Community Integrated Care

Festing Grove

Inspection report

47 Festing Grove
Southsea
Hampshire
PO4 9QB

Tel: 02392832427
Website: www.c-i-c.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Festing Grove is a residential care home providing personal care to four people at the time of the inspection. The service is registered to provide support for up to four people.

People's experience of using this service and what we found
Right Support
The service did not always check and maintain the premises and equipment to ensure people were safe. Most people benefited from engagement with community services such as an external day support centre. However, it was not always evident how people were supported to take part in activities and pursue their interests within the home. The service was in a residential area and people had access to the local community. People's rooms were personalised with their own belongings and to reflect their interests.
Right Care
Staff did not always respond to concerns in a timely way to ensure people were safe and protected from poor care and abuse. Not all people had up to date and accurate care and support plans to reflect their range of needs and their wellbeing. Three people's relatives who maintained regular contact with people in the service, told us they believed their relative was, 'happy and well cared for' and were confident their relatives would tell them if they were not.
Right culture
There was a lack of consistency in the on-site management and leadership of the service. The lack of oversight and culture of the service did not always support the delivery of high quality or safe care. Staff were not always clear about their roles and responsibilities and did not have adequate on-site leadership support to ensure risks and quality were managed effectively.

We found risks to people from the management of medicines, infection control and finances. Not all risks to people's health and wellbeing had been assessed or were safely managed. Staff did not always receive a robust induction into the safe operation of the premises or incident management. We have made a recommendation about this.

Staff were safely recruited, and relatives told us those staff they had spoken with were kind and compassionate. People told us they thought staff were kind and two people told us they were happy at the service. Other people living at the service told us about issues which had been raised with the registered manager.

During and following the inspection the provider took action to address the concerns we found and improve the service. The registered manager is now consistently on site at the service to support staff and drive improvements to the quality and safety of the service.

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

Rating at last inspection
The last rating for this service was good (published 14 November 2019).

Why we inspected
This inspection was prompted in part due to concerns about infection control following a site visit on 27 January 2022. As a result of concerns, we found during that visit, we undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe 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.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to safeguarding, safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report. We will continue to monitor the service and will take further action if needed.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Festing Grove

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
One inspector carried out the inspection

Service and service type
Festing Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Festing grove is a care home without nursing care. 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
We gave a short period notice of the site visit on 27 January 2022. On the 9 February the inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and five support workers. We contacted the local fire service and a fire safety inspecting officer visited the service and met with us and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the regional manager and one professional who visits the service. We made a referral to the local authority safeguarding team.

Requires Improvement

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they did not all feel safe at the service. A person told us they were, "Not happy" at the service because a staff member shouted at them. In addition, people were exposed to avoidable harm. A person told a staff member about an incident where they alleged, abusive behaviour by a staff member. There had been a delay in the reporting of this allegation, which meant the person could have been at risk of continued harm.
- Although staff we spoke with knew how to recognise and report abuse, we were not assured all staff would take prompt action to report allegations for investigation.
- The provider had systems were in place to safeguard people's finances when they required support from staff. However, these processes, were not always followed by staff or the registered manager. For example, not all transactions were signed and witnessed by two staff members and a monthly managers audit was not carried out. Although, we found no evidence that people's finances had been mismanaged, we could not be assured that robust processes were in place to support people to safely manage their money.
- 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 Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). A DoLS authorisation application had not been made for a person since October 2021 when their previous authorisation had expired. This meant they were unlawfully deprived of their liberty. We discussed this with the registered manager, who acted to re-apply for the DoLS authorisation.

The systems to prevent the abuse of service users were not always effectively operated. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider took prompt action to address the safeguarding concerns found so that people were safe.
- Two people told us they were, "Happy" at the service and that staff were, "Kind." Three people's relatives told us they felt people were safely cared for and people would tell them if they were not.

Assessing risk, safety monitoring and management

- People's care records were not always up to date in order to provide guidance to staff on the support they needed and risks to people had not always been assessed. For example, one person had developed a

pressure sore however, there was no risk assessment or guidance in their care plan to show how their wound should be managed. The person had received medical support from an external health professional and told us, "It's better now," However, the risk of them developing further pressure sores had not been assessed. In addition, a staff member told us about this person experiencing a recent fall. There was no falls risk assessment in their support plan and no evidence their mobility needs had been reviewed following this fall.

● Another person who could have behaviour that placed themselves and others at risk, had been involved in an incident causing harm to another person. Their behaviour support plan and risk assessment had not been reviewed since this incident. Although, during the inspection the provider acted to review this person's support needs, we could not be assured that risks to people were recognised or assessed. This is important so that staff have the information needed to safely meet people's needs.

● One person had a risk assessment for contact with their family during COVID-19 pandemic, however some measures such as a visiting specific risk assessment to reduce the risk, were not followed. Individual risks to people from developing serious health complications if they contracted COVID-19 had not been assessed.

● Staff we spoke with were aware of people's risks, but told us they were not aware of risk assessments and were concerned not all staff responded to people needs consistently.

The failure to assess risks to the health and safety of people receiving care and treatment was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following our inspection, the provider has acted to improve risk management and increase management presence in the service, so staff could be supported to follow plans to mitigate and respond to risks.

● A relative told us they had confidence in the management of risks to people in the service. On a recent visit they observed, "Even when they were making a cup of tea the kettle was safe." Other relatives had not recently visited people in the home due to the COVID-19 pandemic.

Risks relating to the premises and equipment were not always safely managed

● Actions identified from fire risk assessment carried out in November 2021, had not been completed within the recommended timescale for the identified risk level. Other fire safety checks had not been completed recently or regularly. This included fire door tests, fire alarm system tests, emergency lighting and fire extinguisher checks. Due to the immediate concerns found during the inspection, we asked a Fire Safety Officer to visit the home. They have subsequently issued both the provider and housing landlord with a schedule of fire safety improvements to complete within a set timescale.

● Three recently recruited staff told us they had not received on-site fire safety training or participated in a fire drill since joining the service. A staff member said, "I have never been told what to do if there is a fire here or had a fire drill." Most staff had completed online fire safety training, but five out of fifteen staff had not completed their annual update training.

● People had PEEPs (Personal Emergency Evacuation Plans) in place. However, some of the PEEPS had not been reviewed and lacked detail. The fire safety officer has made a recommendation about this.

● Health and safety checks had not been routinely completed. The provider's policy stated these should be completed weekly, but they had not been completed since June 2021, apart from twice in November 2021. This meant the provider could not be assured of the safety of their premises.

The failure to ensure the safety of the premises and equipment was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, the provider took action to make improvements in the management of health

and safety in the service. They have assured us action will be taken to promptly remedy fire risks in the service.

Using medicines safely

● People's medicines were not always safely managed.

● Records to support the safe administration of people's medicines were not always completed. This included the Medicines Administration Records (MAR's) and the records of medicines held in the service. This meant we could not be assured people had always received their medicines as prescribed.

● When people are prescribed a medicine to be taken 'as required' such as pain relief or medicines to help people manage anxieties, a protocol should be in place to guide staff as to the safe use of these medicines. For one person prescribed both pain relief and medicines to manage anxiety, we found there were no protocols in place. Not all staff who administered medicines to people were aware protocols should be in place to support safe medicines administration.

● The temperature of the storage of medicines was not consistently checked to monitor their storage remained safe and at the required temperature for the medicine.

● Staff were responsible for supporting a person with a medical procedure to inject a prescribed medicine. This is a non-routine task for which staff need to be appropriately trained and assessed as competent to carry out safely. We did not find the person had experienced any harm from staff administering this medicine. However, some staff we spoke with did not feel confident about this task and none of the staff had received a competency check. Not all staff were able to use related equipment and not all staff understood the processes associated with the management of this person's condition. Monitoring records were not always completed. This meant we could not be assured staff had received appropriate training or support to carry out this task safely.

The failure to ensure the safe and proper management of people's medicines was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Following the inspection, we spoke to a specialist community nurse who operates in an advisory capacity for a person's care. They told us they would review the management of this person's medicines with their community nurse and introduce a competency assessment for staff. We discussed these concerns with the provider who immediately acted to improve the management of this person's medicines.

● Furthermore, the provider acted to make improvements in the management of all people's medicines.

Preventing and controlling infection

● The service did not always use effective infection, prevention and control measures to keep people safe.

● We were not assured the service prevented visitors from catching and spreading infections. Safe processes to screen visitors for infections prior to them entering the home, were not routinely carried out at the service. The service did not always follow government guidance on COVID-19 visitor vaccination requirements. Records of external professionals' visitors were not always completed to show staff had checked their vaccination status. We visited the home on four occasions. However, staff only once asked us for proof of our vaccination status and the result of our same day COVID-19 test result, prior to us prompting staff to do so. This meant we could not be assured the provider was following government guidelines on COVID-19 to keep people safe.

● Relatives we spoke with had not visited people in the home until recently. However, some people were going out on visits into the community. Risk assessments for these visits had not been completed to reduce the risks to those people and others within the home on their return.

● We were not assured the service had supported visits for people living in the home in line with current guidance. The registered manager told us people's relatives had decided not to visit in the home during the

pandemic. Relatives told us they 'had no complaints' about visiting restrictions. However, the registered manager and relatives were not aware of the 'essential caregiver status' which enables essential care givers to visit inside the care home even during periods of isolation and outbreak, providing the essential care giver does not have COVID-19. This option had not been explored.

● We were not assured the providers Infection Prevention and Control policy was implemented effectively. Audit process were not effective and had not identified the concerns we found so that improvements could be made. There was no Infection Control lead identified in the service.

● We were somewhat assured the service tested for COVID-19 infection in people and staff. The system in place to ensure staff compliance with the testing programme was not always effective. Staff were required to send confirmation of their COVID-19 test to the registered manager. However, when we looked at the records of two staff, one had not submitted confirmation as required and this had not been identified in a timely way.

● We were somewhat assured the service promoted safety through the layout of the premises and staff's hygiene practices. The service appeared clean; however, cleaning schedules were not used by staff to show either the frequency of cleaning or that robust cleaning was carried out as scheduled.

● There was dirty laundry of the floor of the laundry room which was an infection risk to people. Furthermore, staff told us people's laundry was 'mixed' rather than separately washed and people's toiletries were in shared bathrooms and not in their own rooms.

The failure to effectively assess, mitigate and take action to prevent and control the spread of infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● All relevant staff had completed or were booked for food hygiene training.

● The service admitting people safely to the service.

● Staff used personal protective equipment (PPE) effectively and safely.

● The service's infection prevention and control policy included a link to refer staff to guidance about COVID-19 and updates were available in the service for staff guidance.

Staffing and recruitment

● People were supported by enough staff to meet their assessed needs. Staff told us there were usually the right number of staff on each shift and rotas confirmed this.

● Staff recruitment promoted safety. However, some new staff did not feel they had always received an adequate induction. One staff member said, "No [I did not have an] induction. On my first day I worked straight away, even though I was struggling to understand the residents [people]. [There was] No [information about] fire escapes or reporting incidents." The provider did not have an induction checklist to confirm what new staff had been shown, so this could not be confirmed. We were not assured staff received a robust induction into the safety procedures with the service.

● Three care plans we reviewed contained a clear one-page profile with essential information about the person's needs to support new or temporary staff to see quickly how best to support them. However, one person's records had not been completed and the information available to staff was limited. This meant staff would not have this information if they needed to rely on it.

We recommend the provider consider current guidance on induction planning and take action to update their practice accordingly.

Learning lessons when things go wrong

● Incidents and accidents were not always managed safely. Staff did not always recognise incidents and report them appropriately. For example, we found some medication errors and a health concern reported to

the NHS 111 service, had not been reported via the providers event tracker, in line with the provider's processes. This meant the registered manager may not have been aware of incidents that had happened and therefore, were not investigated. This is important to reduce the likelihood of them happening again and ensure information is shared with the staff.

● Following an incident which resulted in a person sustaining an injury, we were advised the provider had reviewed the person's support plan, risk assessment and discussed this with all staff at a staff meeting. However, records did not evidence this had occurred.

● The service did not always share information about incidents which affected people's health and wellbeing with their relatives. One relative commented they weren't made aware of a change in a person's medication management, for which they were also responsible for when their relative visited them. A relative said, "When I have asked for information, they [staff] say, 'Oh I don't know I haven't heard anything. I thought it all had to be written down, no one seems to know anything. That's their main failing."

● Following the inspection, the provider held a meeting with staff to discuss the importance of incident reporting and the registered manager offered support to ensure staff were able to use the event tracker.

● However, a recent complaint had been used to support positive outcomes for a person. Following a complaint about one person's behaviour by another person, they had been supported to have more engagement out of the service which had reduced incidents of conflict between them.

Requires Improvement

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

- The registered manager was responsible for the management of four of the provider's services. This meant they were not consistently present in the service to oversee safe care for people. They said, "There were weeks when I have been here for a week, or otherwise at least once a week." They described to us they did not always have enough time, but they were trying to catch up with the, "Day to day" tasks. In their absence there was no designated leader in the service and some staff told us in the absence of the registered manager, responsibilities and accountability arrangements were not clear.
- Some staff had been given designated tasks such as auditing medicines or finances. However, when they were not working, other staff were not delegated these tasks, or did not know how to complete them, so these were not consistently completed.
- A daily shift planner was in place, to identify any actions that were needed each day. However, this was not always completed to show responsibilities had been allocated or completed. For example, one person had recently missed a health appointment and a staff member said, "No one checked the diary."
- There were several staff who had not received supervision within the past three months as per the provider's policy. Supervision is a process which supports staff development and enables the supervisor to monitor staff performance in fulfilling the requirements of their role. This meant we were not assured staff were receiving the support and guidance they required to deliver safe and effective care.
- Systems for identifying, capturing and managing organisational risks and issues were ineffective. As described in the safe domain, we found shortfalls in the monitoring of medicines, infection control, finances, health and safety and fire risks. Where risks and issues had been identified, such as inaccurate recording of medicines, these had not been effectively addressed and continued to occur, which placed people at risk of harm.
- The provider had carried out quality audits at the service, however they had failed to take action where they had identified shortfalls. For example, the provider had completed an audit in September 2021 which had identified issues with fire checks, health and safety checks, incomplete support plans and finances and medications. A further 'light touch audit' was carried out in November 2021 and found the service was 'significantly below standard'. We found no evidence to demonstrate the provider had taken prompt action to address the concerns identified. Furthermore, a themed medication audit was carried out by the provider in January 2021, which had found the service met the required standard. However, our findings were the management of medicines required improvement and this appears to have deteriorated since the providers

audit. ● The provider had a continuous improvement plan, which included actions from the above audit findings. Some actions had been completed and others remained in progress or had not been reviewed for completion by the target date. Whilst the provider had identified risks to the service the management of risks had not been achieved in a timely way. This meant we could not be assured the provider took prompt action to improve the safety and quality of the service, where concerns were found.

The failure to effectively assess, monitor, make improvements and mitigate risks to the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The culture of the service did not fully reflect the principles of our Right Support, Right Care, Right Culture guidance. Not everyone living at the service felt safe and when they had voiced their concerns to staff, these had not been acted on promptly. Not all health and safety issues were checked consistently or remedied promptly.

● Staff we spoke with described a lack of visible leadership in the service. Some staff were reluctant to challenge unsafe on inappropriate behaviour because they did not feel adequately supported or empowered. Staff described poor relationships with each other, a staff member said, "Here I feel [there is]no teamwork. People [staff] don't help each other, like cleaning if I am working [staff member] will be sitting using their phone, I'm doing all the work and I don't want to be the one asking them."

● There was a lack of remedial action by the registered manager or provider, in relation to staff competency. For example, repeated medication errors were not addressed with individual staff members.

● Systems used to record how people spent their time, provided very limited evidence to demonstrate they were meaningfully engaged in activities and interests. Whilst three people regularly attended a day centre which provided activities, one person was mostly in the home every day without evidence of meaningful support. For example, in the period from 30/1/22 – 14/02/22, there were only eight entries in the person's care record to describe how they were supported with an activity. There was a lack of detail in this person's support plan to describe how they liked to spend their time, what was important to them and their aspirational outcomes. Two staff told us they thought people would benefit from more activities in the home but said there was a lack of resources. One staff member said they had raised this and made suggestions, including sensory equipment to help calm a person, but no action had yet been taken. This meant we could not be assured people had person-centred support to pursue their interests and hobbies.

● It was not clear how the staff team had been supported to develop a culture where they can operate effectively without consistent on-site leadership. There has been a deterioration in the quality of this service which presented risks to the people supported. Following the inspection, the provider has enabled the registered manager to be on site full time at the service. In addition, the service has been placed in the provider's 'enhanced support framework.' This means there will be enhanced involvement from the provider's support services. There will be weekly internal senior management meetings to review and update the continuous improvement action plan.

● Minutes of a recent staff meeting show staff were engaged in discussion about improvements and roles and responsibilities were clarified.

● Staff we spoke with showed care and compassion for the people they supported. They spoke fondly and with knowledge about people. A new staff member commented, "Staff have been lovely and handle situations well (with 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

● The registered manager was not fully aware of the duty of candour.
● There had been a notifiable incident at the service and the relevant persons had been informed in an open and transparent way. However, the incident had not been recognised as one to which the Duty of Candour applied. The registered manager told us they will improve their knowledge of this regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There was limited evidence that people, and those important to them, were engaged with the registered manager and staff to develop and improve the service. There were no meetings provided for people to express their views, although the registered manager said all people living there would be, "Able and are verbal." The registered manager told us that monthly keyworker meetings should be taking place but were not and would be put in place.
● A national survey had been sent by the provider to all families of people using their services. However, there had been no returns from the families of people supported in Festing Grove. We spoke with the family members of three people and they told us they had not been contacted by the service to ask for feedback. One relative told us they had not met or heard from the current registered manager. Relatives did not always think the service communicated information well. Although relatives understood and acknowledged the challenges of the pandemic over the past two years, they reported little in the way of updates and communication about developments in the service.
● Team meetings had been held in October 2021 and January 2022. Minutes showed the registered manager had reminded staff of responsibilities. There were no feedback points or suggestions from staff recorded. Not all staff attended these meetings or signed the minutes as read. Following our inspection. A team meeting was held, and the minutes shared with us which reflected more involvement, interaction and feedback from staff. In addition, three people who used the service attended the meeting with one chairing.

Working in partnership with others
● The service worked in partnership with other health and social care organisations, which helped people using the service improve their wellbeing. This included day centre, diabetes nurses, social workers and healthcare professionals.

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 How the regulation was not being met: Risks to the health and safety of people receiving care and treatment were not always assessed and mitigated. This included risks associated with premises and equipment. The safe and proper management of medicines, the prevention, detection and control of the spread of infections Regulation 12 (1)(2)(a)(b)(d)(e)(f)(g)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: The systems to prevent the abuse of service users were not always effectively operated. Regulation 13(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: There was a failure to effectively assess, monitor, make improvements and mitigate risks to the quality and safety of the service. Regulation 17 (1)(2)(a)(b)