Only Care Limited

Rosewood Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 11 July 2017.

Rosewood Court provides accommodation for up to 66 people who require nursing and personal care. They care for older people who may have a physical disability as well as those who may be living with dementia. The service is split over three floors, with only the ground and first floor currently occupied. Each floor had individual en suite bedrooms and several communal areas, such as lounges and dining rooms. On the day of our inspection, 25 people were living at the service.

At our last inspection on 15 November 2016, the service was rated requires improvement. At that inspection we asked the provider to make improvements as we found that staff members at the service were not always deployed in such a way as to make sure that people's needs were being met. During this inspection we found that they had made improvements in this area.

Before and during this inspection we spoke with the local authority about the service. They had a number of concerns about the service, including risk management, staffing levels, lack of stimulation for people and concerns relating to the management of the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. There was a new manager appointed and they were in the process of applying to the CQC to register with us.

There were not effective system in place to ensure the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being implemented. MCA assessments had not been completed and DoLS authorisations were not always effectively managed. There was some evidence of consent being sought, however; this was not across the board.

The culture at the service was not always positive. There had been a number of changes in management at the service, which had impacted on people and members of staff. The new manager had identified this and was working to improve morale and confidence in the leadership at the service. People's complaints and concerns were not always dealt with in a robust or satisfactory manner.

Quality assurance procedures had not always been effective in identifying areas for development, however; these had recently been improved and were starting to have a positive impact on the service. People and their families were aware of who the new manager was and meetings were held with people, relatives and staff to keep them up-to-date of developments at the service.

People felt safe living at the service. Staff members received training in abuse and safeguarding and were

aware of the action they should take if they suspected people had been abused. Accidents and incidents were recorded and reported and risk assessments were in place to help prevent people coming to harm. However; those risk assessments were not always followed to ensure that people received care which minimised risks to them.

Staffing levels were sufficient to meet people's needs. There had been some reliance on agency staffing, however; recruitment was underway to try to reduce this needs. Staff members had been robustly recruited with background checks being completed to ensure they were of good character. Trained staff supported people to take their medicines. There were suitable systems in place for the storage and recording of people's medication. These systems were not always effective and some errors had taken place.

Staff members were provided with the training and support they needed to develop in their roles and to meet people's needs. New staff received inductions and all staff had periodic supervisions. People enjoyed the food and drink provided by the service and were given plenty of choice and healthy options. People's health needs were being met and the service supported them to have regular access to healthcare professionals, such as their GP.

Staff members treated people with kindness and compassion. They worked hard to develop positive relationships with people and their family members and were committed to providing them with the care they needed. We saw that people and their families were involved in care planning and were provided with the information they needed about the service. People's privacy was upheld at all times and staff treated people with dignity and respect.

Care plans were in place however; they were not always reviewed and updated on a regular basis. All the care plans in the service had, or soon would be, reviewed and rewritten to ensure they were as person-centred as possible. Some activities were available at the service however; they were not always effective in ensuring people were kept busy and stimulated.

We identified breaches of legal regulations during the inspection, you can see what action we told the provider to take at the back of the full version of the 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.

Risks were assessed however; actions were not always taken to minimise the risks to people.

Staffing levels were usually sufficient to meet people's needs and staff were recruited safely. The service relied on agency staffing which had a detrimental impact on people's care and support.

People were supported to take their medicines however; at times there were discrepancies in the medication records.

People felt safe and staff understood abuse and how to report any concerns they may have.

Is the service effective?

Requires Improvement

The service was not always effective.

People's consent was not always sought and recorded. There were not effective systems in place to ensure the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were being met.

Staff members received the training and supervision they needed to perform their roles.

People enjoyed the food and drink at the service and staff provided people with support where necessary.

People were supported to see healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff members treated people with kindness and compassion.

People were involved in making decisions about their care and were provided with information about the service.

People's privacy, dignity and respect was promoted by the service.

Is the service responsive?

Requires Improvement

The service was not always effective.

People received person-centred care which was sensitive to their needs and preferences. However; care plans were not always updated in response to people's current needs.

Activities were sometimes provided however; people were not always kept stimulated or offered the opportunity to engage in their hobbies or interests.

Feedback, including complaints, was welcomed by the service and used to help drive improvements.

Is the service well-led?

Requires Improvement

The service was not well-led.

The service did not have a positive culture and the provider had not encouraged candour and openness.

There had been a number of changes to the management of the service which had resulted in an unsettling environment for people, relatives and staff.

Quality assurance processes were in place and work was underway to improve them to make them more robust. However; these systems had not yet been effective in improving the service.

The new manager was committed to improving the service and were aware of their statutory obligations.

Rosewood Court

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.

The inspection site visit took place on 11 July 2017 and was unannounced. . It was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection had experience of family members who used this type of service. On the 01 August 2017 we had further discussions withe the local authority, who have a commissioning role with the service

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information about the service, including previous inspection reports and statutory notifications. Statutory notifications contain information about key events and incidents which took place at the service, which the provider is legally obliged to send us.

During the inspection we spoke with six people who lived at the service, as well as four of their relatives, to seek their views and opinions about the care provided. We also spoke with two members of care staff and one senior member of care staff, as well as; an administrator, a member of the domestic team and a member of the kitchen team. In addition, we spoke with the manager of the service and the provider's compliance manager.

We reviewed eight people's care records to see if they were up-to-date and an accurate reflection of people's care and support needs. We also reviewed staffing records and other documents relating to the running of the service, to monitor how the service was being managed.

Requires Improvement

Is the service safe?

Our findings

Risks to people were not always well managed by staff members at the service. Follow discussions with people's family members and the local authority a number of concerns were identified regarding the management of risk. For example, records of re-positioning of one person at risk of developing pressure ulcers were not completed fully. This placed them at risk as their condition may have deteriorated as a result. We also found concerns in regard to people's catheter care and a lack of detailed recording on food and fluid charts. This may have placed people at greater risk and their condition and health may have deteriorated as a result.

We did see that people had risk assessments in place. Staff told us they felt able to understand and follow these to ensure people's safety. One staff member told us, "There are risk assessments in the care plans which help you know what to do." We saw that assessments had been carried out to identify risks across different areas of a person's life including personal care, mobility and behaviour. Where risks to a person were high, clear guidelines and prompts for action were present for staff to follow. These had been reviewed monthly and amended when required. However, it was not clear how effective these risk assessments were, as staff did not always complete the actions required to keep people safe.

General risk assessments were also in place to ensure the environment was safe. There was a continuity plan for staff to follow in the event of an emergency and maintenance checks and servicing, such as checks of fire systems and equipment, were completed on a regular basis.

People and their relatives gave us mixed feedback regarding the staffing levels at the service. They explained that agency staff were regularly relied upon to ensure there were enough staff on each shift. Some people felt that this had an impact on their care. One person said, "When we have agency, that is where the standard goes down." A relative said, "I don't like agency, they don't know me or my wife or her needs."

There was some acknowledgement that work had gone on in this area to improve. People and their relatives were aware that recruitment was underway and had noted greater consistency with the agency staffing used. One relative said, "They have improved in the last couple of months, I can see some consistency where that didn't exist before."

Staff said that staffing levels were generally good, and that the manager had made changes to ensure that numbers were appropriate for the amount of people in the service. Staff rotas confirmed the staffing levels were consistent with the amount of staff on shift during our visit. We saw that a dependency tool was used to identify the required staffing levels for the service, which was reviewed on a regular basis.

Staff were recruited safely into the service. One staff member told us, "I had my DBS (Disclosure and Barring Service) check and they asked for previous references." The registered manager confirmed that all staff went through pre-employment checks before starting work. Checks included a full DBS check and two references. Records confirmed these checks had taken place.

People were generally supported to take their medicines safely. One person said, "I get my medication regularly and my buzzer is always next to me during the night. I know how to use it and I know a nurse is there to help me if I am in any pain."

Staff took time to check whether people required any pain relief in a discreet manner and ensured they administered medication on an individual basis. Medication was administered safely and stored. Controlled medication was present, and stored in a separate locked and secured cabinet. Medication Administration Records (MAR) were present and accurate in all the records we reviewed. The individual medicines we checked were all in date, stored correctly, and an accurate amount of stock was present.

Checks such as storage temperature and medicine audits had taken place regularly. However; the local authority raised some concerns with us regarding medication records. They told us that at times there were unexplained gaps on people's MAR charts, which may have meant those medicines had not been given to the person when they were required.

Staff had a good understanding of the signs of abuse and how to report it and records confirmed they had received training in this area. One staff member said, "I would report what I have been told to the manager." There was a current safeguarding policy in place to guide staff, and the service had notified the Care Quality Commission (CQC) of any incidents as required. General accidents and incidents were also reported and followed up on appropriately.

People felt safe living at the service. One person told us, "I'm much safer now". Relatives also felt that their loved ones were safe at the service. One relative said, "I know when I go home, she is safe."

Requires Improvement

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the principles of the MCA and DoLS were not being robustly applied at the service, however; work was in process to develop in this area.

Staff members were not always sure of the actions they should take if people were unable to make a particular decision, due to a lack of mental capacity. In addition, we found that there were not robust recording systems in place. For example, we saw in one person's care plan that they had not signed to say they consented to it. There was nothing to show that the person's mental capacity had been assessed, or that a best interests process had been followed when making decisions on people's behalf. We spoke with the manager about this and they told us that they discussed decisions with people and their families, however; they were still working on improving the systems for recording this.

We also found that DoLS authorisations had not been well managed. For example, we saw that two people had DoLS authorisations in place, which had been allowed to expire. We spoke with the registered manager about this, who told us that the service believed DoLS were not necessary for these people anymore. There was, however; nothing documented to support this decision, or to show how the need for DoLS had been assessed.

When we spoke with members of staff, they were not sure who had DoLS in place and who did not. This meant that staff may have been depriving people of their liberty without having a DoLS authorisation in place. It also meant that the service may not have been meeting specific conditions included in people's DoLS authorisations.

People's consent was generally sought by members of staff. We observed staff asking people questions before providing their care and offering them choices throughout the day. The recording of consent was not always consistent however. We saw that some people's care plans did contain signed consent forms, whilst others did not. This meant that there was a chance that people's care and support may have been provided in a way which they did not consent to. We did see that actions had been implemented to improve this, and that consent was recorded in some people's care plans.

People's care and treatment was not always provided with their consent. The principles of the Mental

Capacity Act 2005 had not always been followed to support people who lacked the capacity to make their own decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff members were provided with the training and support they needed to ensure people's needs were being met. People told us that staff were well trained. One person said, "Staff are excellent, they know their stuff."

New staff went through induction training before commencing work. All the staff we spoke with confirmed that they regularly attended new and refresher training. Staff felt that they received the right amount of training and supervision to carry out their jobs appropriately. A staff member said, "We get a lot of training that's really improved since the new manager started." Records showed us induction had taken place, and confirmed that staff attended regular training.

Supervisions took place and were themed, for example we found that some were carried out when the new manager had started, so that they could ensure staff were well supported through the transition.

People were happy with the food and drink at the service. They told us they had plenty of choice and that food was of a good quality. One person told us, "The food is okay, I am not a big eater but I have plenty." A relative said, "The food is good and the residents always appear well cared for."

We spoke with kitchen staff and found that they asked people on a daily basis what they would like to eat. Two menu options were offered at both lunch and dinner time but alternatives were available should people not want these. There were numerous opportunities throughout the day for people to have fluids and snacks; people were offered fresh fruit and biscuits on a frequent basis throughout the day and received a choice of fluids including squash, water and tea and coffee. For those people who required nutritional support, we found that fortification took place to reduce the risk of weight loss; pureed diet and thickened fluids were provided and staff showed a good awareness of who required these options and why.

Food deliveries came on a weekly basis, we found that fresh fruit and vegetables were used along with fresh meat. Milk and bread were delivered on a regular basis to ensure sufficient stocks were in place. A recent environmental health inspection saw the kitchen obtain a 5 star rating. There was a four weekly menu in place which was changed on a seasonal basis to ensure that people received a variety of food. Fridge/freezer and food probing took place on a regular basis. Labels were used to ensure that food items were used by their expiry dates.

People were supported to see dentists, GPs and opticians. One lady expressed concern about her eyesight and staff checked when their last optician's appointment was and said if they wanted, another appointment could be made. We spoke with the GP who considered that the service made appropriate referrals and followed their advice when this was given.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion by members of staff. One person said, "It's good here, carers are very nice, kind, they listen and they work very hard." Another person said, "They are really very nice. Caring, professional, well mannered and hard working."

People and their families went on to tell us that they felt there were positive relationships between people and staff, which helped people to feel relaxed, comfortable and at ease at the service. One relative told us, "Staff are very accommodating and friendly. There is always a good atmosphere and mum is very well cared for."

Throughout the inspection we saw that people were content, talking with each other and staff and smiling at staff that passed them by. Staff gave thorough explanations of things to people and offered them reassurance showing they cared for people and responded to requests for support with a smile and in a timely manner.

Staff members told us that they enjoyed getting to know people and interacting with them on a daily basis. One staff member said, "I love my job. I really like caring for people and getting to know them." We saw that staff took time to engage with people on a regular basis. They spoke meaningfully with them, about issues that mattered; for example, family members who visited. We observed staff laughing with people, offering reassurance to them when this was needed and being patient when people were becoming agitated and calling for support and assistance on a regular basis.

People and their relatives had been involved in discussions and making decisions about the care the service would provide. They told us they had been involved in writing care plans and were provided with the information they needed. One person told us, "I know there is a document about my care...my daughter is involved." A relative said, "I was very much involved in my wife's care plan."

Recording of the involvement of people and their family members was not always robust, however; it was clear from the content that people had been involved. We also found that information found on notice boards within the service offered a variety of written material for people, on subjects including: activities and safeguarding contact details and processes.

Staff members worked hard to treat people with dignity and respect. People and their family members told us that staff were always mindful of their privacy whilst encouraging and supporting them to be as independent as possible. One person said, "I walk freely around the home, I can go out into the garden and my son visits and we go out in the town." A relative said, "They provide support for mum to be as independent as she is able." Another relative told us, "I can say that [family member] is always clean, nicely dressed and they never forget creams for her face and she smells nice."

Throughout the inspection we saw staff treat people with dignity and respect. They promoted people's independence and their feeling of self-worth. We saw staff commenting on how well people looked and

ensured they had everything to hand they required. They made people comfortable and ensured their dignity was maintained, for example by being sensitive when helping people with their personal care needs. They knocked on doors and were discreet when asking people if they required the toilet. They offered encouragement and prompting with support, in a kind and compassionate manner, whilst trying to enable people to be as independent as they could be.

Requires Improvement

Is the service responsive?

Our findings

In our discussions with the local authority some concerns were raised regarding the ways in which people's care had been planned. Some care plans had been reviewed and updated, however; others hadn't been. The local authority told us about one person who had been highlighted as being in need of a care plan review, however; when they returned to the service this had not taken place. In addition, the service had not been open and welcoming when social workers had visited the service to review people's care in response to concerning information. This meant that care plans were not always updated in a timely manner, in response to concerning information or specific changes in people's care needs.

We saw that, in most cases, people did receive person-centred care from the service. Before moving in to the service, pre-admission assessments were carried out to ensure people's needs could be met. The manager told us that they would ensure that comprehensive assessments were carried out by themselves or other senior members of staff. We saw that pre-admission assessments were completed in people's care plans and were used to help develop a full care plan for people.

People and their family members told us that care plans were reviewed, to help make sure they were up-to-date. Relatives were confident that their loved ones care was adapted to meet their changing needs, which gave them peace of mind when they were not there. One relative said, "I know they are doing everything possible to make my wife the most comfortable in the condition she is in now." Another relative told us, "The staff are always knowledgeable with regards to Mum's needs."

The manager told us that care plans were being completely overhauled, to ensure they were fit for purpose. We saw that progress had been made in this area, with most care plans having already been updated. Those care plans were written in a person-centred manner and contained information about people's specific preferences and needs. This enabled staff to refer to these plans and provide people with the correct care.

We also saw that there were plans in place to review the care plans on a monthly basis, which would help them to keep the care plans up-to-date and reflective of people's changing levels of need. The systems also enabled care plans to be reviewed and updated on an ad-hoc basis if required, for example in response to a fall or change in a person's health.

People told us that they were provided with activities by the service, which helped them to engage in their hobbies, interests and cultural beliefs. One person told us that staff spent time with them talking about their interest in music and others told us that they were supported to celebrate their religious beliefs.

Discussions with the local authority, who visited the service regularly, raised some concerns regarding activities at the service and people's participation in them. They explained that people were sometimes taken to their rooms by care staff during the day, which prevented them from engaging in group activities. During their visits they also found that activities did not always take place and that people were often under-stimulated.

The service had recruited two members of activities staff, however; neither were working when we visited as one had a day off and the other was unwell. Despite this, people were able to spend time engaging in conversation with staff members and each other. People and their relatives were aware of the activities provision and felt they were well supported in this area. One relative told us, "I could see that there is a list of activities."

The service had a timetable of activities and staff were also able to spend time with people and engage in other activities throughout the day. For example, we saw staff sitting with people who were watching the Wimbledon tennis championship. It was clear that this companionship was helping them to enjoy the tennis and gave them somebody to chat to as well.

Feedback from people and their relatives was always welcomed by the service. People were aware of the systems in place to make a complaint, or to share positive comments about the care that they received. One person said, "Yes I can complain if I am not happy with my care." However; people, their families and other stakeholders, such as the local authority, were not always positive about the way that complaints were handled. For example, the local authority told us about a complaint which was made to the service by a person's family member. The complaint had not been managed to their satisfaction which resulted in the local authority having to be involved.

We saw that information regarding the process for making complaints at the service was clearly available to people and their relatives. We saw that where complaints had been recorded, the service had acted promptly to review and respond to them. However; some of the specific concerns which were shared with us were not recorded.

Staff told us that that the service encouraged people to share their views and opinions of their care, so that they could use that feedback to help make improvements at the service. They told us that the service also carried out surveys to actively seek feedback from people and their family members. We saw that satisfaction surveys had been distributed and the results collated. The provider was in the process of analysing the results of these surveys and planned to use the results to help identify areas in which the service could improve.

Requires Improvement

Is the service well-led?

Our findings

There was not always a positive culture at the service. People and their relatives told us that there had been a number of changes in management at the service, which had a negative impact on the service. One person said, "My biggest disappointment is that in the last four months they have had four managers." A relative told us, "I know who the manager is. They have had four managers in four months and that is not good. Change is not good, these people, including staff, need stability."

We spoke with staff about the management of the service. They told us that they had found the changes in management unsettling and it had impacted on their work and morale. One staff member said, "Our biggest problem is lack of communication between managers and staff." Another staff member told us, "Our morale is so low, we don't feel appreciated." Staff members did acknowledge that there had been improvements recently and they were positive about the future.

We received some concerning feedback from the local authority and people's relatives about the standards of care at the service. For example, one relative told us about issues with their family member's personal care. They felt that the situation had been poorly managed and found that their concerns were dismissed when they raised them.

We spoke with the local authority who told us that on two occasions the service had not dealt with them in a professional manner. Visiting social workers had been treated rudely by the manager and had not been able to carry out their roles fully. In one case an appointment was made with the manager to carry out reviews of people's care due to concerns raised with the local authority, and they were unable to do this due to the manager's actions. The provider's compliance manager was present during this and the local authority also contacted them to raise the concern with them. After the inspection the provider sent us evidence to show that they had responded to the local authority in regard to this complaint and carried out measures to ensure there was not a repeat of the situation.

The service and provider had not always acted in an open and transparent way with relevant person's in relation to people's care. They had failed to promote a culture which encouraged candour, openness and honesty at all levels. This was a breach of Regulation 20 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection we spoke with the provider's recently appointed compliance manager. They explained that they had a role across all the services operated by the provider in helping to conduct checks and audits and identifying areas which required improvement at the service. We saw that they had already carried out some specific audits, including reviews of all staff recruitment files and a selection of care plans on both floors of the service.

We also saw that the manager had implemented a number of internal quality assurance checks at the service. We saw that areas where checks had taken place recently included catering, staff files, the environment, activities, infection control, fire, falls, and medication, training, and care plans. We found that

some action plans were put in place based on the findings of these audits, to help drive improvements at the service. However; it was not clear what impact these checks and action plans were having on the quality of the service. We spoke with the local authority who told us they had not noted improvements at the service, despite regular visits. They noted that the manager did not always receive information from the compliance manger, which meant they were unable to prioritise areas for improvement.

We found that some areas of the service required a more robust and effective system of management and oversight. For example, there was not a robust formalised system in place to help monitor the status of Deprivation of Liberty Safeguard (DoLS) authorisations. This meant that these were not always in place for people when they should have been, or re-applied for when expired. Similarly, there was no system to review consent and the application of the Mental Capacity Act 2005 (MCA). We spoke with the manager about this and they assured us that this had been an area which had been identified as requiring further development.

Despite finding some improvements at the service, we found that there were ineffective systems in place to continually assess, monitor and improve the quality and safety of care provided at the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was not a registered manager at the service and the service had a history of having managers only stay in post for a short period of time. The previous registered manager de-registered with us on 30 May 2017 and the manager before that left the service in January 2017. The provider had employed a manager to replace the previous registered manager, however they also left the service. We spoke with the current manager of the service, who informed us that they had initiated the process of registering with us. They also informed us that they did not have a currently active nursing registration and there was no deputy manager in post. This meant that the clinical leadership of the service was being overseen by the provider's area manager.

The manager had been in post for less than a month and had worked at the service as a deputy manager for approximately two months before that. They told us they were working towards ways of improving the service, including boosting the staff morale and providing some consistency and leadership at the service. The manager was aware of their statutory obligations to report certain incidents and events which took place at the service to the Care Quality Commission (CQC).

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care and treatment was not always provided with their consent. The principles of the Mental Capacity Act 2005 had not always been followed to support people who lacked the capacity to make their own decisions.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Despite finding some improvements at the service, we found that there were ineffective systems in place to continually assess, monitor and improve the quality and safety of care provided at the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 20 HSCA RA Regulations 2014 Duty of candour The service and provider had not always acted in an open and transparent way with relevant person's in relation to people's care. They had failed to promote a culture which encouraged candour, openness and honesty at all levels.