

Crownwise Limited

Crownwise Limited - Parkview

Inspection report

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18 November 2016

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 15 and 18 November 2016. The service provides support and accommodation to 15 people with mental health needs. There were 14 people using the service at the time of our inspection.

At our previous inspection of 24 July 2015 we found the service was in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014 relating to staffing levels and management of medicines. We undertook a comprehensive inspection to check that the service now met the legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Crownwise - Parkview Care Home' on our website at www.cqc.org.uk.

At this inspection, the provider had sufficiently addressed the breach relating to medicines from our last inspection. The registered provider had made some improvement to staffing levels but not enough to meet people's needs. We found three new breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that relates to safe care and treatment, staffing and good governance. You can see what action we have told the provider to take at the back of the full version of this report.

We have made one recommendation in relation to management structure.

Staff identified risks to people. However care records did not always contain clear guidelines for staff to follow to manage identified risks.

Staff did not have regular supervision sessions and appraisal to carry out their roles effectively. Staff received training to do the job but they could not demonstrate understanding and knowledge to show they were competent and could apply it in practice.

Staffing levels were not always sufficient to safely meet the needs of people. People's care needs were not met because there were not enough staff to support them.

The registered manager was responsible for the daily management, administration; and providing leadership to staff and hands-on assistance to people. There was gap in management when they were not around and they seem overstretched with their workload as tasks they needed to complete were either not done or not thoroughly done.

There were systems in place for assessing and monitoring quality but these did not always pick up on issues of quality. Incidents and accidents were recorded and reviewed but there was no evidence that staff were learning from them to prevent future reoccurrences.

People received their medicines in line with their prescription and medicines were stored securely and record medicines administered were fully completed.

People told us that staff supported them to keep safe. Staff were knowledgeable in recognising the signs of abuse and knew how to report it by following the provider's safeguarding procedures.

Care records showed that people's needs had been assessed, planned and delivered in a way that met their individual requirements. People told us they were involved in planning and reviewing their support to ensure it was effective.

People had access to a range of healthcare services and were supported to attend their health appointments. The service liaised effectively with the community mental health team (CMHT).

People were encouraged to follow and develop their interests. People took part in activities they enjoyed within the service and outside the service.

The manager understood their responsibility to protect people under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the Mental Capacity Act 2005 (MCA). People's mental capacity to make decisions had been assessed and "best interests" decisions were in place where required. People were not unlawfully deprived of their liberty.

We observed that people were treated with dignity and their privacy was respected by staff. People told us they enjoyed the food provided and their nutrition and hydration needs were met.

The registered manager responded appropriately to complaints about the service. People were consulted and asked for their feedback about the service provided. The service was in good state of repair. Health and safety systems were regularly checked and maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Staffing levels were not sufficient to safely meet people's needs. Guidelines were not always in place for staff to follow to manage risks identified through risk assessments process.

Medicines were administered in line with the prescription; and stored safely and records kept.

Staff understood how to identify and report any concerns about abuse or neglect.

Requires Improvement ●

Is the service effective?

The service was not effective. Staff were not adequately trained, supported or supervised.

People gave consent before their care and support was delivered. The manager understood their responsibility to protect people under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were not unlawfully deprived of their liberty.

People were supported to eat a healthy balanced diet that met their requirements and they had access to healthcare services they required.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated dignity and their privacy, choices were respected by staff.

Staff understood people and communicated effectively with them about their support. People were supported to maintain relationships important to them.

Good ●

Is the service responsive?

The service was responsive. The service assessed people's individual needs and planned and delivered support to meet them accordingly.

Good ●

People were encouraged to follow their hobbies and participate in activities within and outside the service. People knew how to make complaint and had the opportunity to raise concerns and give feedback about the service and these were acted on.

People supported to practice and maintain their religious and cultural beliefs.

Is the service well-led?

The service was not well led. The service has a registered manager. Staff told us the registered manager provided them with direction and leadership.

The manager and provider carried out regular audits of the service to check its effectiveness but these did not always pick up quality issues for.

There were no process in place to enable staff reflect and learn from incidents and accidents.

Team work and team structure was not effective to enable productivity and the smooth running of the service.

Requires Improvement 

Crownwise Limited - Parkview

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.

The inspection took place on 15 and 18 November 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection we reviewed the information that we held about the service. This included statutory notifications the provider had sent to us about incidents at the service. We spoke with one professional from the local authority monitoring team to obtain their views about the service.

The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service, four members of staff and the registered manager. We observed how staff supported people. We reviewed six people's care records and the medication administration records of the 14 people using the service. We also looked at six staff files and records relating to the management of the service such as health and safety, complaints and quality monitoring.

After the inspection we received feedback about the service from four health care professionals from the Community Mental Health Team involved in the care of people using the service. The provider and registered manager sent us information relating to management of the service and training and supervision of the manager.

Is the service safe?

Our findings

At our last inspection of 24 July 2015, we found that the service was not always safe. Medicines were not administered and managed safely and there staffing levels were not sufficient to meet people's needs safely. The service was in breach of Regulations 12(2) (g) and 18(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made some improvement in staffing levels. Staff and the registered manager told us there were now always at least two support workers on duty anytime. Also, that extra staff were made available to attend external appointments or activities with people. The rota confirmed what staff and the manager told us. However, the service still requires improvement with staffing levels.

We found that staff were always busy and rushed so were not always prompt in attending to people's demands. This could make people feel anxious. One person told us, "No, there are not enough staff to meet our needs. They [staff] are always busy, they are doing all the jobs they have to do, but don't have time to spend with us doing things that we would like to do. You're always told to wait." Another person we spoke to said, "I think there is not enough staff."

Four out of the six professionals we spoke with told us that staff were often overstretched and busy completing paper work and other tasks that they are not always able to spend time with people to engage them in things they enjoy or in therapeutic activities such as attending classes or workshops. The professionals explained that often staff were not able to participate fully in review meetings because they were out called to attend to people, or answer phone calls or attend to visitors in between meeting taking place. We observed throughout our inspections that staff were often interrupted by people, phone calls, and door bells and were sometimes attending to more than one person at the same time.

The views of the staff team varied with regards to staffing levels. A staff member said, "I think we could do with an extra person on shift so that we can do things with people. It would be nice to be able to go out with people, but we don't have enough staff to do that." Another said "people's basic needs are met but to get quality care the service will require more staffing." And a third member of staff told us, "As most of the people here are independent I think we do have enough staff."

We observed that it often required two staff members to manage situations and people whose behaviours challenged staff and others. The registered manager sent us a copy of their staff planning tool which was based on dependency level. It focused on caring hours, that's time spent doing personal care and physical tasks with people and excludes other types of involvement with them. There was also no evidence to show it was regularly reviewed. We discussed this with the manager who explained it was used for commissioning purpose. We were not convinced that staffing levels were determined in a way that it was always sufficient to meet the needs of people safely.

At this inspection we found that people's medicines were administered and managed safely. One person told us, "The staff give me the tablets I need. I know what tablets I take and what they are for." Another

person told us, "The staff help me with my medicine." One staff told us, "Yes, I've received medicine training. I would report any errors immediately and try to understand why there was an error." Another staff said, "If I identified an error I would call the staff who last administered the medicine. I would check with a colleague to make sure there was an error and notify the manager." We observed staff administer medicine at lunchtime and saw that people received their medicines as prescribed. People were informed of what medicines they were being given. We checked Medicines Administration Records (MAR) for the 14 people living at the service for the four weeks period before our visit. The MAR were accurately signed and completed.

Medicines were stored safely. We saw that medicines were kept in locked cabinets and in the office only accessible by staff. There was a separate cabinet with additional locks to ensure they were well managed and protected. There were no controlled drugs available at the service at the time we visited. Medicines which required storage in the fridge were kept appropriately and the fridge temperature was monitored to ensure they were within the appropriate temperature. Medicines received into the service were recorded showing the name of the medicine, the person it belonged to and the quantity that was collected. Unused medicines were returned to the pharmacist and record maintained for this. Audits were carried out regularly and it showed that all medicines were accounted for.

The service did not have robust systems in place to protect people from identified risks. Risk assessments looked at various aspects of known risks for example, mental health conditions, safety in the community and behaviours. The assessments also included history, patterns and triggers to people's behaviours and conditions. Healthcare professionals told us that service liaised with them closely and had advice and support from them in effectively managing people's mental health conditions and behaviours. However, where people's behaviours challenged staff and others; there were not always clear guidance's in place to manage these. For example, the risk management plan for one person referred staff to follow 'clear guideline of interactions' to manage the person's behaviour but this was not in place at the time of our inspection. We drew the registered manager's attention to this on the day and we saw on day two of our inspection that he had put these guidelines in place.

Risks to people were not always managed in a way that prevented them from happening or reduced their impact. We found that there had been eight incidents which related to aggressive and challenging behaviours posed by people in the last 12 months. Three of these had presented signs and triggers to their behaviour becoming aggressive and challenging but staff had not dealt with them appropriately and promptly in a manner that deescalated the situation or prevented it from happening. One staff told us, "We [staff] could do with more training on strategies on keeping people calm and safe. Staff told us and training record confirmed that staff received training on how to physically intervene and diffuse challenging and violent situations, however they were unable to demonstrate sufficient knowledge of supporting people properly at a time of heightened anxiety. We were concerned that staff may not know how to respond appropriately to people and deescalate situations properly to reduce the risk to themselves and others.

This was a breach of Regulation 12 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse and discrimination. People told us they felt safe at the service. One person told us, "I do feel safe here, and if there's any trouble they [staff] call the police." Another person said, "I feel safe here. Staff are around to sort out issues." One staff told us, "If someone abuses someone we have to report it to the relevant people immediately." Another staff said, "Safeguarding is about protecting and safeguarding people from the risk of abuse and making sure people are safe. Staff were aware of the different types of abuse and were confident in following the correct procedure in reporting suspected abuse.

Staff received safeguarding and whistleblowing training and knew their rights if they whistle blew. Staff told us that they were confident that any concern raised would be properly investigated. The registered manager understood their responsibility in line with their procedure to ensure concerns raised were appropriately investigated and actions taken to safeguard people. The service had a safeguarding policy and procedure in place and they also followed the local authority procedure to ensure people are well safeguarded from abuse. Records reviewed showed that safeguarding concerns had been reported and investigated in line with their procedure; that of the local authority and notification sent to CQC.

People received care and support from suitable staff. The service carried out robust recruitment checks to ensure only suitable staff were employed. We looked at staff personnel files and found each file had two references, application form, photo identification and a completed disclosure and barring service [DBS] check in place. A DBS is a check undertaken by the employer to ascertain people's criminal convictions and make safe recruitment decisions.

People were supported to live in a safe environment. Risks assessments were carried out to identify potential hazards on various aspects of the environment and service including fire, gas and electrical safety. Actions were taken to reduce areas of risk found. For example, smoke detectors installed in rooms and around the home to alert staff of smoke so action could be taken quickly. The service also carried out regular checks of the environment to ensure it was safe, for example, health and safety checks. We looked at the records the service maintain and found the fire safety checks were up to date. We also looked at the maintenance checks and found when an issue had been identified action was taken to resolve the issue in a timely manner. For example the service had plumbing issues which were addressed.

Is the service effective?

Our findings

People received care and support from staff that were not well supported and supervised in their jobs. Two out of four people we spoke with felt staff understood their needs relating to their mental health conditions and knew how to support them appropriately and the other two people said staff were not experienced in the job. One person told us, "There's room for improvement. Some staff lack a basic understanding of the service users' needs and requirements. They [staff] need to improve. They [staff] need to do more observations; they need to talk about how we feel. They feed you then leave you alone to get on with it."

Staff were not well supported by the registered manager. One member of staff told us, "I've not really had a supervision this year, nor an appraisal." Another staff said, "I've had supervision every three months. The last one was really good. If you need more work in one area or are doing well, the registered manager will let you know. I can always have my say and I feel I could ask for another supervision if I needed one." A third staff told us, "I have not had a supervision for a long time. It will be good to have one."

We looked at staff files and found inconsistencies in staff receiving supervisions and appraisals. No file had record of appraisal in the last one year. All staff we spoke with confirmed that they haven't been appraised in the last year. We spoke the registered manager about this and they agreed that they needed to improve in this area and they would take instantaneous action to address this. We were concerned that staff were not getting adequate supervision to enable them perform their roles effectively and competently.

These issues were a breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they received relevant training to enable them be effective in their roles. A member of staff told us, "Yes, I've had a lot of training, safeguarding, food hygiene, medicines and first aid. Having the training helps to refresh your memory. I've done my NVQ here." Another staff said, "I've had lots of training." The service had a training matrix which showed when staff received training regularly. However, staff could not demonstrate clear understanding and in-depth knowledge on areas they have received training on. For example, staff confirmed they received training on managing challenging behaviour but they could not demonstrate confidently and clearly how they would apply this knowledge in practice. This meant that people received care and support from staff that did not have the sufficient knowledge to meet their needs. We spoke with the registered manager who told us, they will review how trainings were conducted and how knowledge and competencies were assessed.

People's consent to care and treatment was sought prior to care being delivered. One person told us, "They [staff] do ask for consent." Staff were aware of the importance of obtaining people's consent. Staff also demonstrated they understood people's right to decline to care and support offered and they knew to involve relevant professionals if they felt the person lacked capacity to make a specific decision or their decisions put them at risk. We saw that appropriate process had been followed in line with Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and due authorisation obtained for the two people currently under DoLS. This ensured that people who lacked mental capacity were not deprived of

their rights and liberty unjustly.

People were supported to eat and drink that met their nutritional needs and dietary requirements. One person told us, "The food is good. I enjoy it." Another person we spoke to said, "The foods ok, I like it. If I don't like a meal, I can ask for a sandwich." During the inspection we observed the lunch time meal and found that people were offered what they requested. People ate their meals in a relaxed and comfortable atmosphere. Staff supported people who required assistance to cut up their food in smaller pieces to make it easier for them to eat. People had access to a varied balanced diet with vegetables and that had fresh fruits included.

People were supported to access health care services to monitor and maintain their health needs. One person told us, "I can see the GP, it's not far and I can go myself, I don't need help." Another person said, "I go to a medical centre who helps me." Care records showed that people's physical and mental health needs were met in cooperation with the relevant professionals. They were registered with and supported to attend meetings, appointments with their GPs, mental health coordinator and others professionals such as dentist and optician. Professionals told us the service kept them updated with a person's condition and followed advice given in relation to people's health and well-being.

Is the service caring?

Our findings

People received support from staff that were compassionate and caring. One person told us, "The staff are alright, I talk to them." Another person said us, "The staff are kind and helpful."

Professionals told us that staff were genuinely caring, supportive and understanding towards people even in the face of challenging behaviour. During the inspection we observed staff interacting with people in a kind and caring manner when they had time to do so. Staff stopped to listen to people's questions and responded to them appropriately, sometimes asked them to wait but came back to them as soon as they were able to. We saw staff member provide comfort to a person who was unhappy and distressed. The staff member stayed with the person spoke to them in a gentle manner and asked them what the problem was. They talked about the problem and the staff gave them reassurance and supported the person until they became relaxed and the concern resolved.

People communicated in a manner staff understood. People's preference to communication was documented in their care plans and it held information about people's histories and background including, family, social network, culture, religion and individual preferences. Staff showed they understood how these affected people's behaviour and choices and they respected them. We heard staff address people by their preferred names.

People were empowered and supported people to express their views and needs. People told us staff attended appointments and reviews meetings with them if they wanted them to and they supported them to put their views across. Staff told us that it was important that people were able to say how they were feeling and what they wanted without feeling overwhelmed. Professionals confirmed this and told us staff presented relevant information to them to enable them meet people's needs adequately. The service also knew how to access independent and professional advocacy service if required.

People had their confidentiality maintained and respected. Staff were aware of the importance of maintaining people's confidentiality. Records were kept in a locked office with only those with authorisation having access to the documents. Handover meetings and any discussion about people were done in a private room to ensure the information shared only got to those it was intended.

People had their privacy and dignity maintained and encouraged. One person told us, "Yes, staff respects my privacy." Another person said, "Staff will knock on my door before they enter my room." Staff understood the significance of promoting these and they demonstrated they applied these in practice. People were able to visit friends and family in the community and they were also able to have their friends and family visit them and they could private time with them.

People were offered choices about the care and support they received. Two people we spoke with told us that staff offered them choices. A staff member told us, "Everyone's different, you can't treat everyone the same. You have to get to know people. You ask what they want, whether it is to do with food, activities or the home." Another staff said, "You offer choices by having consultation and feedback with people. We [staff]

ask people if they want to make choices or change thing. It's about asking them what they want and giving them that choice."

Is the service responsive?

Our findings

People received care tailored to meet their individual needs. One person told us, "They [staff] call me into the office and tell me what has changed in my care plan and then they type it up." A staff told us, "The registered manager mostly updates the care plans every six months. The care plans are helpful in getting to know people. The updated care plans are shared with all the staff so that we know what changes have been made."

Care records showed that care needs assessment covered people's background, physical and mental health needs, and social relationships, interests and goals they wanted to achieve. Care plans were in place which set out how people's individual needs would be met, how their goals would be achieved and the key people involved to ensure this happened. Staff supported people who required assistance to maintain their personal hygiene to do so and this was documented in their care plans. We also saw that those who required support to develop budgeting skills and other skills of daily living and programmes to improve their health and well-being were provided with the level of support they required. Staff told us that they gave feedback to people and relevant professionals involved in their care in order to motivate them. Professionals we spoke with told us staff kept them up to date with people's progress and sought advice on how they can achieve better outcomes for them. People's progress or concerns were also noted on the daily reports from staff and discussed at handover meetings between shifts to ensure appropriate follow up or monitoring took place.

People were encouraged to be as independent as possible. One person told us, "I can go out on my own, I have to let the staff know when and where I'm going before." A staff told us, "Most people here can go out on their own. Unless you have to escort them in the community. We [staff] try to encourage people to do things for themselves, they [people] may need to support if they are unwell." Throughout the inspection we observed staff encouraging people to maintain their independence. For example, one staff spent time talking with people who were accessing the local community reminding them to maintain their safety. We saw people go out and return as they wished.

People were supported to engage in educational, recreational and therapeutic activities. People attended community centres and training programmes such as day centres, workshops and community events to learn new skills and socialise. Care plans noted which activities people took part in and regularly attended. On the day of our inspection, four people were out attending various community activities. The service also had in-house activities to engage people. One person talked at length about the art and craft sessions held in the service they participated in. They were proud to show us some art work they did. Other activities held in the service included social evenings, games and film shows. People told us they enjoyed these but wished they were more activities taking place. We gave the registered manager this feedback and they said they will look into it.

People were encouraged and supported to maintain their religious and cultural practices as they wished. Care records noted people's religious and cultural beliefs. People, staff and the registered manager told us that people were able to and supported attend local religious centres as they wished. Local religious groups

were also welcomed to visit people and hold service at the home which people participated in as they wished.

People's views on how their service should be provided were obtained and acted on. The service held regular meetings with people to consult and gather their feedback. We saw that people were consulted about the food, activities and house rules. People told us they knew how to make a complaint if they were unhappy with the service and they confirmed that issues they raised were addressed and resolved promptly. One person told us, "There's nothing to complain about. You can speak to staff if you're unhappy." We looked at the complaints file and found and found evidence that a complaint had been acknowledged, investigated and responded to and in line with the organisation's procedure. An apology had been made following a complaint made.

Is the service well-led?

Our findings

The systems and processes in place were not robust enough to identify pitfalls in the quality and safety of the service provided to people. The registered manager completed regular health and safety, environmental checks and medicine audits. Issues identified were actioned. The provider also completed audits looking at different aspects of the service such as care and support provided to people, staff training, activities, health and safety, food and nutrition and working with other professionals. Where issues were identified recommendations were made to rectify them. However, we noted that the audits conducted by the provider and registered manager did not always pick up gaps in the service or quality concerns. For example, monthly audits completed by the provider had not noted that staff supervisions and appraisals were not happening as they should. Also, that there were information missing on some care files.

The service reported notifiable incidents to CQC and maintained record of these which the provider reviews and makes recommendations to correct or fix the situation and we saw that recommendations were actioned. However, we were concerned that these were not always analysed to show patterns and trends in the service and thereby used to identify gaps in staff knowledge and experience so appropriate training and support could be put in place. Also, we found that there were no systems in place to enable staff reflect on incidents that had occurred to ensure they learnt from it to improve their experience and quality of service provided to people.

This was a breach of regulation 17(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager who had worked with the service for several years. People told us that they could speak to the registered manager about anything and he listened to them and made every effort to resolve their concerns. One person told us, "He's [registered manager] alright. He's here about nine to ten hours a day. Yes I can talk to him and he takes on board my comments." Another person said, "[Registered manager] is affable, you can talk to him." Professionals we spoke with told us that the registered manager was competent at the job and works hard. However, felt staffing levels and team structure was impacting on effectiveness in the running of the service. They gave examples of interruptions during meetings where the manager or staff sitting at meeting needed to leave to attend to other people, and when he is not around staff had to phone him or the provider for decisions.

We observed positive interactions between the registered manager, people and staff. Both people and staff were free to speak to him at any time, requesting for information or support and he gave the assistance they required accordingly. Throughout the two days of our visits, we saw he was very busy and involved in both hands-on tasks and in the general administration of the service. He attended to people's needs, staff and visitors. He was called upon by staff and people for decisions even while at meeting with us. We also found that he was responsible for completing and ensuring documents were updated including carrying out reviews and updating care plans and risk assessments; and conducting one-to-one supervisions, induction and appraisals for staff. We saw these tasks were not happening as they should, for example, staff supervisions and appraisals were not happening regularly; care reviews were not done thoroughly and care

plans were not as detailed as they should be. One person told us that care reviews were not always done with them as the manager does not have the time but they were given the opportunity to read it and agree or disagree. We believe the workload for the manager may impact on their effectiveness.

We recommend that the provider conducts a review of the team structure to improve the organisation and effectiveness of the service.

Staff told us that the registered manager was open to suggestions and feedbacks; and gave them direction and leadership. We saw minutes of team meetings and it showed discussions relating to people's care and welfare; roles and responsibilities, staffing and management. Staff told us team meetings gave them opportunity to share and receive relevant updates about the service and upcoming events.

The registered manager told us the provider visited periodically to carry out audits and to offer support and supervisions. They told us they were able to request for support and discuss issues with the provider. Notes of supervision meetings between the registered manager and provider confirmed that meetings took place quarterly and issues regarding the service were deliberated and considered.

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 Risk assessment did not always have guidelines for staff to follow to manage identified areas of risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes in place were not robust enough to identify pitfalls in the quality and safety of the service provided to people
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive adequate and regular support, supervision, appraisal and training necessary to enable them carry out their duties effectively.