

Livability

York House

Inspection report

New Street, Ossett, Wakefield, WF5 8BW
Tel: 01924 271403
Website: www.livability.org.uk

Date of inspection visit: 5 October 2015
Date of publication: 14/01/2016

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 5 October 2015 and was unannounced. The previous inspection, which had taken place on 8 September 2014, had found the service was in breach of health and social care regulations, in relation to staffing. We had requested an action plan from the provider to outline what action they would take to improve and to meet the regulations. This inspection found that improvements had been made in relation to staffing. However, we found breaches relating to other areas of the regulations; premises and equipment and good governance.

York House provides support and personal care for up to 23 adults with learning and physical disabilities, including complex needs. There were 18 people living at the home

at the time of the inspection. The accommodation is accessible for people with physical disabilities, with private rooms and communal bathrooms, communal lounge and communal dining area. There is a self-contained flat that is available for visiting relatives to use. There is an enclosed, well maintained, garden.

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

Summary of findings

People told us they felt safe living at York House. Staff had received appropriate safeguarding training and had a good understanding of safeguarding procedures in order to keep people safe.

We found concerns relating to the health and safety of the home and the environment. This demonstrated a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt confident that staff knew what they were doing and that they were well trained. We saw evidence that staff had undertaken appropriate training.

We were told by people that staff were caring and we observed some caring interactions.

People were able to participate in a range of activities. People's care plans were personalised, person-centred and they were regularly reviewed.

Some audits had not been regularly completed and, as a result, areas for improvements such as storage of hazardous substances had not been identified. Where risk was identified and recorded as a result of auditing, for example when water temperatures were found to be outside the limits of the safe temperature policy, the registered provider did not introduce measures to reduce or remove the risk. This demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the registered manager to be open and transparent.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 always safe.

People said they felt safe.

Some health and safety issues had not been addressed.

Staffing levels were sufficient and staff were deployed appropriately to meet people's needs.

Medication was managed and administered appropriately.

Requires improvement



Is the service effective?

The service was effective.

People felt confident that staff had received appropriate training.

Consent was sought from people in relation to their care.

Staff had received training but, in practise, staff lacked knowledge and understanding in relation to the Mental Capacity Act.

People had access to health care services when they needed them.

Good



Is the service caring?

The service was caring.

Some people said staff were very caring.

People had access to advocacy services.

We observed staff respecting people's privacy and dignity and saw positive interactions with people.

Good



Is the service responsive?

The service was responsive.

People told us they could make their own choices.

Care plans reflected people's preferences and choices and plans were tailored to each individual.

People were supported to practise their chosen faith.

Good



Is the service well-led?

The service was not always well led.

Regular audits did not take place and some health and safety concerns were not addressed appropriately.

Staff told us they felt supported by the registered manager.

Requires improvement



Summary of findings

Policies and procedures were not always up to date.	
---	--

York House

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 was 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 5 October 2015 and was unannounced. The inspection was carried out by three adult social care inspectors. Before the inspection, we reviewed the information we held about the home and contacted the local authority 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.

The registered provider had 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. This information was also used to assist with the planning of our inspection and inform our judgements about the service.

We used a number of different methods to help us to understand the experiences of people who lived at the home. We spoke with six people who lived at the home, four care staff, a cook, the deputy manager and the registered manager.

We looked at seven people's care records, three staff files and training data, as well as records relating to the management of the service. We looked around the building and saw people's bedrooms, with their permission, bathrooms and other communal areas.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, “No one can get in from outside.” However our experience was that, upon arrival, we pressed the door buzzer in order to request access, the door opened and we entered the building. No-one greeted us and we were free to walk into the home, unchallenged.

Another person told us, “I feel safe, yes. I have a call bell. There is 24 hour care. If there is an emergency they [staff] run.”

We found a number of environmental health and safety concerns and we raised these with the registered manager on the day of our inspection. For example, in one bathroom we found a light-switch with no cover in place. We found a monitor plugged into a socket with a lead trailing in the corridor which could be hazardous. We noted that some toilets did not have cistern lids. One bathroom had hooks protruding at head height. There was a call bell that was not working in one of the ground floor bathrooms. Some cleaning chemicals were accessible in bathrooms and not stored away securely. The lock on one of the bathroom doors was hanging on with one screw. One person told us they thought some equipment was second-hand and said, “A lot of stuff has started breaking down.” The registered manager told us there was an ongoing refurbishment plan and assured us that action would be taken to rectify the issues highlighted. These examples demonstrated a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because premises and equipment were not properly maintained.

The registered manager told us they had received safeguarding training from the local authority. We found the registered manager had a clear understanding of what constituted abuse and they were clear about the procedures they would follow if they suspected anyone was being abused or was at risk of harm. Appropriate referrals had been made to the local authority. We saw evidence that actions had been taken as a result of safeguarding referrals being made. For example, following a medication error, changes were made to staff handovers to ensure clearer processes were in place. Staff also told us they were aware of safeguarding procedures and they knew what to do if they suspected anyone was at risk of harm or

abuse. This meant that people were protected from abuse and improper treatment because the registered provider had robust procedures and processes to make sure people were protected.

The registered manager told us that people had individual risks assessments in place and there were also generic risk assessments relating to the building and grounds for example. We saw evidence of these and found they were personalised to the individual. One person told us they had a risk assessment in place which related to cooking their own food and they could cook if they wanted to. Staff told us they had seen and understood the risk assessments. This helped to ensure people could maintain independence whilst minimising the associated risk.

Everyone had a personal emergency evacuation plan in place and the registered manager had an agreement with the local town hall so there was a place of safety available in the event of an emergency. The emergency evacuation plan, dated March 2015, was displayed in the reception area. The staff we spoke with were aware of safety and emergency procedures. Furthermore, staff were able to outline what action they would take in the event of a first aid emergency, such as if a person was choking for example.

Safety information was displayed in the reception area, such as action to take in the event of a fire and information relating to first aid, smoking, personal safety and security for example. Additionally, names and photographs of staff on duty were displayed, along with information relating to staff members’ qualifications and first aid status. This helped to ensure the safety of people living at York House.

We saw evidence that weekly safety checks were undertaken, such as fire alarm testing and emergency lights and fire extinguishers for example. There was evidence of lift servicing and fire alarm servicing. The gas safety certificate was dated June 2015 and Portable Appliance Testing (PAT) had taken place and was valid until February 2016.

The previous inspection of September 2014 found a breach in health and social care regulations regarding staffing. We checked at this inspection and found improvements were evident. The registered manager told us that staffing levels were based on the needs of people living at York House. The registered manager had identified that the service would benefit from additional resources such as extra

Is the service safe?

domestic staff and administrative support. We were told this meant that care and support staff were better able to provide person centred care and more individualised support for people. One of the people we spoke with told us, “It is better that staff are not having to do as much cleaning as they used to do.” We looked at staff rotas for four weeks and found these to be well organised and planned. The number of staff identified as being required were deployed.

We looked at three staff files and found that safe recruitment practices had been followed. For example, the registered manager ensured that Disclosure and Barring Service (DBS) checks had been carried out. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked at whether medicines were managed and administered appropriately and safely. Staff had received specific training in the safe administration of medicines. In addition to this, staff knowledge was regularly tested and there was an observation book so that people could watch each other and observe and share good practice. We saw that medicines were stored securely and appropriately. Medicines were dispensed from packs which clearly indicated dates and times for medicines to be

administered and people were assisted to take their medicine safely. For example, we saw that one person was reassured and offered a drink when they were coughing, after they had taken their medicine. One person told us that staff watched them take their medicine and then assisted the person to count the remaining medicine every day. This meant that medicines were administered and managed in a safe manner.

We saw that personal protective equipment (PPE) such as gloves and aprons were available and stored in cupboards that were accessible to staff. We observed staff wearing PPE when it was appropriate to do so. However, we saw that staff did not always remove PPE, such as their gloves for example, when touching door handles and entering other rooms. This meant that procedures were not always followed to prevent and control the spread of infection.

Systems were in place to record the cleaning of rooms and equipment. For example, a hoist which had recently been cleaned was labelled, ‘I am clean,’ with the date and time that the hoist had been cleaned clearly displayed. We also saw there was a cleaning checklist displayed on the wall in one of the bathrooms. This had been completed to show that the bathroom had been cleaned daily.

The home was awarded a five star rating, which equates to, ‘very good,’ in relation to food hygiene on 19 August 2015.

Is the service effective?

Our findings

One person told us, “Staff know what they’re doing. They’re trained before they start work.” Another person said, “They’re all trained and I have had no problems.”

The registered manager told us that, in order to determine the level and depth of staff knowledge, quizzes were planned during team meetings which covered themes such as infection prevention and control, safeguarding, complaints and the Mental Capacity Act 2005. This gave the registered manager an understanding of where further staff training or refreshers might be required. Additionally, people who lived at York House, or their families, had also been invited to attend staff meetings, to share their experiences with staff of what it was like to be supported to live there. The registered manager felt this was a powerful way of offering staff a better understanding of the needs of people they supported.

We saw that the first week of employment for new staff was office based training and during the following two weeks staff were supernumerary to the team. This gave new staff the opportunity to shadow more experienced staff and to understand people’s needs before providing care and support. Additionally, the level of understanding that new staff had acquired was tested to ensure they had the right skills. This showed staff had received essential information prior to commencing their role and the registered manager had taken steps to ensure new staff were suitable for their role.

We spoke to a member of staff who told us they enjoyed working at York House. They told us they had received an induction and had the opportunity to look at people’s care plans before providing care and support to people. We saw that mandatory training for staff was up to date and training was well organised.

The registered manager told us that York House had links with the Voluntary Organisations Disability Group (VODG). The role of VODG is to combine and harness the separate skills, experiences and knowledge of individual member organisations, in order to challenge barriers, facilitate best practice and to assist an exchange of learning. There were a number of volunteers who helped at York House, in areas such as gardening for example. All volunteers received an induction.

People’s consent to care was sought and people signed to say they agreed with their care plans. The registered manager had a good understanding of the principles of the Mental Capacity Act and of how decisions might be made in a person’s best interest if they lacked capacity. Additionally, the registered manager had received training from the local authority in relation to the Deprivation of Liberty Safeguards. Although staff had received training in relation to the Mental Capacity Act we found that, when we asked them about this, they lacked knowledge in this area. We shared this with the registered manager who agreed to consider this further.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

A person living at York House was deprived of their liberty. We found this was lawful and that appropriate authorisation had been sought and granted. This meant that the person’s rights were protected. Furthermore, we saw evidence the registered manager had sought appropriate advice from the local authority regarding whether other people were deprived of their liberty and whether authorisation for this needed to be sought.

There were mixed views regarding the quality and choice of food. One person told us they thought the standard of food was very good. There were two choices of meals on the lunchtime menu and one person told us, “If you want something else making, they’ll make it. You can have anything you want at tea-time.” However, another person told us they bought their own food because the choice was limited. Another person told us the quality of food was variable. This was being addressed by the registered manager. People had access to make their own drinks and snacks and some people, for whom there was a risk assessment in place, were able to do this.

In relation to assisting people with eating, staff undertook specific training from the speech and language therapy team. The registered manager told us that staff did not assist people until they had received this training. This helped to ensure that people received appropriate support to have their diet and nutritional needs met.

Is the service effective?

The registered manager told us there had been a number of meetings with people who lived at York House regarding food and menu planning. Kitchen staff had been invited to attend the service user meeting. We observed a lunchtime experience and saw that there were choices available. We spoke with the cook who told us they developed a menu but this was more of a guide. Everyone was asked what they would like to eat and the cook tried to accommodate this.

People had access to health care and we saw that referrals were made to other agencies or professionals. For example, one person had been referred to the psychologist to address some issues and this had resulted in additional support. District nurses visited regularly to assist with catheter care and we saw that referrals had been made to the speech and language therapist and dietician. One person we spoke with told us they had, “quick access” to their general practitioner or nurse when this was needed.

Is the service caring?

Our findings

A person we spoke with told us, “It’s lovely here.” The person said they felt they were looked after properly. Another person told us, “It’s a nice place to live. Staff are very caring when not flying about being busy.”

Another person told us, “Staff are brilliant and can’t do enough for me.”

We observed positive interactions between staff and people who lived at York House throughout the day. There was appropriate laughing and banter.

In a recent service user survey, all 16 respondents said they were given the time they needed to make decisions. 12 out of the 16 respondents said they felt that staff listened to their views and opinions. We saw evidence that people’s views had been listened to, for example people’s concerns were addressed and people were consulted in relation to their care planning and the planned refurbishments within the home.

Staff told us they respected people’s privacy and dignity by knocking on doors before entering rooms and by closing curtains. We observed staff knock on people’s doors before entering their rooms. One person told us that some staff talked about people in the communal areas and outside bedrooms. This would demonstrate a lack of respect for people and their privacy. We shared this information with the registered manager so that this could be addressed. However, the registered manager was already aware and had already taken steps to address this.

The registered manager had contacted a local advocacy group and ensured that a person living at the home had benefitted from accessing an advocate. An advocate is a person who is able to speak on a person’s behalf, when they may not be able to do so for themselves.

We observed that the registered manager knew people who lived at the home well. We observed positive interactions. We saw that the registered manager used appropriate tone and touch when speaking with people. The registered manager clearly knew the histories of people and was therefore able to strike up conversations and talk about things that people liked. We saw the registered manager treat a person with kindness and compassion when they were talking about a bereavement.

We observed a mealtime experience and found there to be a pleasant atmosphere. Staff assisted people who required assistance to eat their meal and offered to help other people. People’s wishes, regarding how much assistance they required, were respected. Staff were patient and were guided by the pace of the person they were assisting.

The registered manager told us they had open but considered discussions about people’s end of life wishes. These were respected and we found that a ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) order was in place for one person. This showed that people’s end of life wishes were respected.

Is the service responsive?

Our findings

One person told us, “There are more activities than there used to be.” People told us they engaged in activities such as cooking, reading, watching television, going to town on market day, going bowling or to the cinema, using a computer or arts and crafts for example.

People’s care plans and records were stored and updated electronically. Some people we spoke with were aware of their care plans and they told us they were able to view and contribute to their care plans with staff.

We looked at seven people’s care plans. We found these to be person centred. They contained information relating to people’s likes, dislikes, personal interests, communication needs, mobility needs and personal histories for example. We found the plans to be thoroughly completed with detailed information pertaining to the person. Information was included regarding how best to support the person and how the person wished to be supported.

Some people showed us their rooms. We saw that rooms were personalised to the individual’s taste. Photographs and personal sentimental items were on display. One person told us, “Oh yes, I have my room just how I like it.”

People told us they could make their own choices. For example, people chose when they wanted to retire to bed and when they wanted to rise, what activities they wanted to do and what they wanted to eat.

One person told us they had attended a place of worship regularly. The registered manager told us that representatives from a person’s place of worship had also visited the home. Staff were supportive of a person’s choice to decide whether or not they wished to practise their faith.

There were no dedicated activity staff. Some people living at the home could access the community independently. Others needed support. Recent additions to the wider staff team meant that care and support staff had more time to engage in activities with people. We saw that, in a team meeting, the registered manager had asked staff to consider activities that were available in the local community. The registered manager told us that connections with local communities had been discussed during a wider provider meeting and this was an area that

the registered manager was hoping to expand. A recent service user survey report showed that all 16 respondents felt they had access to the activities that were important to them.

The registered manager explained there was a group of people trying to raise awareness of York House within the community. A ‘getting to know you’ coffee morning had been held and enquiries had been made regarding whether the home could have a stall at the local market.

The registered manager told us that people’s needs were reviewed at least every six months, or whenever any care needs changed and we saw evidence of this. People met with their key worker regularly so that any changes to needs or support could be discussed and considered.

We saw that some minor refurbishment was taking place at the time of our inspection. As a result, the lounge area was being decorated. People had been consulted and their views had been sought regarding how they wanted the lounge to be decorated and refurbished. Multiple samples of wallpaper had been displayed in the lounge area for two weeks and people voted for the one they preferred. The sample with the most votes was the one that would be used. This demonstrated that people living at York House were involved and consulted in decisions about the home.

There was a service user survey report on display in the reception area which had been conducted during July 2015. Consideration had been given to the format of the survey, to enable as many people as possible to be able to contribute. For example, there was an easy to read version and people were assisted to provide their responses where required. The report showed how people rated the service in the different areas of safe, effective, caring, responsive and well led. The survey showed the main strength was that people felt the service was responsive. The reported highlighted areas of good practice and also made recommendations where practice could be improved. This demonstrated that the registered provider had been proactive in obtaining people’s views. It is important to obtain feedback from people because this can be used to drive improvements.

Information was made available and was on display in the reception area, advising people of what to do if they wanted to make a complaint. We looked at how the registered manager dealt with complaints. We found evidence that action was taken as a result of complaints.

Is the service responsive?

For example, discussions had taken place with staff regarding conduct. We also found that complaints were analysed monthly, so that any trends could be identified. We saw evidence that, when a number of complaints had been raised regarding the same issue, the registered manager discussed this in the service user meeting. We noted that, on one occasion, the complainant had not been responded to in line with policy and had felt the need to follow the complaint up due to a lack of response. This was because the registered manager had not been passed the complaint from head office. The registered manager had taken appropriate action and raised this as a concern with head office and apologised to the complainant.

Appropriate information was shared between staff at the commencement of each new shift. This took place during a staff handover. A member of staff was designated as being responsible for the handover. The staff member read aloud the communication notes for each person so that staff coming on shift were provided with the information they needed. This meant that important information was shared between staff so that people received appropriate care and support.

Is the service well-led?

Our findings

The home had a registered manager in post, who had been registered with the Care Quality Commission to manage the home since October 2010.

A compliments book was displayed in the reception area. One of the comments, dated January 2015, stated, 'Excellent communication with Adult Social Care Team at the Local Authority.' Another comment read, 'Willingness to help with requests.'

Staff told us the registered manager was supportive and they could always discuss any issues. The registered manager told us that staff meetings were held every six weeks and these were a useful forum for exchanging information. Staff were asked, during the meetings, to share some good practise they had witnessed from other members of staff. This ensured that staff could be recognised for their good practise and that this could be shared. We saw that items discussed included fire safety, emergency evacuation information and infection control feedback for example.

The registered manager told us that staff supervision should be every six weeks. However, it was acknowledged that this was not always the case. The registered manager showed us a timetable, with a plan for supervisions to become better planned and organised. A member of staff we spoke with told us they had supervision every three months. Discussion during supervision focused around the key areas of whether care was safe, effective, caring, responsive and well led. Staff also had the opportunity to discuss areas where they felt they needed support and areas in which they excelled. One member of staff told us they had raised in supervision they felt they needed extra support or training in a specific area. This was actioned and the member of staff felt supported and more confident in their role as a result. The registered manager told us they also felt supported in their role. They received regular supervision and felt able to raise any issues with the registered provider.

Staff and people told us that service user meetings took place regularly. The registered manager told us they tried to hold these meetings before the staff meetings so that any issues raised could be shared appropriately. We saw evidence that discussions during service user meetings included confidentiality and data protection and menu

planning for example. The cook had been asked to attend a service user meeting so that people could discuss their ideas. This meant that people were able to express their views and were involved in making decisions about their care and treatment.

The registered manager told us the registered provider had a Quality and Practice Development Team which ensured that quality audits took place two or three times a year. People who had experience of using services were also involved in these audits. We saw the most recent audit had taken place during June 2015. This had resulted in an action plan, for example in relation to staff training in the area of medication administration. We also found that a health and safety reassurance report had been undertaken during May 2015. This gave consideration to issues such as fire safety, accident management, risk management and the safety of the environment. We could see that actions had resulted from this.

Although medication audits took place daily, the registered manager acknowledged that other audits were not regularly completed, other than those completed by the Quality and Practice Development Team. For example, cleaning or infection prevention and control audits had not been regularly completed and, as a result, areas for improvements such as storage of hazardous substances and the lack of recording of cleaning had not been identified. It is important that registered providers have systems in place for regular audits so they can monitor and improve the safety and quality of service.

We found action had not been taken when other hazards had been identified. For example, testing had taken place of hot water temperatures. We found that, although the guidance document stated, 'to ensure temperature is below 41°C,' records showed that more than half of the outlets tested were above 41°C. This meant the registered provider did not have effective systems and processes in place in order to assess, monitor or improve the quality and safety of the service. Additionally, where risk was identified and recorded, the registered provider did not introduce measures to reduce or remove the risk. This demonstrated a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us there was an ongoing programme planned for refurbishments at the home. We asked to see plans or evidence of this but it was difficult to

Is the service well-led?

firmly establish exactly what work would be undertaken. We were shown a timetable of works but this related to work that had already been completed, for example, new windows being installed.

We looked at different policies and procedures and found they were in place in relation to complaints, controlling the risk of hazardous substances, equality and diversity, health and safety, moving and handling, whistleblowing and safeguarding for example. We found, however, that some policies were out of date. For example, there was a quality assurance policy that was dated December 2012 and this was due for review in August 2014. The moving and handling policy was dated February 2011 and this was due to be reviewed in February 2014. This could mean that the registered manager and staff were not following the most recent guidelines. We shared our findings with the registered manager who agreed to look into this.

During April 2015, the home held a hustings event, whereby Members of Parliament from different political parties were invited to the home, to meet people living at the home, friends, family, staff and people from a local community

group and day centre. This provided an opportunity for people living at the home, staff and other key people to share their concerns on issues which mattered to them ahead of the general elections. It also provided an opportunity for local MPs to ask questions of people and staff with a view to strengthening their awareness of people living with a disability and the issues they face.

Her Royal Highness The Princess Royal was the registered provider's patron. The registered provider held an annual Princess Royal Awards ceremony, which was created by the registered provider to recognise the outstanding contribution of its staff, supporters and volunteers. The registered manager had been nominated and received an award.

The registered manager told us the ethos within the home was one of openness and transparency. We were told that mistakes were acknowledged and addressed. We saw evidence of this, for example if errors were made in relation to medication. The inspection team found the registered manager to be open and responsive during the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Premises and equipment used by the service provider were not properly maintained. Regulation 15(1)(e).

Regulated activity

Accommodation for persons who require nursing or personal care
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems and processes were not established and operated effectively to assess, monitor and mitigate the risks relating to health, safety and welfare of each service user. Regulation 17(2)(b).