

Cheltonian Care (UK) Ltd

Cedar Lodge Care Home

Inspection report

Main Street
Offenham
Evesham
Worcestershire
WR11 8RL

Tel: 01386446871

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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?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedar Lodge is a care home providing personal care for up to 19 people. At the time of the inspection 17 people were receiving care in one adapted building. Bedrooms and communal facilities were provided on the ground and first floor.

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

Although people felt safe living at the home and their relatives believed their family member to be safe we found areas of concern within the environment which posed potential risks to people and their safety.

Testing of the fire alarm system was not routinely taking place and actions taken following a fire door not fully closing was not recorded. We identified shortfalls with some fire fighting equipment. The access to one extinguisher was blocked while the location of another had moved from its allocated place in the kitchen and was free standing in the dining room.

We found references were not always obtained in relation to new members of staff to ensure they were of good character and suitable to provide care to people.

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, systems did not always support this practice. Authorised Deprivation of Liberty Safeguards (DoL'S) had expired and therefore were no longer active.

The registered manager took action during and after our inspection to make improvements in these areas.

The provider's current quality rating was not displayed on the provider's website.

People received their medicines as prescribed although improvement was found to be needed in relation to recording the date when boxed medicines were opened.

Care plans and risk assessments were in place and regularly reviewed. Information about a medical need giving details for staff to follow was not included within people's plans.

People had access to healthcare professionals to meet their needs and ensure wellbeing. Sufficient staff were on duty to meet people's needs.

People liked the food provided and were able to request alternatives from the menu. Suggestions regarding the menu were acted upon.

People told us the home was a comfortable place to live and were able to personalise their own bedrooms.

People were able to participate in fun and interesting things to do. People found the staff to be kind and caring and upheld their privacy and dignity while encouraging independence. Staff received training to ensure they were able to meet people's needs.

People found the management to be open and approachable and believed they would be listened to in the event of having any concerns.

Rating at last inspection

The last rating for this service was Good (published 25 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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

Enforcement

We have identified breaches in relation to safety in the home around environmental safety, recruitment of staff and management checks to ensure people were in receipt of safe and effective care and support.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Cedar Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. In addition, we contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 nine people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the quality assurance director, care workers and a cook.

We reviewed a range of records. These included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection

We spoke with two relatives for their comments and experience on the care provided to their family members. The registered manager sent us confirmation of the action taken regarding the Deprivation of Liberty Safeguards.

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

- There was a failure to ensure people were fully protected from the risks associated within the environment.
- A fire extinguisher was blocked from easy access by three vacuum cleaners. These pieces of equipment could have potentially delayed access to the firefighting equipment in the event of a fire. It was confirmed by the quality assurance director this was the area where these items of equipment were routinely stored.
- A fire extinguisher was seen to be freestanding in the dining room. Not having pieces of equipment secured was a potential risk to people. This included the item potentially falling on to someone and not having it secured meant the item could be easily removed and its whereabouts unknown at a time when needed. We were later informed by the registered manager the fire extinguisher had come out of the kitchen due to a broken bracket. This meant this piece of equipment was not readily available in the kitchen if needed.
- The testing of the fire alarm had not regularly taken place to ensure it was in good working order and the alarm was not tested in sequential order. There was a gap in the records of a period of four months. The most recent test recorded was a month prior to our inspection. The registered manager stated the alarm should be tested weekly and was unable to account for the times when not tested. It was not possible to establish which break glasses had been used on some occasions to activate the alarm as the records did not collate this information.
- We saw for a period of two months a fire door was recorded as either not closing at all or not closing completely. There were no records of action taken during this time frame to repair this fire door during this time frame.
- We found a cupboard containing an electrical meter was unlocked. This was despite signage on the door saying 'Danger 240v' and, 'Fire door keep locked'.

We found no evidence that people had been harmed however, the provider had not fully ensured people were safe from risks within the environment. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and following the first day of the inspection to make improvements including removing the items blocking the fire extinguisher and the rehang of the other extinguisher. The fire door recorded as not closing was found to close completely on the day of the

inspection. The registered manager devised new procedures in relation to fire checks including the testing of the alarm and action in the event of a fire door not closing. We saw they put up a sign regarding obstructing the fire extinguisher.

- Since our previous inspection the provider had fitted a new fire alarm system. The registered manager told us this had improved the indication on the new display board regarding the location of the alarm activation.
- Personal evacuation plans provided staff with information about people's support needs.
- Equipment such as hoists, and a stair lift were available. These pieces of equipment were regularly serviced to ensure they were maintained and safe to use. Staff were seen using footrests on wheelchairs when in use to prevent people getting their feet and ankles entrapped.
- Regular checks were undertaken of water temperatures and call bells to ensure they were safe and in good working order.
- Risks associated with people's care were identified such as falls, choking and moving and handling. These were reviewed as people's care needs changed. People's weights were monitored and where a concern was identified this was brought to the attention of healthcare professionals.

Staffing and recruitment

- The provider failed to ensure they protected people from potential harm by having safe recruitment practices in place.
- Checks on new members of staff were not robust enough to ensure they were suitable to work with people living at the home. One member of staff had commenced work with no written references while another had commenced with only one reference. The registered manager was unable to confirm who had written one reference received as it was not from a person named on the application form. Another reference was in relation to a person's employment however this employment was not referenced on their application form. Dates when employees had worked elsewhere were not clarified and gaps in employment were not accounted for. Identification of staff was not always held.

We found no evidence that people had been harmed however, the provider had not fully ensured people were protected from risks associated with unsafe staff recruitment. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded following the inspection by drawing up a new procedure and devising a letter to new employees stating their appointment would be pending satisfactory references.

- The registered manager told us they had increased staffing levels during the afternoon to ensure there was a consistent number of staff on duty throughout the day.
- People and staff members, we spoke with believed there were enough staff on duty to meet people's care needs.

Using medicines safely

- People confirmed they received their medicines from members of staff. Staff were seen to inform people about their medicines while administering them.
- Although most people's Medication Administration Record (MAR) sheets were completed we saw occasions where there were gaps. There was no evidence however to suggest people had not received their medicines as prescribed. There was a notice attached to the medicine cupboard reminding staff of the importance of signing for medicines. Records maintained showing a balance of medicines remaining were completed and seen to be correct.

- We looked to see whether the date of opening was recorded on boxed and bottled medicines. Although there were occasions where we saw this had happened there were more occasions where it had not.

Systems and processes to safeguard people from the risk of abuse

- People living at the home told us they felt safe. One person told us, "We are well looked after." Another person told us, "I feel really safe here. They [staff] look after me."
- Relatives told us they believed their family member to be safe and well cared for. One relative told us if they were too frightened to live on their own they would wish to live somewhere like Cedar Lodge. Another relative told us they were, "Comfortable in myself that (person) is looked after."
- The registered manager and their staff team were aware of their responsibility to report any actual or potential abuse to the local authority and to the Care Quality Commission (CQC)

Preventing and controlling infection

- People told us they believed the home environment to be clean.
- Hand washing facilities were available in communal bathrooms and toilets.
- Staff had personal protective equipment such as gloves and aprons at their disposal and had attending training.

Learning lessons when things go wrong

- The registered manager reviewed accident records and had further documents in place to demonstrate these incidents were looked at to establish any themes or trends. Consideration was given to whether a referral was needed to a fall's prevention team or a medicine review was needed.

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 has now deteriorated to Requires Improvement.

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

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.

- The registered manager told us two people had a DoLS in place. On looking at the documents sent by the local authority it became evident the authorisations had expired. As a result, we could not be assured the registered manager was working within the principles of the MCA. The registered manager told us they would apply for a further authorised deprivation as they believed they were required due to having locked doors.
- Following our inspection, the registered manager confirmed they had made new applications to the local authority for authorisations of DoLS.
- Staff had an awareness of the need to ensure people's consent was obtained prior to providing care and support.
- At the time of our inspection we were told no best interest decisions were in place regarding people who lived at the home.

Staff working with other agencies to provide consistent, effective, timely care

- Healthcare professionals told us staff worked closely with their integrated team to ensure people's needs were met in a timely way. Staff knew to contact healthcare professionals if they were concerned about people's health and welfare. Care plans lacked certain details about people with diabetes in relation to the signs and symptoms people could display. The registered manager took immediate action and prepared

guidance for staff. In addition, information following a recent visit from a healthcare professional was not recorded to evidence progress made however all staff questioned about the health of the resident were fully aware of the situation and how they were doing.

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

- People and their family members were involved in the initial assessment of care needs. One relative told us they visited with their family member to see whether they wanted to move in.

Staff support: induction, training, skills and experience

- Staff were complimentary regarding the training they received. One member of staff told us, "We always have training". Although formal supervision had not routinely taken place staff did nevertheless have access to the registered manager. Staff confirmed they felt supported by the registered manager. One member of staff described the support as, "Brilliant."
- New members of staff initially worked shadowing shifts alongside more experienced members of staff across different shifts. Staff received induction training as stipulated by the provider.
- A relative told us they had found the staff to be, "Competent" in what they were doing.

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

- People told us they liked the food provided and most people told us they were happy with the quantity of food provided. One person described the food as, "Wonderful." Another person told us the food, "Is very good".
- We saw staff serving people with their main mid-day meal and asking whether they wanted anymore.
- Although no actual choice was written on the menu board people told us they would be offered an alternative in the event of them not wanting the main meal. We saw one person had a different meal taken to their room.
- People received snacks and drinks throughout the day. People were seen to regularly have a drink close at hand.
- Staff, including the cook, were aware of people's dietary needs such as any medical requirements as well as individual likes and dislikes.

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

- Accommodation and communal facilities were located on the ground and first floor. Chair lifts were available for people to be able to access different levels. A ramp was available to a separate door to the main door to provide access for people with limited mobility.
- People were able to personalise their own bedroom with items such as furniture, pictures and photographs and other personal belongings.
- One relative told us they had painted their family members bedroom to their preferred colour and had taken items of furniture such as their own bed and wardrobe into the home. We were also told of changes which had happened within their family members bedroom such as replacing the shower, dropping the height of a mirror and changes to other aids to meet the person's needs. Another relative told us it was the, "Best place" their family member could be because they found it to be, "Homely and comfortable."
- There was some signage around the home environment to assist people with finding their way around. In addition, some people had a photograph on their bedroom door to assist with recognition of its location.
- People were able to access outside seating areas. These were well maintained for people to enjoy the warmer weather.

Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access healthcare professionals as required to ensure their wellbeing.

One person told us, "If I don't feel very well. I say can I have a sit down or lie down and they [staff] say of course you can. If I am still poorly they [staff] get the doctor. They [staff] are very good at that." Another person told us, "They [staff] look after us if unwell.

- A healthcare professional told us staff called them appropriately if they had concerns about people's healthcare needs. They confirmed if advice was given to staff this was followed up to meet people's needs and improve their wellbeing.

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

- People told us they liked the staff and found them to be caring and friendly. One person told us, "It's very good here." Another person also described the care as very good and added, "We all get on very well." A further person described the home as, "Homely" and added, "The staff are like family. They care for you."
- Relatives we spoke with were positive about the care their family member received. One relative described the care as, "Fantastic". Another relative told us, "The care is first class", "Feels like home" and, "I was pleased from the onset." They believed they were, "Very lucky" to have found the home describing the staff as, "Marvellous" as they always had time for a chat with people and relatives.
- Relatives also told us they were well looked after when visiting and were offered a drink and cake. Relatives told us all the staff knew them by name.
- Healthcare professionals were positive about the care provided by staff members. Comments included, "Very good" and, "Staff are very knowledgably about people".
- People were seen to have their glasses available.
- The registered manager and staff spoke with a passion about providing quality care for people. They ensured any equality and diversity needs of people were met.

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

- One person told us, "They [staff] know what we want. It all works very well."
- People were seen to be able to choose what they did during the day. People looked relaxed and were seen sat with their feet up, reading or singing along to background music. We saw people freely moving around the home, going into the dining area to have a look at the menu and sit down for a while before going back to the lounge or down the corridor.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. A relative told us, "Staff always knock the door [to their family member's bedroom] when I am there."
- Staff were able to describe to us ways they were able to ensure people's privacy and dignity was upheld. Staff also spoke about the importance of maintaining people's independence.
- One person told us they had made good friends living at the home and staff encouraged them to retain their independency." Another person told us people could have a key to their bedroom if they wished.

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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were updated and reviewed on a regular basis.
- People told us staff were available if needed. One person told us, "They [staff] are very good, helpful and here if you need them."
- The registered manager told us about training due to be provided to meet the needs of a person who was due to move into the home to ensure their needs could be met in a personalised way.

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.

- The registered manager told us people who were living at the home could comprehend verbal and written information. They were aware some people needed additional time and support to be able to understand information and told us staff would be able to do this.
- The registered manager told us information could, if needed, be provided in different formats such as large print.

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 a range of fun and interesting things to do. One person told us, "The day goes by quite quickly reading and watching the television." Another person told us they spent the day, "Taking in what was going on around them."
- A member of staff was seen handing people copies of current newspapers for them to read.
- One person told us they liked the exercises they did as these kept them active. Another person told us about a boat trip people had gone on. We saw people reading and engaged in crosswords as well as chatting with each other and with members of staff.
- A relative told us their family member had walked with staff to the local shop for a newspaper. They also told us staff had time to spend with people and have a chat.
- People told us they regularly had entertainment at the home. Information was on display about events which had taken place such as musicians and other entertainers coming into the home. We were also told about visits from animals. Information was also available about forthcoming events including a summer

fete.

- People's religious needs were met by a visiting member of the clergy and programmes on the television.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints about the service provided.
- People we spoke with told us they were confident they could raise any concerns or complaints they may have regarding the care and support they received and would be listened to. One person told us, "I could speak with anyone here if I was unhappy."

End of life care and support

- At the time of our inspection no one was receiving end of life care. We were told a second smaller hoist was purchased for one person to ensure their end of life care was able to continue in their own bedroom where they wanted to remain.
- Reference was made about sourcing information from people's relatives to assist in preparing end of life care plans. One person's record was last updated in 2016, no further information had become available since that time. The registered manager was aware of the sensitivity of the subject and was aware they needed to address gaps in their knowledge about people's wishes. They told us they planned to undertake this work.
- Healthcare professionals told us they would work with the individual, their family members and staff if a person was coming to their end of life and make use of the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) document.

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

- Systems to ensure people lived in a safe environment were not always effective. During our inspection we identified areas whereby people were not always protected against potential risks.
- Audits had failed to highlight the lack of testing and suitable procedures in relation to the testing of the fire alarm. As a result, any failure regarding the fire alarm would not be known placing people at potential risk.
- Risks within the environment were identified as part of a look around the home such as an obscured fire extinguisher and an unsecured fire extinguisher. Systems to monitor these potential risks had not identified these.
- Medicine audits took place, however the most recent one had failed to show the actions taken when errors in the balance of tablets remaining was incorrect. It was therefore not possible to see how errors were mitigated as part of continuing learning for members of staff.
- Systems to overview the authorisations of Deprivations of Liberty Safeguards (DoLS) were not in place to identify when these were due to expire so new applications could be made.
- Members of staff were recruited and commenced working at the home without always having suitable references in place and explanations recorded in relation to gaps in employment.
- Reviews of care plans had not identified a lack of information for staff members regarding the action to be taken in the event of people who were diabetic becoming unwell.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and following our inspection. Changes were made to systems and assurances were given in relation to the need to improve on documentation and management systems.

- Staff confirmed the registered manager and the quality assurance director were available on call when they were not at the home to provide guidance and advise. The home was managed by family members. We were told the family meet up to discuss any concerns and plans for the future.
- The registered manager told us they linked in with the registered manager of a service owned by the same

people to share knowledge and experiences as means of a forum to continually learn and improve.

- The registered manager was aware of the requirement to notify the Care Quality Commission (CQC) of certain events.

- Prior to our inspection we looked at the provider's website. We saw it did not contain the required rating from our last inspection. Having details of the provider's rating available ensures people are aware of the provider's performance from the CQC. The registered manager told us it was an oversight from when their website was developed.

This was a breach of regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded and took action to have their website updated following our inspection.

- The rating was displayed as required within the home.

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

- People told us they liked the registered manager and the quality assurance director.
- Relatives told us they found the management to be, "Easy to get on with" and, "Approachable." We were also told management were involved in providing care and support along with the care staff.
- The registered manager was open and responsive regarding the shortfalls identified during our inspection.

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

- People were consulted about the care provided. We saw minutes of a recent meeting during which people had been consulted about activities they would like to be involved in. We also saw evidence of consultation about the food provided and additions people wished for such as onions with salad and sweet and sour curry.
- The quality assurance director showed us customer satisfaction surveys as a means of obtaining feedback from people on the quality of the service provided.
- The care home is located within a small village. The registered manager and others told us of links with the local community. These links resulted in a knit and natter group at the home and the involvement of children from the local school.

Working in partnership with others

- Healthcare professionals told us of plans to work with the registered provider to provide training for members of staff in areas such as nutrition, skin care and training involving occupational therapists.

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 registered provider had failed to ensure risks to people were mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider failed to have effective systems in place to monitor and improve the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider failed to operate effective recruitment processes to meet the regulations.