

Regency Healthcare Limited

# Abbeycroft Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Abbeycroft Residential Care Home is a residential care home, providing accommodation and personal care for up to 33 older people, people living with dementia and people with mental ill health. Accommodation is provided over three floors; most bedrooms were single occupancy. At the time of the inspection 28 people were using the service.

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

We again found shortfalls with provider's systems to monitor and review the quality of care people experienced. Some progress had been made to improve and develop the service. However, not all matters had been identified and rectified, others remained in progress.

We again found safe staff recruitment processes had not been followed. There were enough staff available to provide support. Since the last inspection, staffing had been increased and recruitment was ongoing. Processes were in place to monitor safe and effective staffing arrangements. People were satisfied with the support they received with medicines, but we found some shortfalls. We have made a recommendation about the management of medicines.

People told us they felt safe at the service. Staff were aware of safeguarding and protection matters. They had received appropriate training and their conduct had been monitored and supervised. Safeguarding reporting procedures had been followed when necessary. Risks to individuals were identified and managed. Processes were in place to maintain a safe and hygienic environment.

The arrangements for staff training, development and supervision had progressed and improvements were ongoing. Since our last inspection, improvements had been made with refurbishing the premises and was progressing. People had personalised their rooms with their own belongings. Most people were satisfied with the quality and variety of meals and drinks. However, choices were not always promoted and menus were unplanned.

People's needs and preferences were assessed before they moved to the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported with their healthcare needs.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions. The registered manager had plans to introduce residents' meetings, to involve people with day to day matters.

Each person had a care plan to respond to their needs and choices. The plans were kept under review. Some

details were lacking in ensuring all their needs were met. We have made a recommendation about planning and delivering personalised care.

Progress had been made with acting on complaints and people expressed confidence in raising any concerns. Records of some complaints processes were incomplete, we were assured improvements would be made. There were improved opportunities for people to engage in a range of group and individual activities. Visiting arrangements were flexible, relatives and friends were made welcome at the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (Published 18 December 2018). There were five breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of two regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for 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 effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Good** ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Abbeycroft Residential Care Home

## **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.

### Inspection team

The inspection was carried out by one inspector and an Expert by Experience on the first day and one inspector on the second day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

Abbeycroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority contacts monitoring and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and any improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with three visiting healthcare professionals, eleven members of staff including the activity coordinator, cook, registered manager, laundry assistant, compliance manager, carers, senior carers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed people receiving support and looked around the premises and grounds. We reviewed a range of records. This included three people's care records and several medication records. We looked at two staff files in relation to recruitment, training and supervision. 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 records of training, provider monitoring visits and action plans.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Staffing and recruitment

At our last inspection the provider had failed to establish and operate an effective recruitment procedure. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of this regulation.

- The provider's staff recruitment processes were not robust. Effective pre-employment checks had not been completed. Reasons for leaving previous employment had not been sought and clarified. Full employment histories had not been obtained, gaps in employment had not been pursued and verified. References had not always been appropriately sought from previous care settings. Evidence of recognised qualifications had not been checked.
- The provider had and updated their recruitment policies and procedures. We also noted a more appropriate application form was available, but this has not been used.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager ensured enough staff were available to support people effectively. Since the last inspection additional staff had been employed and recruitment was ongoing. People indicated there were mostly enough staff to respond to their needs. One said, "I think there are enough staff, but they could do with more. I believe they are recruiting." A relative commented, "There is always somebody about." Staff confirmed staffing arrangements had improved. The registered manager confirmed staffing levels were kept under review and explained how staff were deployed to across the service.

### Using medicines safely

- The provider needed to improve their processes for managing people's medicines. There was lack of tamper proof containers for the return and disposal of unused medicines. It was not clear if the compatibility of 'over the counter' remedies had been checked against people's prescribed items. The stock of 'over the counter' remedies was not properly recorded and checked in. There was a lack of recorded information to support people with receiving their medicines in a personalised way.

We recommend the provider consider current guidance on managing medicines and take action to update their practice.

- Staff who administered medicines had completed the relevant training and their competence had been assessed. People were satisfied with how medicines were managed, they told us, "I get them every day. They never forget" and "They bring them about the same time each day. Morning, breakfast and evening."

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider failed to follow the safeguarding action plan in place. People were being verbally abused by others within the home during inspection and this was not being addressed by the staff. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- The provider had processes to protect people from abuse. Staff had access to training on protecting adults at risk. Staff's performance relating to safeguarding and protection matters had been monitored and supervised. Disciplinary procedures supported the management of unsafe and ineffective staff conduct. Staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice.
- We observed people were relaxed in the company of staff and managers. People commented, "I feel safe, everyone is so nice. I am settled for the rest of my life," "I have never been afraid or upset about anything whilst I have been here" and "I feel safe because of how things are, I can go to my own room if I want to there are no restrictions on me."
- The provider had policies and procedures to manage and report safeguarding incidents in line with the local authority's protocols. The registered manager had appropriately followed the procedures.

#### Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as, the risk of falls, behaviours, skin integrity and nutritional needs. Staff were provided with guidance on how to manage risks.
- The provider had processes to provide a safe, secure, environment for people, visitors and staff. Improvements had been made to the environment and refurbishment was ongoing. Some matters needed attention, including a missing call point and access to a bathroom. The registered manager took action to ensure they were rectified. There were processes in place to check and maintain the service, fittings and equipment.

#### Preventing and controlling infection

- The provider had arrangements to ensure people were protected by the prevention and control of infection. Cleaning schedules and checking systems had been developed to maintain hygiene standards. All the people spoken with said they were satisfied with the cleanliness of the home. One person told us, "They clean my room every day. It's kept very clean." The areas we saw were clean and hygienic.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment and they had completed training on infection control and food hygiene.

#### Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people. The registered manager and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had adequate training and supervision. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The provider had arrangements for staff to gain skills, knowledge and experience to deliver care and support. Staff said they had completed relevant training. There was an induction programme for new staff. There were some gaps in staff induction records. The registered manager described this an oversight and agreed to ensure proper records were kept. Action had been taken enrol staff on recognised training, including the Care Certificate.
- A programme of ongoing training helped to ensure staff understood people's needs and provide effective support. Records confirmed the various training modules staff had achieved and due. People told us, "By and large they seem well trained" and "They all know their job." Some staff had not completed training updates, therefore the provider's expectations on learning and development had been shared with staff.
- Staff received supervision and support. They had opportunity to discuss their responsibilities, concerns and to develop their role. Records showed the schedule of one to one supervision meetings. All staff had an annual appraisal of their performance and ongoing development.

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

- The provider had ongoing arrangements to monitor and refurbish the premises to meet people's needs. Since the last inspection improvements had been made, including lighting, furnishings, decoration and an enclosed garden area. We noted some areas still needed attention, including the dining room and small lounge. Plans were in place to develop and improve these areas. We will review the progress at our next inspection.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs and soft furnishings. One person said, "I have made my bedroom how I like it. I have my own TV. The carers put my family pictures up and I am surrounded by my ornaments and cuddly toys."

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported people to eat and drink enough. At our last inspection, people were not happy

with the meals provided. We found improvements had been made, people told us the food was good, they said, "We get enough to eat," "The meals are healthy with lots of vegetables and you can have as much fruit as you want" and "There is always starter, main course and a sweet. If I don't like it, I can ask for something else." However, menu arrangements were inconsistent and appeared unplanned. There was lack of choice at lunch time, alternatives could be provided, but were not routinely promoted or displayed. One person said, "At lunchtime you get what you are given." The registered manager assured us they would review the catering arrangements.

- During lunchtime there was a relaxed and informal atmosphere. Tables were appropriately set. There were enough staff available to serve the meals. Assistance was given to people needing support and independence was promoted.
- People's specific individual nutritional and dietary needs were known. Staff made referrals where dietary concerns were identified. They monitored people's weight and food and fluid input as needed.

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

- The provider had processes to help ensure people received care which met their individual needs. People's needs and choices were assessed prior to admission. People told us, "They asked me questions and wrote it all down" and "They helped and supported me to settle in."
- The assessment was used to complete the person's initial care plan. Recognised guidance was used to monitor and review people's continuing health and well-being needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received support to meet their healthcare needs. People said, "The nurse comes to see me. If they are unsure, they get the doctor" and "They could tell if I wasn't well. They keep an eye on you." Care records included people's medical histories, healthcare needs and consultations. Visiting health care professionals said there had been improvements at the service. The registered manager described the actions taken to develop partnership working with healthcare services.
- The service had access to remote clinical consultations; staff could seek professional healthcare advice at any time. Appropriate information was shared when people moved between services or attended healthcare appointments.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. People's overall capacity had been assessed. Their capacity to make decisions about their care and support was reflected in their care plans. Action had

been taken to apply for DoLS authorisations by local authorities in accordance with the MCA code of practice.

- Staff supported people to make decisions. They involved people and got their agreement before providing care and support. One person told us, "They ask me before they do anything." Staff understood the importance of gaining consent and promoting people's rights and choices. Care records included various consent agreements.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with respect and kindness, they were given reassuring support when needed. At our last inspection people did not always feel treated with respect. Staff had received training on dignity, respect, equality and diversity. They had an awareness of people's diverse needs and had developed positive relationships to support them. People told us staff knew them well. Staff understood their role in providing caring support.
- Staff interacted with people in a caring and friendly manner. People appeared content and relaxed with the way staff supported them. People were complimentary about the attitude and kindness of staff. They told us, "They are very kind," "They are nice to me" and "You couldn't get better staff than here." Health care professionals indicated staff were 'pleasant and helpful.'

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

- The service supported people to make choices in their daily lives. Staff offered choices and encouraged people to make their own decisions. Staff said they had some time to talk with and listen to people. One person said, "They pop in for a chat if they aren't busy."
- Staff described the various processes for involving people or their relatives with planning their care. Some people were aware of their care plans, one told us they had written part of it. Others were unsure about this involvement and care records didn't always show how people had been consulted. Plans were in place to further progress people's involvement.
- The registered manager also had plans to introduce residents' meetings, to keep people informed of proposed events and offer opportunities for consultation and making shared decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. People could spend time alone in their rooms if they wished. Bedrooms were fitted with appropriate locks and some people managed their own keys. We observed staff knocking on bedroom doors. People told us support with personal care was given 'discreetly' and in private.
- Staff encouraged people's independence as far as possible. They described how they encouraged people to do things for themselves. People told us, "I look after myself. I keep everything in order," "I like to be as independent as possible. I wouldn't like anyone making decisions for me" and "I am very independent and do things for myself. I will only ask them to do something for me if I can't do it myself."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met through good organisation and delivery.

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

- Management and staff had not always planned people's care, in response to their needs and choices. Individual care records included a range of assessments and plans to respond to people's needs. Reviews had been carried out monthly. Plans were lacking on some matters, for example, around effectively supporting people with their medicines and oral care. One person's 'all about me' background history had not been completed. Information was lacking to show how people were consulted on their care plans.
- Staff kept daily records of people's well-being and the care and support provided to them. Staff had access to people's care plans. They had an awareness of their individual needs and choices. Regular 'hand over' meetings promoted the sharing of relevant information. People made positive comments about the support they received. One told us, "They know what I like and what I need."

We recommend the provider consider current guidance on person centred care planning and update their practice accordingly.

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to act on complaints. This was breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- Managers and staff listened to and acted upon, people's concerns and complaints. The complaints procedure was displayed at the service. People had an awareness of the procedure and had confidence in expressing any concerns. They said, "I would talk to the staff," "I would speak with the manager" and "If I thought something could be improved. I would tell them." Records and discussion confirmed, complaints had been responded to. A relative said, [complaints] "Have always been answered and sorted."
- Processes for recording the investigation and management of complaints were inconsistent. Although we could see complaints had been received and dealt with, some records did not show a clear audit trail of the investigation and outcome. The nominated individual assured us action would be taken to make improvements.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered activities to help promote people's intellectual and emotional wellbeing. We had previously recommended activities be improved. The activity coordinator showed us the progress made with individual and group activities. People said, "We play little games and we have singers visiting," "They have trips out and the activity coordinator organises exercise classes and craft workshops" and "They have a church service here in the lounge every so often."
- The registered manager and staff encouraged people to maintain positive relationships. Visiting times were flexible and people were supported to keep in contact with their family and friends. One person commented, "My family comes to see me. They can come when they want." A staff 'keyworker system' aimed to provide a more personal service and develop beneficial relationships.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had responded to the AIS. Sensory and communication needs were considered in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their specific needs and preferences. Some progress was needed in producing general written information, for example the complaints procedure, in a 'user friendly' style.

#### End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. At the time of our inspection, the service was not supporting anyone with end of life care. Where possible, people's preferences and choices in relation to end of life care, including their spiritual needs were explored. When appropriate, people's end of life choices were recorded and reviewed. Staff liaised with healthcare professionals as necessary, to support people to remain pain free.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to undertake robust audits This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- The provider's oversight of the service and monitoring systems were insufficient, action had not always been taken to make timely improvements. Despite assurances following the last inspection, staff recruitment remained unsafe, auditing systems had not identified or rectified the shortfalls. Medicine management audits, care plan audits and complaints monitoring, had not identified and progressed all shortfalls.
- The provider's revised processes to monitor and develop the service had not been properly embedded. The registered manager and staff had completed additional auditing systems and compliance monitoring visits had increased. However, some auditing tools had not been introduced.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and staff expressed a practical understanding of their role to provide support in accordance with the provider's expectations. Progress had been made and was ongoing, to make improvements. Policies and refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions and employment contracts outlined staff roles, responsibilities and duty of care.
- The registered manager was new to Abbeycroft. They were experienced in care management and expressed a clear commitment to driving up improvements. Plans were in place which identified and directed developments. The registered manager indicated the provider was supportive. A deputy manager was being recruited to further strengthen the leadership team.

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

- The registered manager and staff had helped to create a welcoming and friendly ethos at Abbeycroft. A person who used the service said, "From my point of view, I like the fact that it's not pretentious, you don't feel institutionalised. I like the fact that the way they operate is traditional in a good way. They concentrate on important things like the food, being warm and safe. It is straightforward and easily understandable. It meets my needs."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff consulted with people and monitored their experience of the service. Although resident's meetings had not recently been held, the registered manager spent time with people and operated an 'open door policy.' People said, "You can have chat when [the registered manager] comes in" and "If I want to see [the registered manager], I can pop into the office to sort things out." People had been invited to complete a quality assurance survey in July 2019. However, the results were yet to be evaluated and responded to.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us they could voice their opinions and make suggestions. They said, "The management is good. The registered manager is always approachable" and "We can speak up at staff meetings. Communication is good." Visiting professionals and relatives could rate and make comments about the service on care home review website.

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 provider and registered manager understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty. The registered manager and nominated individual were proactive in their response to the inspection process. They described how they would analyse and learn from untoward events at the service. The registered manager had appropriately reported incidents and occurrences in accordance with regulations.

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included, chiropodists, safeguarding teams, social workers, local churches and community nurses.



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 17 HSCA RA Regulations 2014 Good governance  The provider failed to undertake robust audits. Effective systems were not in place to ensure the quality and safety of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider had failed to establish and operate a safe and effective recruitment procedure.