

Leong E N T Limited

# Glyn Thomas House

## Inspection report

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18 January 2019

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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

The inspection took place on 17 and 18 January 2019, and was unannounced. This was the first inspection of this service under this provider.

Glyn Thomas House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Glyn Thomas House provides accommodation for up to 37 people who do not require nursing care. The service is located in Immingham.

There was a registered manager in place at the service. 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.

Relatives signed people's care records without having the legal authority to do so.

The service was not well-led. We found issues with infection control, health and safety, monitoring people's care records, the deployment of staff, maintaining accurate records and with the quality monitoring of the service by the management team. Policies and procedures also needed reviewing and implementing.

The service was not always safe or well-led. There was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11, need for consent and of Regulation 17, good governance. You can see what action we told the provider to take at the back of the full version of the report.

We found issues with infection prevention and control and monitoring the safety of the environment. Action was taken to address the issues found. However, further monitoring of the environment was required by the management team to ensure people's health and safety continued to be protected. Accidents and incidents were monitored and corrective action was taken to prevent their re-occurrence.

Staffing deployment was reviewed during the inspection. Laundry duties were re-allocated to domestic staff which allowed care staff more time to spend with people.

The environment required improving for people living with dementia. We have made a recommendation about this.

Records of staff supervision required reviewing and more supervisions and all the appraisals were planned to take place.

Some people's care records were not reviewed in a timely way. People with diabetes required care plans and risk assessments to be put in place. Guidance for staff about one medicine to be taken 'as required' was created during the inspection.

The provider's complaints policy and procedure was not displayed or known by people living at the service. However, we found complaints raised were acted upon.

Information was not always provided to people in a format that met their needs. Pictorial menus were being created to help people living with dementia understand what was available for them.

Staff understood how to protect people from potential abuse. Issues raised were acted upon.

Staff undertook training in a variety of subjects to maintain and develop their skills. People were supported to eat and drink, where necessary. People's dietary needs were monitored and corrective action was taken if there were concerns.

Information was shared with people and their relatives about what the service could provide. People made their own decisions about their care and support.

Staff were caring and kind and respected people's privacy and dignity. People's care needs and risks to their wellbeing were recorded. People lived the life they chose and staff gave people choices.

People living at the service and staff were asked for their views and feedback received was acted upon to maintain or improve the service.

This is the first time the service has been rated Requires Improvement.

Further information is in the detailed findings below.

## 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.

There were issues with maintaining effective infection control and a safe environment which were addressed during the inspection.

Medicines were ordered and recorded when taken. An 'as required' medicine protocol was implemented during the inspection.

Staffing deployment was reviewed during the inspection.

Safeguarding issues raised were investigated. Staff were aware of the action they must take to protect people from abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had an awareness of the Mental Capacity Act 2005. However, relatives had signed people's care records without having the legal authority to do so.

The environment provided required improvement to help to support the needs of people living with dementia.

Some staff supervisions and all the staff appraisals required undertaking. Dates for these were scheduled.

Staff undertook training to maintain and develop their skills.

People's dietary needs were met.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were treated with kindness, dignity and respect.

Pictorial menus were being created to help people living with dementia understand what was available for them.

**Good** ●

People's independence and choice was promoted.

Information was stored securely in line with current data protection legislation.

### **Is the service responsive?**

The service was not always responsive.

People's needs were monitored but some people's care records were not reviewed in a timely way. People with a certain medical condition required care plans and risk assessments to be put in place.

The provider's complaints policy and procedure was not displayed or known by people living at the service. Complaints raised were acted upon.

People were encouraged to take part in activities if they wished.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

We found issues with infection control, health and safety, medicine storage, monitoring people's care records, quality monitoring of the service and maintaining accurate records.

Policies and procedures needed reviewing and implementing.

People and their relations were asked for their views about the service, along with the staff.

**Requires Improvement** ●

# Glyn Thomas House

## 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 was planned to check whether the provider is 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.

This unannounced inspection took place on 17 and 18 of January 2019. The inspection was carried out by an adult social care inspector and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert had Experience of older people and dementia care. On the second day it was undertaken by one inspector and a compliance officer from the local authority attended in the afternoon.

We looked at information we held about the service, this included notifications sent to us since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service. We reviewed information from North East Lincolnshire County Council prior to our inspection. We also asked Healthwatch (a consumer healthcare champion) if they had any information to share with us about this service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The information we gathered was used to plan the inspection.

During the inspection we spoke with the registered manager, care manager, cook, activities co-ordinator and six staff. We undertook a tour of the service and we were introduced to people living there. We spoke with four people living at the service and with four visitors to gain their views. We observed the care and support provided to people in the communal areas of the service. We watched lunch being served in a dining room on the first day of our visit.

During the inspection we observed how staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the

experience of people using the service.

We looked at four people's care records and a selection of documentation related to the management and running of the service. This included quality assurance information, policies and procedures, the complaints file, fire, hot water and maintenance checks, audits, meeting minutes, five medicine administration charts and audits and records of maintenance carried out at the service. We also looked at recruitment information for three members of staff, staff training and supervision and appraisal records.

## Is the service safe?

### Our findings

We found issues with infection control and maintaining a safe environment. Commodes were made of wood and upholstered in fabric. We checked four at random and found the commode pans were unclean, the fabric upholstery was frayed or ripped. This meant they could not be effectively cleaned. We looked at the sluice where the commode pans were taken to be cleaned. There was a metal sluice sink provided for staff to use, water and fluids from the commode pans could have transferred onto the staff's clothes during the cleaning process. Discussion was held with the registered manager and provider about fitting a sluice disinfectant to help maintain effective infection control.

We looked at the hot water temperatures in areas accessible to people using the service. The hot water temperature at the hairdresser's sink had been recorded by staff on 2 January 2019 at 52.3 degrees centigrade. We discussed this with the registered manager who told us they had not been informed about this. They immediately contacted a plumber to fit a temperature regulating valve to help prevent the risk of people being scalded.

Topical medicines and one person's inhalers and denture cleaning tablets were not stored securely. We also found an electrical item which had not been tested to make sure it was safe to use. These issues were discussed with the registered manager who took immediate corrective action to address our concerns.

On the second day of our inspection, the registered manager provided us with evidence that confirmed 18 new commodes had been ordered and were being delivered as soon as possible. Lockable cupboards for people's bedrooms had been ordered so that topical creams, inhalers and other items could be stored securely. They were to be fitted as soon as they arrived. An electrician had attended the service to undertake portable appliance testing on electrical items that required this.

We looked at the staffing levels provided during our inspection. People told us staff were busy and only had time to spend with them whilst they were providing their personal care. We received the following comments. "Staff have to rush from one person to another" and "I wait approximately 10 minutes for staff, although it can be longer especially at night". We received the following comments from staff, "It can be stressful. The demands from residents, the buzzers can go off a lot and we cannot get to people, we need another pair of hands. We do laundry tasks which pull us away from care" and "If we did not have to do laundry we would have more time for care." We discussed this feedback with the registered manager who re-allocated laundry duties to domestic staff to ensure care staff had more time to spend with people.

Staff undertook training about how to safeguard people from abuse. The provider had policies and procedures in place to guide staff about the actions they must take to protect people. Staff told us they would report issues. A member of staff told us, "I would report abuse to the manager immediately."

Risk assessments were in place for risks to people's wellbeing. For example, the risk of falls, developing skin damage due to immobility, choking or poor food and fluid intake. We saw people were encouraged by staff to be as independent as possible even if there were risks present.



Information about accidents and incidents was collated and the registered manager looked for patterns and trends. We saw they asked for advice from relevant health care professionals to prevent issues from re-occurring.

We looked at how people's medicines were ordered, administered and returned. We observed a member of staff undertaking part of a medicine round at lunch time, they appeared competent and stayed with people until their medicine was taken. We saw some people had medicine prescribed to take 'as required' (PRN). We found one person required an 'as required' medicine protocol to be put in place regarding the use of Lorazepam. This was implemented during the inspection to help advise staff when this medicine should be given and what action they should take if it was not effective.

There was a business continuity plan which informed staff about the action they must take in the event of a power failure, fire or flood. Maintenance and service contracts were in place and the handyman undertook repairs within their capabilities.

Staff were recruited safely and employment checks were carried out before they started work at the service. Potential staff completed an application form, provided references, had an interview and a Disclosure and Barring Service (DBS) check was undertaken. (DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands). DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people. Interview questions for staff were under review to ensure they were specific to different roles at the service.

## Is the service effective?

### Our findings

We found all of the people's care records that we looked at had been signed by their relatives. We discussed this with the registered manager to make sure relatives signing people's care records held a power of attorney for health and welfare (legal authority) to allow them to act on the person's behalf. The registered manager confirmed the relatives did not have power of attorney for health and welfare in place. This meant that the service had failed to gain consent for the care and support that was being delivered.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11, need for consent.

We discussed this with the registered manager who told us relatives liked to be involved and they had been allowed to sign their relation's care records, when they did not have the legal authority to do so. This was confusing for staff and this practice did not uphold people's rights.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager informed us one person had a DoLS application granted and 11 were pending. A member of staff said, "We give people choices and act on what they say." Staff gained people's consent to provide care and support and they told us they followed the guidance recorded in people's care records where people lacked the capacity to give their consent.

Some areas of the environment had recently been enhanced and re-decorated. For example, there was a new hairdressing and laundry area. However, we found some parts of the environment required improvement to support the needs of people living with dementia. On the ground floor some people's bedroom doors were painted different colours which assisted people living with dementia to define the door to their bedroom. Upstairs bedroom doors were all the same colour, some were numbered and a few had a picture present to help people find their room. One toilet door upstairs had a shower sign present, there was no shower present. There were no pictures displayed to help people reminisce. We discussed this with the registered manager. A variety of dementia friendly pictorial signage had been bought but were not displayed. We received an action plan following our inspection which informed us the pictorial signage had been erected.

We recommend the provider follows current good practice guidance about dementia friendly environments.

Since the provider had acquired the service staff supervision had not been undertaken for the majority of staff, including the registered manager. However we found some staff had taken part in formal or welfare meetings where their performance and training needs had been discussed. These meetings were recorded. The registered manager told us the document used for these meetings and appraisals was being changed to help show a full supervision had taken place. Appraisals had not been undertaken but were scheduled to take place. Following the inspection we received an action plan which informed us supervision for all staff would be completed by the end of January 2019 and further dates throughout the year had been diarised.

We looked at staff training information. There were multiple spread sheets where training undertaken had been recorded. Staff we spoke with confirmed they had completed training relevant to their role, such as safeguarding, fire safety, dementia care and health and safety training. A member of staff told us, "There is plenty of training on offer."

New staff had to complete a period of induction which included training and working alongside more experienced staff. The care certificate (a nationally recognised training package to develop caring skills) was provided to develop their skills. A member of staff told us, "My induction was helpful and I learnt a lot."

People's dietary needs were recorded and this information was known by the cook and staff. We observed lunch, the food served looked appetizing and nutritious. We saw beakers were used to help people maintain their independence with drinking. Coloured plates were not used, which may have helped people living with dementia to define their food on their plate. The cook confirmed special diets were provided, such as fortified meals for people losing weight. Staff monitored people's dietary needs. Staff were patient and attentive when supporting people who required assistance with eating and drinking. Concerns about people's nutrition were reported to relevant health care professionals so corrective action could take place. People told us the meals provided were good. One person told us, "The food is good, it is lovely. we get a choice the day before when I am asked what I want".

Support from relevant health care professionals was in place to help maintain people's wellbeing. Health care professionals visited the service or people were escorted to attend appointments. Those taken to hospital were sent with a summary of vital information to ensure people's needs could be met.

In the communal areas of the service we saw staff supported people in the least restrictive way. People remained as independent as possible, even if there were risks to this. For example, if people were unsteady on their feet staff walked by their side to assist them to promote their independence. Staff offered assistance without restricting people's freedom of choice.

People's cultural needs were recorded in their care records. Local clergy visited the service on a regular basis to provide spiritual comfort and support to people.

## Is the service caring?

### Our findings

People told us they were cared for and their privacy was respected. We received the following comments, "The staff are good. They encourage me to do things myself" and "Oh yes, when the staff wash me they cover me up, and respect me fully."

Relatives and visitors told us the staff were caring and kind. One said, "The staff are really caring." Another said, "It is a lovely place, I cannot fault them [the staff]."

During our inspection we observed people were cared for. Staff spoke to people with kindness and friendly banter occurred between both parties. People told us they were treated with dignity and respect and staff understood their preferences for their care and support. Care and support was provided to people in their bedrooms or in bathrooms with the doors closed. The service had a dignity screen that could be used in communal areas, if necessary. A Dignity Champion was in place to promote this value in the service.

Leaflets and posters were displayed on information boards. Information included activities to be provided and the food menus. The registered manager told us a pictorial menu was about to be created. This was to help people understand the choices of food and drinks available to them. Information about advocacy services was provided so people could gain assistance to raise their views if necessary.

We observed staff knelt or bent down to gain good eye contact when speaking with people, especially those living with dementia. Staff repeated or re-phrased questions or information to help people understand what was being said, waited for their response and acted upon what was said.

During the inspection, we observed if people became anxious staff attended to them to reassure them. Staff used appropriate gentle touch to calm people's anxiety. Staff also encouraged people to maintain their independence and choice.

Staff we spoke with were knowledgeable about people's family lives and work history which helped them engage with people. Staff told us they spoke with people about their life because it helped them create a meaningful relationship with them.

Staff told us they enjoyed caring for the people living at the service and they confirmed they treated people as individuals. Staff covered each other's absence and annual leave to provide continuity of care. A member of staff said, "We cover each other's leave so people are cared for by staff who know their needs."

We saw visitors were made welcome and there were no restrictions on visiting times. People were encouraged to go out with their family and friends and they were supported by staff, if necessary.

The provider had a policy in place for promoting people's equality and diversity. Discussions with staff confirmed they understood how this related to their work.

People's care records were held securely. Computers were password protected and documents were stored in lockable filing cabinets in locked offices. There was a confidentiality policy in place for staff to follow. This helped to maintain data protection.

## Is the service responsive?

### Our findings

People's care records were person-centred. However, we found three people's care records had not been reviewed since 31 October 2018 or 23 November 2018. A list of staff allocated to undertake these reviews had not been up dated when staff had left. This was addressed by the registered manager. Staff immediately reviewed these people's care records and informed us they remained an accurate reflection of their needs. On the second day of the inspection the registered manager informed us everyone's care records had been audited and reviewed.

People with a certain medical condition living at the service had no care plan's or risk assessment's about this condition. Care plans and risk assessments are needed to inform staff how to maintain people's wellbeing. They should include information about the signs and symptoms staff must be aware of if people's blood sugar levels became too high or low and the action staff must take. We discussed this with the registered manger. This information was put in place for everyone with this condition during the inspection.

The providers policy complaints policy was not displayed and this information was not known by people living at the service. This was addressed during the inspection. The registered provider's policy was displayed and this information was to be shared with people at the next resident and relatives meeting. We asked people living at the service if they would feel able to make a complaint if they wished. One person said, "I have no idea about the complaints procedure, but if I had to I would speak to the manager or staff." We looked at the complaints that had been received and found they were investigated and responded to. Complaints received were shared with the higher management team so this information could be used to maintain or improve the service.

People told us staff would get help and advice from relevant health care professionals to help to maintain their wellbeing. One person told us, "Staff took me in a wheelchair to GP's." Another person said, "The staff get the doctor or nurse for me." Relatives told us they were kept informed of people's changing health needs. One relative said, "Staff always ring me with any change and call the doctor if they need to."

A visiting health care professional told us the staff were responsive. They said, "The staff are very responsive and provide person-centred care and support. They are on the ball and they ring if they have concerns."

Prior to their admission to the service people had an assessment of their needs undertaken. People or their relatives could ask questions and gain information about what could be provided for them. information about people's health and wellbeing was sought from relevant health care professionals, the local authority and from discharging hospitals. This information was used by staff to create care plans and risk assessments for people once they were admitted.

People's care records stated their needs, preferences, likes and dislikes regarding their care and support. This helped to guide staff about how people needed to be supported in areas such as their nutrition, skin care and mobility. People's care records included information about their next of kin, past medical history, current care needs, risks present and about areas of independence to help staff meet people's needs.

Risks to people's wellbeing such as, weight loss, falls or choking were recorded. Relevant health care professional was involved in monitoring these risks to protect people's wellbeing. When people required specific equipment to help to maintain their health, this was provided. For example, pressure relieving cushions, mattresses to prevent skin damage and hoists to transfer people safely were in place.

People had opportunities to be involved in social activities that interested them. An activities co-ordinator worked at the service part time and activities were provided four days per week. We saw people taking part in a sing-along on the second day of the inspection. We received the following comments from people, "I like the knitting on a Tuesday morning when we have it", "At Christmas they had a big party and carols, it was a fantastic place to be" and, "We had a Royal Wedding event, Christmas was good, also Halloween. We had a Summer Fayre and they invite us to these events." A hairdresser also attended the service for people's convenience. The registered manager confirmed there were links with the local community and some outings occurred, for example to Cleethorpes and Brigg Garden Centre. The provider was looking to provide a mini bus so that more outings could take place.

End of life care was provided. People's wishes for their care and support at the end of their life was asked for, so their preferences and wishes could be followed by staff. Relevant health care professionals helped to support people so they could remain comfortable and have a dignified and pain free death at the service.

One visitor we spoke with was full of praise for how they have been treated by the staff whilst their relation was receiving end of life care. A recliner chair has been put in the room and a room was offered should they need to take a break. They told us they and their loved one could not have been treated any better at this difficult time.

# Is the service well-led?

## Our findings

During the inspection, we found issues with the environment and infection control at the service. These issues had not been found or addressed by the management team or staff prior to our inspection. We found there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 11, need for consent.

We looked at the quality monitoring checks and audits undertaken at the service. The registered manager had no evidence to show us to confirm audits of people's care records took place. We found some people's care records had not been reviewed in a timely way. The provider had audit forms in place to assist staff to monitor people's care records. However, they had been completed by the management team at the service. People with diabetes had no risk assessment of care plans in place to inform staff about the action they must take if people were displaying signs and symptoms of a high or low blood sugar level. These records were created during the inspection and this demonstrated a lack of monitoring of the service.

Effective monitoring of the homes environment, infection control, and hot water temperatures were not in place. The registered manager told us they walked round the service daily to monitor the environment however there was no documentary evidence records to confirm this. The issues we found with the environment could have been found if appropriate checks were undertaken. The community matron had undertaken an infection control audit in July 2018. The management team had taken some corrective action following this. However, they had not undertaken their own infection control audit which may have helped them identify the issues we found during our inspection. Hot water temperature checks undertaken had not been monitored by the registered manager which meant an elevated water temperature had not been addressed in a timely way. This demonstrated the monitoring of the service required improving.

Fire safety records were not up to date. The last recorded weekly fire alarm test and fire door check was dated 29 November 2019. Monthly checks on the fire extinguishers had also not been undertaken since this date. An outside contractor had serviced all the fire equipment and no faults had been found on 29 November 2018. The registered manager told us they had carried out all weekly and monthly fire checks that were required, However, there was no documented evidence to support this. The last fire drill at the service took place on 29 October 2018. The records stated it occurred at 11.15am and took three minutes. The names of staff who took part were not recorded. This level of recording did not inform the registered manager about staff would still need to undertake a fire drill.

Fire safety checks on the alarm system, lighting and extinguishers had not been recorded as being undertaken weekly or monthly in line with the providers documentation.

People with diabetes did not have risk assessments in place for the risk of high or low blood sugars. Which meant staff may not know how to manage this risk. These were created for three people during the inspection.

The environment at the service had been enhanced in some areas by the provider. However, good practice



guidance about dementia friendly environments needed implementing to assist people living with dementia.

People's care records had been signed by people's relatives, some of whom did not have power of attorney for health and wellbeing in place. This was misleading for staff.

We found some policies and procedures in place were the previous provider. Some new policies for the new provider were in place. Policies were not dated and had not been reviewed to make sure they were reflective of the service. We discussed this with the registered manager who told us they and the provider was aware of this. The day after the inspection we received a phone call from the provider's business manager, who informed us new policies had been purchased from a company and they were now being implemented to make sure they reflect the service and provider's needs. This action should have taken place in a more timely way to ensure staff had the relevant guidance that reflected current best practice guidance.

The lack of effective quality monitoring of the service meant that there was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17, good governance.

The provider and business manager attended the service to help support the registered manager and staff on a regular basis. However we were not provided with evidence about the quality assurance checks they undertook.

Resident and relative meetings took place. Minutes of the last meeting showed areas discussed included the menus, activities and events people wished to have provided for them.

The provider held a registered manager network meeting. Areas discussed included the management of the providers services, good practice ideas and discussion was held about the Care Quality Commission inspection process.

General staff meetings were held. Staff rotas, staffing levels and training was discussed at the last meeting.

The registered manager had an 'open door' policy in place. People living at the service, their relatives, visitors or staff could speak with them at any time. Staff we spoke with told us they would like to see the registered manager and deputy spend more time out of the office. This feedback was shared with the management team during the inspection.

Surveys had been sent to people to ask for their views about the food provided. A yearly general survey was about to be sent to people living at the service and to their and their relatives to gain their wider views about the quality of the service provided.

Notification of events that occurred at the service were sent into the Care Quality Commission (CQC) as required by law.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had failed to ensure care and treatment of service users was provided with the consent of relevant person's in accordance with the Mental Capacity Act 2005.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service and failed to assess monitor and mitigate the risk relating to health, safety and welfare of service users.