience. Likewise, stored goods in the laundry room gave the home a cluttered and unkempt appearance.

- These concerns demonstrated the senior staff had not been given sufficient training to understand what their responsibilities and role entailed whilst completing those checks and audits.

- The registered manager was also the nominated individual and owner of the company. They were an experienced care manager and registered as the manager for two care homes. However, we found during our inspection visit their oversight had not identified the short falls in service provision we found at inspection.

- The registered manager had not updated some provider policies in a timely manner. For example, the "Supervision policy," and "Safeguarding Vulnerable Adults Policy and Procedures," sent to us by them was dated 2008 and were to be reviewed in 2009. No subsequent review was recorded.

- The registered manager had kept the CQC notified of significant events as required and provided documentation when this was requested demonstrating they understood their duty of candour.

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

- All people spoken with told us they were happy at the home. They felt well looked after and we observed other people who were less communicative with us looked relaxed and were seen to be smiling at times. People were dressed in a tidy manner and looked well groomed. One person told us, "I'm happy. They look after me well."

- Staff held "Service user's" meetings to support people to raise concerns and give their views about how the service was run. Staff told us they spent time with people each day talking to them and the registered manager told us they visited the home each day to speak with people. The provider and staff used a telephone application (App). Staff shared photos of meals to demonstrate they had provided appetising meals for people and could raise their concerns and shared information via the App.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had previously asked stakeholders to complete satisfaction surveys about their experiences. The last surveys were from 2019. However, these had not been repeated and therefore there was a concern stakeholder views were not currently represented. The staff held meetings with people using the service where they were able to discuss their views.

- We received some written negative feedback from staff prior to and after the inspection about different management styles. Two individuals felt they were not spoken to in a polite, respectful way by one of the management team. They felt argument and shouting had at times impacted negatively on them and on the service users. However, all written responses to our questionnaires were positive about the management team support.

- Staff we spoke with at inspection praised the quality and level of support from both manager and deputy and spoke highly of teamwork and satisfaction with training support, and commitment to caring for people. Their comments included, "[Supervision sessions}, three months and I feel I am able to always voice my concerns to manager" and "I have my supervision once every two months."

- Staff attended staff meetings. The registered manager explained they felt it might be easier for staff who didn't like to speak up to have a spokesperson so before each staff meeting the staff team met for 30

minutes to discuss what they wanted to raise and the spokesperson was then able to speak for them as a group.

- The registered manager described they had worked closely with the local authority throughout the pandemic and the local health care teams for the benefit and well being of people using the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to adequately assess, monitor and mitigate risks within the environment or do all that was reasonably practicable to mitigate these.

The enforcement action we took:

Positive Conditions

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure service users were protected from abuse and improper treatment there was not robust oversight of service users financial transactions.

The enforcement action we took:

Positive Condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to effectively operate systems and processes to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity.

The enforcement action we took:

Positive Condition