

King's Court Care Ltd

Kings Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Kings Court is a residential care home that provides care and accommodation for 38 people with various health conditions, including dementia and sensory impairment. There were 18 people living at the service on the day of our inspection.

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

People had not always received personalised care and support specific to their needs and preferences. Risk assessments and care plans did not always provide staff with accurate and up to date guidance to keep people safe.

We identified concerns in respect to risk assessments, the monitoring of accidents and incidents, people's access to healthcare, care planning, staff supervision and appraisal. We identified further concerns in respect to communication between staff and managers. This lack of communication had resulted in people's changing care needs not being recognised and acted upon.

Many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintain continuous improvement. The service would need to demonstrate appropriate systems and processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people.

The service had a new management team who commenced their roles in December 2021. They had been proactive in recognising the issues in respect to systems and processes and care delivery and were working hard to drive improvement.

People were supported to have 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.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. One person told us, "The staff treat me with respect. They are very friendly."

We observed kind and caring interactions between people and staff throughout the inspection. People and professionals spoke positively about the support staff gave to people. One person told us, "They are nice to me and the food is good. It has come on leaps and bounds since the management takeover, and the garden is nice."

Through training, staff had the skills and knowledge to meet people's needs and preferences. We saw people were supported with their communication needs and their preferred activities in accordance with

their care plans. People received their medicines safely, when they needed them.

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.

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

Rating at last inspection

This service was registered with us on 2 October 2020. This is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about care delivery and the provider meeting people's needs. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well Led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

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 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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Kings Court

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

This inspection was carried out by two inspectors and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Kings Court 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 did not have a manager registered with the Care Quality Commission (CQC). Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, a manager had been employed and was in the process of registering with the CQC.

Notice of inspection

We gave a short notice period for this inspection. This was to ensure that people and staff were available to speak with us.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and professionals who work with the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

The provider had completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people using the service, one relative and a visiting health professional. We also spoke with nine members of staff, including the provider, the quality manager, the manager, the deputy manager, the chef and care staff.

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

We reviewed a range of records. This included seven people's care records, medicine records, and further records relating to the quality assurance of the service, including audits and training records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We have identified concerns in the way the provider identified and managed risks to people's health, safety and wellbeing. People's care plans did not always contain risk assessments that were accurate and current and could guide staff on the best way to mitigate risk and keep people safe.
- For example, one person's care plan stated they were living with diabetes. The risk assessment contained contradictory information, stating the person had type one diabetes, but then stating they had type two diabetes. We raised this with staff, who could not tell us which type of diabetes this person had.
- People were at risk, as the information needed to guide staff to care for people and keep them safe was not accurate or up to date. A person had pressure damage and was receiving input from community professionals to treat this. Their risk assessment for pressure damage stated they were not at risk and did not detail the current situation, or the input from community professionals.
- This placed people at risk, as the information needed to guide staff to care for people and keep them safe was not accurate or up to date.
- Mechanisms were in place for the recording of incidents and accidents. Staff understood the importance of recording all incidents and accidents. Documentation included information on the time, location, nature of the incident/accident and who was involved. Each incident/accident then considered any further action and what that incident/accident meant for the person involved.
- However, mechanisms were not in place to monitor incidents and accidents on a regular basis over time to help identify any emerging trends or themes. We looked at the incidents and accidents from June 2021 to December 2021 and identified that some people had regularly fallen whilst living at the service.
- One person had fallen 12 times in six months, and another person had fallen three times within the same month. It was clear that following each incident, action was taken. However, we could not see what action had been taken in relation to analysis of trends over time, so that patterns with common causes could be identified and prevented.
- The provider was aware of the above concerns and were in the process of implementing systems and processes to rectify this.

The provider had not ensured they had effective systems and processes in place to assess risks to people's health, safety and wellbeing, and to analyse accidents and incidents over time to introduce preventative measures to keep people safe. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring.

- Personal Emergency Evacuation Plans (PEEPS) were in place to guide staff on how to safely support people from the building in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and care practices were safe. Safeguarding training was provided and completed by all staff. Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- We observed the support people received and their interactions with staff which were relaxed and demonstrated trust and confidence in the members of staff. One person told us, "Yes, I am very safe. I have got everything that I want. You get looked after very well. There is always someone about. They come quickly if I use my buzzer."
- Staff had a good understanding of what to do to ensure people were protected from abuse. They referred to the provider's whistleblowing policy and said they would not hesitate to report poor or unsafe care. One member of staff told us, "I would raise concerns to my manager. If nothing is done, I would go to the CQC or a social worker. There is a whistleblowing policy and I have read it."

Staffing and recruitment

- There were enough staff to meet people's needs safely. People told us there were enough staff to meet their needs safely, and our own observations supported this. One person told us, "I am safe. They come quickly if I ring my call bell." Our own observations supported this, and we saw people and staff spending social time together, as well as staff responding to people's needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave, and regular agency staff were used when required.
- The provider had a dependency tool which helped them assess their staffing levels. Staff also used their knowledge of people to determine if more support was needed.
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

Using medicines safely

- Medicines were managed safely. Care staff were trained in the administration of medicines. A member of staff explained the medicines procedures to us. They were knowledgeable and knew what medicine people needed and how they liked to take them.
- The medicines people took were recorded in Medication Administration Records (MAR). The MARs we looked at were completed accurately and correctly. We saw evidence of audit activity that showed where any errors were found that action had been taken and recorded.
- Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.
- People we spoke with did not express any concerns around medicines. One person told us, "They give me painkillers to ease my back pain."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was meeting the requirements of vaccination as a condition of deployment (VCOD).

Is the service effective?

Our findings

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

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

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support, Supporting people to eat and drink enough to maintain a balanced diet

- People did not always receive support to maintain their health. Staff did not always recognise and act on people's changing health needs, and follow guidance put in place by health professionals.
- For example, six people living at the service had recently been moved to other services, as their health and care needs could not be met by the provider. The changing needs of these people had not been recognised by staff. It took the urgent input of community health and care professionals to establish that people's needs could not be met. Staff had not recognised or raised concerns in a timely manner to keep people safe.
- A visiting healthcare professional told us, "The new managers have made a real difference and they are working well with us to assess people. Things are getting better, but it is a worry that these issues were not picked up before they started."
- People's nutrition and hydration needs were not always met. For example, from June 2021 to December 2021, two people living at the service had experienced significant weight loss. This had not been picked up or acted upon by staff until a new management team had started working at the service in December 2021.
- We raised these concerns with the management of the service. They told us, "There has been some cultural and training issues, in respect to staff recognising and raising changes in people's care with us. We have recognised this and are making improvements."
- We saw that the provider had made changes to staff deployment and job descriptions to help mitigate the risk of people's changing needs not being identified, and an action plan had been developed. However, at the time of our inspection, these systems had only just been implemented. The provider would need to demonstrate appropriate systems, processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people.

The provider had not ensured they had effective systems and processes in place to recognise people's changing health and care needs and act on these in a timely manner to keep people safe. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People enjoyed the food offered at the service. We saw examples of people's favourite foods being prepared for them. One person told us, "The food is lovely, they do lots of different foods."
- People who required special diets were catered for and the chef provided vegetarian and culturally appropriate foods. Any specific eating requirements were followed to keep people safe, for example

providing people with pureed or fork mashable diets.

Staff support: induction, training, skills and experience

- Staff had not received regular supervision and appraisal meetings in line with the provider's policy. The new management of the service had recognised this, and supervision meetings had started to take place. At the time of our inspection, no annual appraisals had gone ahead and staff had gone a significant amount of time without formal supervision. We have recognised this as an area of practice that needs improvement.
- Staff completed an induction upon commencement of their employment. New staff shadowed senior staff until they were deemed competent and felt confident to support people.
- Staff had training to assist them to carry out their roles safely and effectively. In respect to training, a member of staff told us, "We are getting training and we are giving training on the floor. I encourage staff to do the training what is useful for them. I have done all my training six weeks ago."

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

- People told us they felt well cared for and their needs were met. One person said, "They know how to look after me. They do understand my needs." Another added, "I am sure they know how to look after me. My medicines work well, and they know I am diabetic. If I need the doctor he will come, but the staff can answer all the questions that I have. The food is plentiful, and good."
- Assessments had been completed with people and their relatives prior to them moving into the service, to ensure the service was suitable and could meet their needs.

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.

- Where there were authorised applications to deprive people of their liberty for their protection (DoLS), we found that the required paperwork was in place. Any conditions were being followed and kept under review to consider a reapplication when needed.
- Staff received training and information to help them understand how people were to be supported in line with the key principles of the Act. Staff demonstrated a good understanding of the MCA.

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

- The communal areas and lounge areas were spacious. Clear signage helped people to orientate themselves around the service, including those living with dementia. People had choice of how to decorate their bedroom and had access to the gardens.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who cared for them in a respectful way. The interactions we observed were positive, with staff and people engaging well and being attentive to people's needs.
- People told us they were well treated and supported. We observed that they enjoyed being in the company of staff.
- People told us staff were caring and attentive. One person told us, "The staff are so kind. They are lovely here. It is a lovely place."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. One member of staff said, "Residents here are treated with respect, I see that every day."
- The provider and staff supported people's privacy and dignity and promoted independence. We saw how staff ensured they did not discuss anything of a personal nature in front of other people. People were also encouraged to carry out day to day tasks for themselves. One person told us, "They do treat me with dignity and respect. Staff do stop to have a chat. They are approachable and sort things out."

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

- People were encouraged to be involved in their care and to make decisions about how they spent their time. Staff ensured that people, families and professionals were involved in order to guide them on the best way to care for and support people.
- Throughout our inspection, we saw how staff attended to people when they sought their attention and interacted with them in the way best suited to their individual communication needs.
- People's communication needs were detailed in their care plans and staff knew the best way to communicate with people. One person told us, "The staff are very alright. I can always understand the staff. They are very friendly."

Is the service responsive?

Our findings

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

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

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

- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences. One member of staff told us, "I have a resident who never takes medicine from me, so I took time to read her life story. I needed to know why I was her trigger. It was the red apron I was wearing, as she does not like the colour, so now I don't wear it and I go in and start dancing and she loves it. She often speaks about her family, so I learnt about their story and now it's something we have bonded over."
- Technology was used to support people to receive timely care and support. The service had a call bell system which enabled people to alert staff that they were needed. Furthermore, care plans were electronic, which enabled staff to access information on people's care quickly and effectively.
- Care plans had been developed for people. These care plans contained information to help staff support people in a personalised way. They contained details of what was important to people, how they liked to be cared for, their choices around what they enjoyed doing during the day and their preferences around clothes and personal grooming.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "I was asked to send in details of what [my relative] liked and disliked."
- We looked at people's care plans and saw that on the whole they contained relevant information to guide staff of how best to care for people. However, some care plans had not been regularly reviewed and contained information that was not accurate, or out of date.
- The management of the service were aware of this and had planned to start work on reviewing and updating people's care plans. At the time of our inspection, this work had not started. Up to date care plans enable staff to have an accurate picture of a person's care needs, for them to be able to provide personalised care. We have identified this as an area of practice that needs improvement.

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.

- Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs.
- People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood.

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; Improving care quality in response to complaints or concerns; End of life care and support

- People engaged with activities which included exercise, games and quizzes. There was also musical entertainment in the service. One person told us, "There are lots of activities. I love the singalong."
- The service had a complaints procedure which was given to people, relatives and next of kin. It was displayed for people's reference and was also available in an easy read format.
- At the time of our inspection one person using the service required end of life support. Staff understood this person's wishes and had received training on the best way to care for them. The provider had an end of life care planning policy and procedure in place and had experience of supporting people at the end of their life.
- The management of the service liaised with appropriate health and care professionals in respect to planning and caring for people at the end of their life.

Is the service well-led?

Our findings

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

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

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

- Quality assurance systems were in place and we saw a number of audits, checks and monitoring systems including, the environment, medicines, training and infection control. These systems had only been implemented in December 2021 and prior to this, the systems of governance and audit had not recognised or prevented people receiving unsafe care that did not meet their needs.
- We identified concerns in respect to risk assessments, the monitoring of accidents and incidents, people's access to healthcare, care planning, staff supervision and appraisal.
- Despite the current systems of audit put in place by the new management team being effective in recognising the issues we found, we were unable at this inspection to determine whether these systems could drive improvement over time.
- This is because many of the systems and processes put in place to improve the service have not yet been fully embedded and assessed to ensure they maintain continuous improvement. The service would need to demonstrate appropriate systems and processes and care delivery over a defined period of time, to ensure the sustainability of good care could be achieved for people.
- Records were not routinely accurate or up to date. For example, some people who had sustained pressure damage needed to be re-positioned every two hours as part of their assessed needs. Records we looked at contained gaps and omissions and we could not be assured that the required care had taken place.

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

- People and relatives spoke highly of the service. One person told us, "Everything is good. Anything I want, they see too." A relative added, "[My relative] is safe. Everything is covered." However, we identified concerns in relation to the culture, communication and involving people and staff in the running of the service.
- The service had a new management team who had commenced their roles in December 2021. They had recognised there were issues at the service in relation to care delivery, communication, documentation and meeting people's needs.
- The provider and staff were aware of the areas for development and improvement that were needed. They told us about the improvements that had taken place so far at the service. A member of staff told us, "At the moment we are working through a transition period. We are trying to assess what is wrong and implement what to put right. There needed to be a change of culture. We're still in the transition. It's difficult when you come from outside with new ideas and new things."

- We identified concerns in respect to communication between staff and managers. This lack of communication had resulted in people's changing car needs not being recognised and acted upon. A member of staff told us, "We know that communication needs to improve and we are actively changing the culture, putting in systems of communication and educating staff".
- We saw this was the case and daily meetings to share information about people living at the service between staff and management were now taking place.
- People were not routinely involved in the running of the service, and did not have regular opportunities to give feedback and make suggestions. One person told us, "I don't know the manager very well, but I would like to express my opinion more, but otherwise everything is good." A relative added, "Communication is not great. I don't hear from them about changes."
- The management of the service were aware of these issues and were in the process of scheduling residents and relatives meeting and carrying out reviews of care. However, at the time of our inspection these were not in place.
- Staff told us about the positive impact the new management team had on the service. One member of staff told us, "It was tiresome to start, but the new management is very good. They take consideration of the staff's need and have put on good training. They think of the residents of course, but also the wellbeing of the staff. We get support from the management, they are very good. They can be tough when it needs it. It's a good balance. They are not here to make us feel scared, but they want to impose change. They do it in a friendly way."
- These improvements were echoed by another member of staff who told us, "We now have regular team meetings. We have the huddle each day to share information. We work to always have the door open, to be helpful and transparent for staff. We want the staff to see us as approachable. It is a work in progress, it is slowly improving. It's been busy, we're fairly new and we're trying to do our best to implement as many positive things as possible."
- The provider had also developed an ongoing action plan, detailing what action would be taken to drive improvement and ensure quality and safety at the service. Progress of this action plan was monitored by the management of the service. The action plan was practical and appropriate, however the delivery of the plan would need to be monitored over time, to ensure that the improvements identified could be implemented and sustained.

The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. Systems of quality monitoring, governance and communication were not robust and records were not accurate. Improvements were required to the culture of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service liaised with organisations within the local community. For example, local charities, the Local Authority and the Clinical Commissioning Group to share information and to assist each other in investigating any concerns.

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

- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured they had effective systems and processes in place to assess risks to people's health, safety and wellbeing, and to analyse accidents and incidents over time to introduce preventative measures to keep people safe.</p> <p>The provider had not ensured they had effective systems and processes in place to recognise people's changing health and care needs and act on these in a timely manner to keep people safe.</p> <p>Regulation 12 (1)(2)(a)(b)(i) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. Systems of quality monitoring, governance and communication were not robust and records were not accurate.</p> <p>Regulation 17(1)(2)(a)(b)(c)(e) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

