

Mrs Caroline Timmons and Mr Donn Timmons

Hillside Residential Care Home

Inspection report

21 Adlington Road
Wilmslow
Cheshire
SK9 2BJ

Tel: 01625523351
Website: www.hillsidecare.com

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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

This inspection was unannounced and took place on the 9 May 2016.

The service was previously inspected on January 2015 when it was found to be meeting all the regulatory requirements which were inspected at that time.

Hillside Residential Care Home is a residential care home providing personal care and accommodation for up to 19 older people. It is a privately owned family run business. The home is situated in Wilmslow and is close to shops and other public amenities with easy access to main road networks. The premise is a two storey building with accommodation on both floors. Some of the bedrooms have en-suite bathroom facilities.

Sixteen people were being accommodated at Hillside Residential Care Home at the time of our inspection.

At the time of the inspection there was a registered manager at Hillside Residential Care Home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was present during our inspection and engaged positively in the inspection process. The manager was observed to be friendly and approachable and operated an open door policy to people using the service, staff and visitors. During the inspection we found Hillside Residential Care Home to have a warm and relaxed atmosphere and overall people living in the home appeared happy and content.

During this inspection visit we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People's social needs were not being met, effective systems for mitigating risk had not been established and quality assurance and auditing systems were not established or were ineffective. You can see what action we told the registered provider to take at the back of the full version of the report.

People's social needs were not being met. People told us they were bored and activities did not occur regularly.

The registered provider did not ensure that risk assessments relating to the health, safety and welfare of people using the service were detailed and regularly reviewed.

The service lacked governance systems to assess, monitor and improve the quality of the service. For example, effective systems to seek feedback of the experience of service users were not in place and auditing systems were not robust.

People's needs were assessed before they came to live at the home; however we found some assessments

had not been completed in detail and some risk assessments had not been reviewed for a number of months. Care plans were based on the needs identified within the assessment.

Medicines were ordered, stored, administered and disposed of safely. However we found the registered provider did not carry out an audit of medicines on a regular basis.

People, visitors and professionals gave positive feedback about the compassionate and caring nature of the staff team. Staff were kind and caring and communicated with people appropriately. Staff valued people, showed concern for their well-being and involved them in decisions about their care.

People and visitors knew how to raise a concern or complaint, but said they had not needed to do so.

Staff were aware of the whistle blowing policy and they told us they would use it if required. Staff told us they were able to speak with the manager if they had a concern.

Records showed that people had access to GPs, chiropodists and other health care professionals (subject to individual need).

We found that the home was properly maintained and ensured people's safety was not compromised.

The registered provider had policies in place to safeguard people from abuse; however we found the provider did not have a safeguarding tracking tool in place to log and record any safeguarding referrals/concerns and their outcomes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

The registered provider did not ensure that risk assessments relating to the health, safety and welfare of people using the service were detailed and regularly reviewed.

Safe systems and procedures for supporting people with their medicines were followed. However, we noted there a staff signature list was not available to confirm the staff responsible for administer medicines.

Recruitment and selection procedures in place, which met the requirements of the current regulations.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff received training and support from the provider, to enable them to develop their skills and knowledge. However, we found staff lacked knowledge and understanding on the MCA and DoLS.

New and existing staff had not yet been enrolled on to the Care Certificate, to ensure the new minimum standards are met as part of induction training.

Daily food menus were not available for people living at the home, to allow themselves time to familiarise themselves with the meals which were on offer in order to inform their choices.

People were able to see their GP and other healthcare professionals when they needed to.

Is the service caring?

Good ●

The service was caring.

Staff were observed to communicate and engage with people in an appropriate manner, people using the service were seen to be

relaxed and at ease in the company of themselves and the staff supporting them.

We observed people's choices were respected and that staff were attentive and responsive to the needs of people who required support at meal times.

Is the service responsive?

The service was not consistently responsive.

People's social needs were not being met.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

The provider did not seek feedback from the people using the service, relatives or staff.

Although some auditing systems were in place, these had not fully identified or addressed shortfalls in how the service was operating.

The service had a registered manager to provide leadership and direction to the staff team.

Requires Improvement ●

Hillside Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection took place on 9 May 2016 and was unannounced. The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at all of the information which the Care Quality Commission already held on the provider. This included previous inspections and any information the provider had to notify us about. Furthermore, we invited the local authority to provide us with any information they held about Hillside Residential Care Home. We took any information they provided into account.

As part of our inspection we spent time talking with people who lived at the home. Fourteen people were able to share their views with us about the home.

We spoke with the registered manager and consultancy advisor. Additionally, we spoke to one senior care assistant and two care assistants. We also spoke to three healthcare professionals, including a Macmillan nurse and two community nurses who were visiting the home at the time of our inspection.

We undertook a Short Observational Framework for Inspection (SOFI) observation during lunch time. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records including: three care plans; three staff files; staff training; minutes of meetings; rotas; medication; maintenance and audit documents.

Is the service safe?

Our findings

We asked people who used the service if they found the service provided at Hillside Residential Care Home to be safe.

People spoken with confirmed they felt safe and secure.

Comments received from people included: "The carers are very good here, I prefer to stay in my room and the carers don't interfere with this."; "I like living here, it's never going to replace my old home, but I feel safe." And "I know many of the people living here, I feel content."

At the time of our inspection Hillside Residential Care Home was providing personal care and accommodation to sixteen people with varying needs.

The care files we looked at showed completed risk assessments to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, mobility and pressure relief. We noted that some of these assessments were not reviewed regularly to ensure any change in people's needs was assessed, to allow appropriate measures to be put in place, such as regular weight monitoring or pressure relieving equipment. We found that care plans had not always been completed in sufficient detail for the people living at the home. Some risk assessments and care plans were vague and lacked person centred information on the actions required to minimise / control actual and potential risks.

For example, we found in one person's care records that a 'Speech and language Therapist' recommended that the person's food and drink intake to be recorded. However, we noted only two entries recording had been recorded in this time. This person was at risk of choking due to having a life limiting illness; we noted no risk assessments in regards to choking had been devised to guide staff and manage potential risks.

This was a breach of Regulation 12 (1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective systems in place for monitoring and mitigating risk.

Personal emergency evacuation plans (PEEPS) had been written for people using the service. PEEPS provide a clear contingency plan to ensure people are kept safe in the event of a fire or other emergency.

Staffing levels set by the provider for Hillside Residential Care Home were one senior care assistant and one care assistant on duty from 8.00am to 6.00pm, additionally there were also two care assistants on duty from 8:00am to 2:00pm. A senior care assistant and one care assistant also commenced their shift at 2:00pm to 10:00pm. During the night it was recorded on the rota that there were two waking night staff on duty from 8:00pm to 8:00am.

We noted that a staffing dependency tool to calculate staffing hours and people using the service had not been devised. The registered manager informed the inspection team that she felt confident with the current staffing levels and would immediately respond to increase the staffing, if she felt people's needs had changed in order to ensure the quality of service provision.

We asked people who lived at the home whether they felt there was enough staff on duty to meet their

needs, we received positive comments. One person said, "There always seems to be enough people working here." And "If I need any assistance the staff are never too far away to respond."

A member of staff commented, "We have a small team working here, but there is more than enough of us (staff) to provide the support to people."

We looked at the management of medicines at Hillside Residential Care Home with the senior care assistant. We were informed that designated senior staff and the registered manager were responsible for administering medicines. All staff responsible for the management of medication had completed medication training. We were informed by the registered manager that staff were shadowed to monitor competency levels however, these assessments of competency were not recorded. The registered manager informed the inspection team that they would start to record medication competencies for the staff who administer medicines.

A list of staff responsible for administering medicines, together with sample signatures was not available for reference. The importance of having a list of staff responsible for administering medicines is not only good practice, but highlights the staff who are responsible for administering medicines to people living at the home.

Photographs of the people using the service had been attached to medication administration records to help staff correctly identify people who required medication.

We checked that there were appropriate and up-to-date policies and procedures in place around the administration of medicines and found that the provider had developed a suitable policy for staff to reference.

The provider's medication policy was available in the medication storage room for staff to view. Hillside Residential Care Home used a blister pack system that was dispensed by a local pharmacist. Medication was stored in a medication trolley that was secured to a wall in a dedicated storage room. Separate storage was also available for homely remedies and for controlled drugs.

We checked the arrangements for the storage, recording and administration of medication and found that this was satisfactory. We saw that a record of administration was completed following the administration of any medication on the relevant medication administration record.

A monthly audit of medication tool has been developed, but this has not yet taken place as part of the home's quality assurance system. We signposted the manager to review the 'NICE guidance' on 'Managing Medicines in Care Homes' as this provides good practice recommendations for the management of medicines in care homes.

A policy and procedure had been developed by the provider to offer guidance for staff on 'Safeguarding service users from abuse or harm'. A copy of the local authority's adult protection procedure was also available for staff to refer to.

We checked the safeguarding records in place at Hillside Residential Care Home. We noted that a tracking tool had not been developed to provide an overview of incidents of safeguarding referrals which had been made and the outcomes of these. We noted, no safeguarding concerns had been reported in the last twelve months. The registered manager was aware of her responsibilities to manage and report any safeguarding concerns via a first account report to the local authority.

Staff we spoke with demonstrated a good awareness of their duty of care to protect the people in their care and the action they should take in response to suspicion or evidence of abuse.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and it was clear they had a good understanding of the policy and who they would notify if they had concerns. Staff also knew to be vigilant about the possibility of poor practice by their colleagues and knew how to use the homes whistleblowing policy. Staff told us they would be confident if they needed to report any concerns about poor practice taking place within the home.

Through discussion with staff and examination of records we received confirmation that there were satisfactory recruitment and selection procedures in place, which met the requirements of the current regulations.

We looked at a sample of three staff records for staff recently recruited. In all three files we found that there were application forms; references, medical statements; disclosure and barring service (DBS) checks and proofs of identity including photographs. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Overall, areas viewed during the inspection appeared clean and well maintained. Staff had access to personal protective equipment and policies, procedures and audits for infection control were in place.

Is the service effective?

Our findings

We asked people who lived at the home whether they found the service provided at Hillside Residential Care Home to be effective. People spoken with told us that their care needs were met by the provider.

Comments received from people included: "I know all the staff very well."; "Obviously this place will never be home, but the place isn't too bad." And "The food is satisfactory, I don't know what we have on today, normally the carers will tell you."

Hillside Residential Care Home is a detached two storey Georgian property situated in Wilmslow. The majority of the bedrooms are single rooms with four bedrooms benefiting from en-suite bathroom facilities. Communal space consists of two medium sized lounge areas, a dining room and a conservatory. There is one passenger lift and communal facilities for cooking, dining, personal care, relaxing and leisure. The provider had established a staff supervision programme for 2016. However, this information was not stored at the home. The registered manager informed the inspection team that staff supervisions were securely stored off site.

We asked staff if they received regular supervision and yearly appraisals. Staff commented, "Yes I do have formal meetings every so often with the manager." Another staff member commented, "I have my supervision every six months along with a yearly appraisal." And "I do have a regular supervisions with the manager, she is always available if I need to discuss something with her."

We spoke to four members of staff during the inspection, who confirmed they had access to a range of induction, mandatory and other training, relevant to their roles and responsibilities.

Examination of training records confirmed that staff had completed key training in subjects such as: first aid; moving and handling; food hygiene; medication; safeguarding adults; dementia awareness; fire safety; control of substances hazardous to health; infection control and health and safety.

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. The registered manager was not aware that the Care Certificate should be covered as part of induction training for new care workers.

We recommend that the registered provider ensures all new and existing staff are enrolled onto the Care Certificate, to ensure the new minimum standards are met as part of induction training.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We discussed the requirements of the MCA and the associated DoLS with the operations manager. Discussion with the registered manager showed she had a clear understanding of the principles of the MCA and DoLS, and we saw that if it was considered that people were being deprived of their liberty, the correct authorisations had been applied for.

We saw that there were policies in place relating to the MCA and DoLS. Information received from the registered manager confirmed that at the time of our visit to Hillside Residential Care Home there was one person living at the home who was subject to a DoLS authorisation.

The registered manager maintained a record of people who were subject to a DoLS authorisation, together with the type (standard or urgent) and expiry date. We also saw that the details of people with lasting power of attorney for health and welfare and property and / or financial affairs had also been obtained.

During the inspection we found that a large number of the staff had not yet completed the MCA and DoLS training. After the inspection the registered manager provided evidence that the staffing team had now completed this mandatory training on 23 May 2016.

Staff we spoke with confirmed they understood the meaning of mental capacity. However, some of the staff were unsure of who was actually subject to a DoLS authorisation living at Hillside Residential Care Home. The registered manager explained this would be covered at the forthcoming MCA and DoLS training. We observed the lunch time meal and saw that people had different options and a drink of their choice. Additional refreshments and snacks were also provided throughout the day. Staff were observed to be accessible and responsive to people requiring support at mealtimes. We observed one member of staff assisting a person with their meal; the member of staff spoke calmly to the person and ensured the person ate their meal at their own pace by not rushing the meal.

A menu plan was not available to the people living at Hillside Residential Care Home. We discussed this with the registered manager, who confirmed they were in the process of implementing a rolling menu which would be available for people to view. We observed staff asking people for their meal choices during the morning of our inspection.

We asked people living at the home for their opinion of the food and whether they offered a choice of meals; one person said, "The food at the home is average, the carers will offer you a choice in the mornings."; "The foods nice, you are offered a choice, I can't complain really, because there is nothing to complain about." And "I don't have any issues with the food here."

The most recent local authority food hygiene inspection was in March 2016 and Hillside Residential Care Home had been awarded a rating of 5 stars which is the highest award that can be given.

People using the service or their representatives told us that they had access to a range of health care professionals, subject to individual need. Care plan records viewed provided evidence that people using the service had accessed a range of health care professionals including: GPs; district nurses; opticians and chiropodists. One person commented, "The doctor will come out to see me if I am not feeling well, I think the carers organise this."

During the inspection we met three healthcare professionals who were providing treatment to people living at the home. All spoke positively about the home and commented that people were being appropriately cared for. One healthcare professional commented on the environment of the home, stating she felt the home had a 'warm atmosphere.'

Is the service caring?

Our findings

We asked people using the service if they found the service provided at Hillside Residential Care Home to be caring. People spoken with told us that they were well cared for and treated with respect and dignity by the staff at Hillside Residential Care Home.

Comments received from people using the service included: "The staff are all genuinely caring." "The care is good, it's better than other places I have lived." And "The care staff here are excellent, we are all treated with dignity and respect."

One staff member said, "We are not the biggest care home, which helps, we know the people very well here and I believe we provide a caring service to them."

During the inspection we observed that staff supported people at various times and in various places throughout the home. We saw that staff communicated in a kind and caring way and were patient and respectful. We observed staff being affectionate and tactile with people and this often helped to reassure people when they were unsettled.

Through discussion and observation it was clear that there was effective communication and engagement between the people using the service and staff responsible for the delivery of care.

We observed the registered manager and staff working together and enjoying friendly exchanges between each other and the people using the service. The home had a warm atmosphere and people were seen to respond to this interaction positively and appeared happy, content and relaxed.

Staff greeted people with a smile, made eye contact when talking to people and used positive touch to connect with, or reassure people throughout the day. It was obvious from our observations, that staff were familiar with people's needs and preferences and were responsive to how people were feeling as well as their physical care needs, ensuring reassurance was given where needed. This supported people's wellbeing. It was clear from our observations that people trusted the staff and management team.

People's privacy and dignity were respected. We observed that people were clean and were supported to maintain their personal hygiene needs. People were supported to go to the bathroom when they wanted.

People told us staff respected their privacy and treated them with dignity and respect. One person said; "I do feel respected here."; "Staff will never barge through my door, they always ask first." And "I find staff warm and welcoming; it's nice to see them taking an interest in my family when they visit."

Personal information about people receiving care at Hillside Residential Care Home was kept securely to ensure confidentiality.

Is the service responsive?

Our findings

We asked people who used the service and their relatives whether they found the service provided by Hillside Residential Care Home to be responsive to their needs. Feedback received from the people we spoke with was positive.

For example, two people commented: "I feel the home is responsive to my needs. If I am not feeling myself they will get the doctor to see me" And "I can't fault the staff here, I know them all by name now".

During the inspection we found that people's social needs were not being met.

During the inspection we did not observe any pre-arranged activities for people taking place. We observed many people living at the home sleeping in the lounge throughout the day of our inspection. We observed one member of staff in the afternoon singing with a small number of people in the lounge. We noted that there was no activities information on display to notify people of the week's forthcoming activities.

The registered manager assured the inspection team that activities had taken place, but this had not been recorded.

We asked the people living at Hillside Residential Care Home what they thought about the daily activities. People commented, "Very seldom do we have activities, someone will come in to do activities now and then."; "We have the odd bit of entertainment, but not daily". And "I don't think much is going on, in regards to activities."

We asked the staff whether activities in the home were happening often. One staff member commented, "We do our best to keep people active. We do on occasions have an exercise person coming in. It can be difficult to arrange activities because we are busy with our caring role."

This was a breach of regulation 9 (1)(a-c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured people's social needs were being met.

People's needs were assessed before they came to live in the home. We looked at three care files during our inspection.

As we have previously stated the safe section of this report, we found that risk assessment and care plans had not always been completed in sufficient detail for the people living at the home.

All Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms we viewed were original and stored in the front of the folders. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly. All the forms we viewed were original, signed by a doctor and dated. This meant they were valid.

People who live at Hillside Residential Care Home told us they believed their support needs and preferences were being met by the staff team. One person stated; "The staff are very helpful, I have a buzzer I can use if I

need assistance." And "The staff know my routine very well, I believe they all know what they are doing."

The registered provider had developed a 'Compliments, comments and concerns policy' to provide guidance to staff and people using the service and / or their representatives on how to raise a concern or complaint. A resident information brochure was available for people and their representatives, this brochure also provided information about how to make a complaint.

A complaints policy was available and included timescales for investigation and providing a response. Contact details for the service provider and the Commission were also included within the document.

We asked people living at the home whether they knew how to make a complaint if they were not happy. People commented, "I know I can speak to the manager directly if I am not happy." And "I have never needed to complain, but I know I can speak to the staff or manager if I needed to."

During the inspection we reviewed the complaints file. The registered manager informed the inspection team that no complaints had been received during the last 12 months.

Is the service well-led?

Our findings

We asked people who used the service whether they found the service provided at Hillside Residential Care Home to be well led. People spoken with confirmed they were happy with the way the service was managed.

Comments from people included: "The manager is always around and she will help the carers."; "The manager and staff a very friendly here." And "I find the manager approachable and kind."

The registered manager was present throughout our inspection and was observed to be helpful and responsive to requests for information and support from the inspection team.

During our inspection we observed that people felt able to approach the registered manager directly and they communicated with them in a friendly and caring way.

During the inspection the registered manager discussed in detail how they had been working alongside a 'Care Management Consultancy', to make improvements within the service. During the inspection, we viewed an action plan which highlighted areas that the Care Management Consultancy was looking to develop alongside the registered provider.

An effective quality assurance process was not in place at the service: we found no evidence of quality assurance audits and a number of environmental and health and safety checks were not kept up to date or completed.

For example we found no audits for care planning, medication and health and safety being carried out. We identified shortfalls in the quality of the care plans and risk assessments that had not been identified and addressed by the registered provider and registered manager.

Hillside Residential Care Home did not have systems in place to seek feedback from people using the service, their relatives and stakeholders. The registered manager explained the service was in the process of distributing questionnaires in the forthcoming weeks.

We found evidence that one infection control audit had been completed in October 2015. The registered manager confirmed these audits would be completed quarterly. There was evidence of a local pharmacy annual audit for April 2016; however we found no evidence of medication audits carried out by the provider.

We found no evidence of team meetings between the management and staff working at Hillside Residential Care Home. The registered manager explained meetings took place daily, but they had not recorded the minutes of these.

The registered manager and consultancy advisor informed the inspection team that the service was working on a new quality assurance tool which will be implemented to cover areas such as care planning, medication, infection control and health and safety.

It was evident that there were gaps in the quality assurance systems and significant scope for improvement.

This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.

We checked a number of test and / or maintenance records relating to: the fire alarm; fire extinguishers; gas installation; electrical wiring; portable appliance tests; water quality checks and hoisting equipment. All records were found to be in satisfactory order.

A business continuity plan had not been developed, to ensure an appropriate response in the event of a major incident.

Information about Hillside Residential Care Home had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information about the service. A copy of this document was provided to people / representatives once their care commenced. Information about the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider has not ensured people's social needs were not being met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider did not have effective systems in place for monitoring and mitigating risk.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider has not ensured effective systems were in place to monitor and improve the quality of service provided.