

Debra Susan Boughen

Prospect House Care Home

Inspection report

Gate Helmsley
York
North Yorkshire
YO41 1JS

Tel: 01759373796

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Prospect House Care Home on 22 March and 13 April 2017. The inspection was unannounced on day one. We told the provider we would be visiting on day two. The service was last inspected in October 2015 and met the regulations inspected at that time.

Prospect House Care Home is a large property which has been extended and renovated to accommodate up to 12 people. The service is accommodation for older people who require personal care and is close to the village amenities.

The home had a registered manager in place who was also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider did not have robust systems in place to ensure all hazards were known and to reduce the likelihood of harm occurring. For example; fire doors were locked creating a barrier to people exiting swiftly. This meant the quality and safety of the service could not be assured. The registered provider did respond to points that were raised on day one of the inspection to improve safety.

Staff knew people's preferences and how to support people in a safe way. Care plans did not contain a thorough assessment of people's needs or detailed risk assessments to ensure staff had all the information they required to support people safely in the way they preferred.

The registered provider responded to our feedback on day one and had started to implement better systems when we visited on day two of the inspection. There was also an on-going improvement plan in place following the inspection, which the registered provider had kept us up to date with.

Staff told us they felt supported by the registered provider and that the training they had received had made them feel confident to fulfil their role. We saw in the records we checked that staff had received an annual appraisal to help them understand their performance and plan their development. Systems to evidence individual staff support through supervision were required. We recommend that the registered provider implement systems to evidence individual staff supervision. Following the inspection the registered provider gave us information to confirm staff had received training.

On day one of the inspection medicines systems did not include all areas of good practice. By day two the system had been changed and we felt it was safe overall. We made a recommendation that the registered provider continued to review their policy and practice to incorporate all best practice guidance.

There were systems and processes in place to protect people from the risk of abuse. Staff were able to tell us

about different types of abuse and were aware of action they should take if abuse was suspected.

People told us there were enough staff on duty to meet people's needs and we observed this was the case. We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive and patient and observation of the staff showed they knew people very well and could anticipate their needs. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks which helped to ensure their nutritional needs were met. People were supported to maintain good health and had access to healthcare professionals and services.

People's independence was encouraged and their hobbies and leisure interests were supported well. We saw there was a plentiful range of activities available and people who used the service told us they enjoyed them.

The registered provider had an effective system in place for responding to people's concerns and complaints. People were regularly asked for their views. People said they would talk to the registered provider or staff if they were unhappy or had any concerns.

Breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were found during this inspection, in relation to the safe care and treatment and governance systems in place. You can see what action we told the provider to take at the end of this report.

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.

Systems to identify and manage hazards in the environment and in relation to people's support were not robust enough. This meant people were at risk of harm.

The arrangements in place to ensure people received medicines were safe but we made a recommendation that the registered provider reviewed their policy to ensure all good practice was incorporated and implemented.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained. We saw records of candidate interviews were not kept, however all other records relating to the safe recruitment of staff were in place.

Is the service effective?

Good 

The service was effective.

Staff told us they received training and support from their registered provider. We made a recommendation that the registered provider implemented a system to evidence supervision of staff better.

Staff understood the practicalities of supporting people under the Mental Capacity Act 2005. We observed people were empowered to make their own decisions.

People were supported to make choices in relation to their food and drink. People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Is the service responsive?

The service was not always responsive.

Care plans did not contain details of all the areas a person required support with. A new format had been designed by day two of the inspection, to be implemented for each person.

People who used the service and relatives were involved in decisions about their care and support needs.

People had opportunities to take part in activities on offer, which they told us they enjoyed. People were supported and encouraged with their hobbies and interests.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems in place were not robust enough to ensure a quality service and safety for people who used the service.

Staff we spoke with told us the registered provider supported them in their role.

People were regularly asked for their views and their suggestions were acted upon.

Requires Improvement ●

Prospect House Care Home

Detailed findings

Background to this inspection

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

We inspected the service on 22 March and 13 April 2017. Day one was unannounced and we told the registered provider we would be visiting on day two. The inspection team consisted of two adult social care inspectors on day one and three adult social care inspectors on day two.

Prior to the inspection we received some information of concern, so we brought forward our inspection of the service. Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Statutory notifications are when registered providers send us information about certain changes, events or incidents that occur within the service as is required by law. We used all of this information to plan our inspection.

The registered provider had not been asked to complete a provider information return (PIR). This is a form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection visit there were 12 people who used the service. We spoke with seven people and three of their family members. We spent time in the communal areas and observed how staff interacted with people. Some people showed us their bedrooms.

During the visit and following the visit we spoke with the registered manager who is also the registered provider. They will be referred to as the registered provider in this report. We spoke with the business manager, deputy manager and four members of staff. During our inspection we had the opportunity to speak with four visiting professionals.

During the inspection we reviewed a range of records. This included four people's care records, such as care planning documentation and medication records. We also looked at four staff files, including staff

recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risks to people's safety had not been assessed robustly and care plans did not contain detail of the control measures staff needed to follow to keep people safe. For example; a person with mobility difficulties had no assessment of their needs or care plan in place.

We found no evidence anyone had been harmed because of this and staff were able to tell us in detail how they kept people safe.

We discussed the care plan system with the registered provider and asked that a more robust approach was implemented immediately. On day two of our inspection we saw the use of recognised tools such as Malnutrition Universal Screening Tool (MUST) to assess the risk of malnutrition and Waterlow to assess risk in relation to skin integrity had been implemented. The registered provider had also developed a format to risk assess other hazards where a recognised tool was not available. The new risk assessments were in place for one person and the registered provider told us this was something they would ensure was implemented for everyone in the two months following the inspection.

As we spent time in the building we noticed hazards in the environment which had not been recognised by the registered provider. These included; radiators with no covers to prevent people burning themselves and no system to check if the surface temperature was too hot. Also fire escape route doors which were locked and could not be used in an emergency without delay.

We saw personal emergency evacuation plans (PEEPS) were in place in a generic format which did not take into account a person's cognitive or physical abilities. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. This meant emergency services would not have a full picture of how to evacuate safely. Evacuation of the premises had been discussed during training but fire drills or simulated evacuations had not been carried out to test the effectiveness of the emergency procedures in place.

We looked at the arrangements in place for managing accidents and incidents and preventing the risk of reoccurrence. We saw documentation of events was recorded in people's individual care plans. The registered provider told us they reflected on each occurrence but that they did not record the action they took to minimise the risk of avoidable harm.

The lack of established systems to assess and monitor the safety of the premises, people's needs and accidents, meant there was a risk of harm to people in your care because risks were not managed effectively. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We asked people and their relatives if they felt safe using the service. Everyone we spoke with told us they did. One person said "I am happy to be here, I am not frightened. I have been out walking about; because I

am unsteady staff help me. I can say anything to staff and they will help."

Following day one of the inspection the registered provider had reacted to our feedback quickly and implemented systems in some areas to improve safety. For example, the fire doors had new locks installed so swift evacuation could take place and the shower chair had been replaced.

We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety. Tests of the fire alarm were carried out weekly.

We looked at the arrangements in place for the safe management, storage, recording and administration of medicines. The registered provider and deputy manager had been working with the local pharmacist prior to our visit to improve the system in place.

The deputy manager had struggled recently to ensure medicines were delivered before stock ran out. On a few occasions this had happened because of the ordering and supply system with the GP and pharmacist. Nobody had been harmed because of this issue and the GP had been fully involved on each occasion. A new system was due to be implemented and following the inspection the deputy manager told us this was now in place.

We discussed the good practice guidance for medicines management in care homes with the registered provider and deputy manager on day one of the inspection. When we visited on day two systems had been improved to ensure staff had full information required to support them to make decisions about people's medicines. For example, protocols for 'as and when required' medicines had been put in place.

We saw examples of medicine administration records (MARs) and saw they were completed correctly. This meant people had received all of their medicines as prescribed. We looked at a sample of controlled drugs. CD's are medicines which require stricter legal controls to be applied to prevent them being misused, being obtained illegally or causing harm. We saw they were stored and recorded correctly.

The registered provider had observed staff in their practice around medicines administration. Staff had received training where required. Where medicines incidents occurred no records were made to ensure the registered provider could analyse the outcome for the person or what the root cause of the error was. The registered provider implemented a medication error form by day two of our visit.

People told us they felt their medicines were managed safely and one person told us, "I have a locked tin. I have a key to do my own medicines, but if I become ill staff also have a key. I like to be independent."

Overall we found the system for management of medicines to be safe following our visit on day two and although new systems were still required to be embedded properly the registered provider had ensured medicines management was more robust. We recommend that the registered provider update their policy to ensure all good practice guidance is included and practised.

We looked at two staff files and saw the staff recruitment process was safe and included; completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

Although the provider conducted interviews and followed a devised list of questions they did not record the interview. The interview forms part of the assessment of a candidates suitability to perform the role. The

registered provider told us they would start to record interviews following the inspection.

We spoke with the registered provider about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered provider told us no incidences had been highlighted since the last inspection. They explained what they would do if concerns were raised and they demonstrated they understood their responsibilities.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse.

We looked at the arrangements in place to ensure safe staffing levels. We observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. Staff told us staffing levels were appropriate to the needs of the people using the service. Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency.

We saw from the staff rota that two staff were on shift each day. The registered provider also spent time in the service but the hours had not been recorded on the rota.

Staff were responsible for the cleaning and cooking during their shift. We asked the registered provider to define the actual time staff spent completing household duties and then assess if the number hours allocated to direct care was sufficient.

The registered provider used a tool which helped them understand each person's dependency on support. They then used the tool to define the number of staff hours required to deliver safe and effective support. The dependency tool showed staffing was within safe limits.

Is the service effective?

Our findings

We spoke with people who used the service who told us staff provided a good quality of care. A family member told us, "Staff are confident and competent."

The registered provider told us staff new to care would undertake the Care Certificate. The Care Certificate sets out learning outcomes, competences and standards of care expected.

The registered provider told us that a new online system was being used to support staff to receive refresher training. They also used the services of other provider's to seek classroom training for practical sessions such as moving and handling. The deputy manager had completed a train the trainer course to deliver safeguarding training for staff.

Staff told us they were happy with the level of training they received and they explained their induction had been supportive. They told us, "I shadowed colleagues until I knew the routine."

The registered provider had mapped all the additional training still required in topics such as Mental Capacity Act, coeliac disease and dementia. They had sourced community nurses, dieticians and specialists to come and speak with staff to understand those topics.

We were confident from discussions with staff and the registered provider that staff had the knowledge and skills to enable them to perform their role. Following the inspection the provider gave us a copy of their training matrix to evidence dates staff had received training. We saw staff had received training such as, moving and handling, first aid and safeguarding.

Staff we spoke with during the inspection told us they felt well supported and they had received supervision. Records of supervisions were kept in a central book. In the supervisions book we saw good examples recorded of staff coaching by the registered provider. For example; a staff member was supported to shave a person for the first time. This was a success and the person was recorded as saying 'I'm dapper now'. The records demonstrated the attention to detail the registered provider discussed with team members to ensure people received support how they wanted it. We discussed with the registered provider that supervision recorded in staff member's individual files would aid them to appraise the volume each staff member received and also to track their individual performance.

Staff files we looked at had copies of an appraisal to demonstrate the registered provider had met with staff to review their performance and plan their development for the future. We saw one staff had recorded, 'Luckily things are discussed on a regular basis and improvements are dealt with immediately'.

Systems to evidence individual staff support through supervision were required. We recommend that the registered provider implement systems to evidence individual staff supervision.

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 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.

We saw people were being empowered by staff to make their own decisions; this meant staff were working to the principles of the Mental Capacity Act 2005. At the time of our visit people living with dementia or memory loss were being supported to make their own decisions and did not require a MCA assessment or best interest decision to be made on their behalf for day to day decisions. The registered provider had the correct process in place if required.

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). The registered provider had a screening tool in place to assess whether a person was potentially being deprived of their liberty. This had supported them to highlight the need for one application to the local authority; they were awaiting this to be assessed when we visited.

Staff and people who used the service told us they were involved in making choices about the food they ate. People were asked for feedback regularly at meetings and informally. The registered provider told us the menu had changed to include prawns and melon following people's requests.

We were told of one person's like for pork pie from a shop in a nearby local town. Staff had worked with family to make sure the person enjoyed their favourite. A person told us, "I am happy, the food is lovely and the girls are kind. I have no worries."

We observed the meal experience on both days. People were supported to eat in the dining room and in their own room if they chose this. The tables were laid in the dining room to welcome people and a named place card helped with this. The atmosphere was relaxed and people were socialising, and the food looked appetising.

People were supported to be as independent as possible to eat their meal. People's preferences and specific dietary needs were taken into consideration. We saw one person had their own gravy boat so they could control the amount they had on their food to their liking. One person told us, "[Name of staff member] has been fantastic, coping with my dietary needs."

People and staff told us that food was available if they felt hungry or wanted a snack day or night. One relative told us, "My family member is a fussy eater and they always try to accommodate them." A staff member told us, "The cupboards are never bare; people are offered snacks when they want them."

People were weighed regularly and we saw professionals were involved where staff had concerns about weight loss or eating difficulties.

The registered provider said they had good links with the doctors and district nursing service. One visiting professional told us, "The staff report problems and call early if they see changes; they do a good job of anticipating people's needs. I have no concerns."

Records of people's visits to see healthcare professionals were written in daily notes. Over time daily notes were archived and important information could be lost. As part of the new care plan system the registered

provider told us they would make sure visits by professionals were logged so staff could assess quickly when the next appointment was due.

Is the service caring?

Our findings

People we spoke with during the inspection told us they were very happy and the staff were extremely caring. One person said, "The lasses are great to me, I like it here." A relative told us, "They are caring and excellent. My relative had everything they could wish for, very individual and thoughtful. They also looked after me when I was emotionally troubled."

Visiting professionals told us, "The carers are amazing; there is nothing they wouldn't do. They are very kind. I would want to live at Prospect House if I ever needed care" and "I find the home to be one of the better ones, residents are calm and settled, well looked after."

During the inspection we spent time observing staff and people who used the service. There was a calm and relaxed atmosphere. We discussed with people and their relatives what being 'well looked after' meant to them. One relative told us, "It is the little things that tell me mum is cared for, such as telling me she has been showered. Also I am always welcomed at any time."

Throughout the day we saw staff interacting with people in a very caring and friendly way. We saw staff and people who used the service had friendly banter and laughed with each other. Staff treated people with respect. Staff did not rush people and spoke to people gently. Observation of the staff showed they knew people very well and could anticipate their needs. For example; we saw one person who had been unwell in recent days and was feeling cold; staff responded by finding extra blankets to keep them warm and also providing verbal reassurance.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. This showed the staff team was committed to delivering a service and had compassion and respect for people. We observed such practice during the inspection.

The registered provider and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. Staff we spoke with told us they enjoyed supporting people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. Relatives and people told us they were involved in planning their own care. This helped to ensure people received care and support in the way they wanted to.

During the inspection some people showed us their bedrooms. They were very personalised and people had brought photographs, ornaments and furniture to make their own space feel homely. People were supported with their religion and faith. A visiting professional said, "They (the service) definitely meet the needs of people with different faiths." This involved visits from religious community members.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. People and staff told us how they were supported to access the community independently and with support, also how their independence with mobility was promoted.

A relative told us how they had seen a positive change in their family member since they moved from another care home to Prospect House Care Home. They said, "My family member smiles a lot since living here. They actually said 'Oh this is lovely'. They have also never mentioned wanting to come home since they moved here."

Is the service responsive?

Our findings

At the inspection carried out in October 2015 we made a recommendation that the registered provider reviewed their care plans and updated them so they could demonstrate the way in which people should be cared for.

During our visit we reviewed the care records of four people. We saw the assessment of need and care plan did not cover all areas of a person's life that they needed support with. This meant staff may not have had all of the relevant information to support a person in a way they preferred or in a safe way. For example; on day one a person who had just moved in had the basic assessment and no person centred detail regarding their preferences written on a care plan. Another person who accessed the community independently had no assessment or record of how staff should support this safely. When we spoke with staff they did have knowledge of people's preferences and how to keep them safe but it was not recorded in each person's care plan.

We were told by the registered provider that all areas of a person's needs were met and people or their relatives confirmed this. We discussed with the registered provider that the care plan record must contain all areas of need which staff are expected to support to reduce the risk of a person not receiving support required in a safe way and in the way they prefer.

On day two a more appropriate care plan had been developed as an example of the new format the registered provider planned to introduce following our feedback. All areas of support were included and there were risk assessments to ensure people received safe and quality support.

The lack of records in place about people's support needs meant there was risk people received support in a way they did not prefer or that was not safe. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People and their relatives told us they felt the service was very responsive to their needs, they received support how they liked it and staff made sure they were listened to. A visiting professional told us, "I have no concerns and I would recommend the service. People are supported to be up and about."

Staff and people told us they were involved in a plentiful variety of activities. One person said, "We have got everything ready for Easter, which I enjoyed." A relative told us, "My family member seems more stimulated here and things are more organised, but they can go have a lie down if they choose to as well."

We saw a programme of planned activities was available Monday to Friday. Volunteers mostly supported activities and they helped people take part in arts, quizzes, bingo and discussions. On day two of the inspection a choir from the local community came to sing for everyone.

Staff told us they enjoyed spending time with people and that they tried to sit and chat whenever they could. We saw staff warmly interacted with people which demonstrated they had built positive

relationships.

We saw one complaint had been received in the 12 months previous to the inspection. We saw the registered provider had an effective procedure in place and that complaints had been responded to in writing with a full response to the concerns raised.

People told us they would have no hesitation raising concerns and their relatives agreed. One person said, "I would tell [Name of registered provider] if I wanted to complain. A relative told us, "Any problems are sorted out straight away; I would go to [Name of registered provider]."

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their service. Robust systems were not in place to ensure all aspects of safety and quality were checked. For example; water temperature checks, fire evacuations and radiator temperature checks were either not completed or not recorded. Robust assessment of people's needs and risk assessments were not recorded to ensure staff had all the information they required to keep people safe. This meant hazards were apparent and control measures were not always in place to keep people safe.

On day one of our inspection we saw confidential information was not always stored securely. We discussed this with the registered provider and suitable arrangements had been organised by day two of the inspection.

Systems to analyse occurrences such as falls, medication errors and accidents were not robust enough and lessons learnt were not recorded. Alongside this, statutory notifications had not been received as required by law. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We have addressed this with the registered provider and are confident they now understand their responsibilities in relation to statutory notifications.

The lack of established systems to assess and monitor the quality and safety of the service created a risk that people may be harmed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed this with the registered provider and they implemented some systems in between day one and two of the inspection and continued to update us on changes they have made since we visited. This demonstrated a willingness to improve and ensure they evidence people were safe and received a good quality service.

There was a registered manager in post when we inspected, who was also the registered provider. People and their relatives spoke positively of the registered provider. One relative said, "I see [Name of registered provider] once per week and they are very approachable."

The staff we spoke with said they felt the registered provider and the deputy manager were supportive and approachable, and they were confident about raising any concerns. One staff member said, "If I had a problem I could go to [name of registered provider] or [deputy manager]."

Staff told us they had an opportunity to discuss ideas and issues at regular staff meetings. We saw records to confirm staff meetings had occurred and topics such as changes to medicines management, meals and housekeeping were discussed.

We saw the registered provider, business manager and deputy manager held regular management meetings

to understand the needs of the service and plan what was required. Where they had identified issues they had implemented changes to develop the service.

The registered provider told us people who used the service met with staff on a regular basis to share their views and ensure the service was run in their best interests. We saw records of these meetings and could see that people had spoken up about their views, for example, what items they wanted on the menu.

We saw a service quality report had been completed in 2016 where a survey had been carried out to seek people and relative's feedback. A new summer house had been purchased as a result of people asking for a seating area in the garden to enjoy the fresh air.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The assessment of risk of the environment and peoples support needs was not robust. Systems in place to mitigate such risks were not robust. Regulation 12 (1) (2) (a) (b) (d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place were not robust enough to ensure quality and safety. Contemporaneous records were not kept in respect of each person the service supported. Regulation 17 (1) (2) (a) (b) (c) (d) (f).