

# Asprey Healthcare Limited

# Sherwood House

## 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 well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sherwood House is a residential care home providing accommodation and personal care to up to 35 people. The service provides support to older people who live with physical and health related support needs, some of who also live with dementia. At the time of our inspection there were 30 people using the service. The home was recently refurbished and people lived in two parts of the building, called Claremont and Sundown suites with further refurbishment works being completed.

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

The governance and management systems in the home were still not fully effective in identifying and addressing shortfalls in a timely way which put people at risk. People's records were not always robust enough and up to date around their changing needs and risks, including specific health risks. Although staff in general knew how to support people safely, they did not always have appropriate specialist training and detailed guidance to ensure people received safe care at all times.

The provider's audits and checks did not always identify or address effectively concerns around staff deployment, medicines administration records or people's care records. The provider did not effectively address the recommendation we made in relation to people's mental capacity records at the last two consecutive inspections.

The provider was responsive to our feedback and took action to address it following the inspection. They provided evidence of progress with the actions and continued to support the home's management team. The provider's oversight of the service had improved significantly since the last inspection and completion of some actions was delayed due to challenges related to management changes.

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 to eat and drink well, to keep safe and received care meeting their needs. Where needed, staff supported people with their medicines safely. People told us they liked the home and felt safe with staff. When people raised concerns, staff acted on them and knew how to report these concerns externally.

New staff were recruited safely. Staff told us the atmosphere and communication in the home had improved. Staff now felt supported and encouraged to raise any concerns and ideas. There were regular meetings, checks and audits held in the home to identify improvements needed. We saw evidence of some actions being completed. For example, the home environment, cleanliness, maintenance and fire safety had improved.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 and update

The last rating for this service was requires improvement (published 6 July 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider reviewed the national guidance on environment supporting people living with dementia and made further improvements to the home to support people. We found some improvements were made to the home environment for people living with dementia.

We also recommended that the provider reviewed the way they record mental capacity assessments and 'best interest decisions' to ensure the records clearly indicate how the MCA Code of Practice was followed. At this inspection not enough improvement had been made to meet this recommendation. At this inspection, we took into consideration the limited length of time and changes in management team since the last inspection and provider's response. We repeated the latter recommendation at this inspection for the provider to still address.

The last rating for this service was requires improvement (published 6 July 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

#### Why we inspected

We carried out an unannounced focused inspection of this service on 10 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sherwood House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified breaches in relation to staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Sherwood House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sherwood House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Sherwood house is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they stopped working in the home shortly before the inspection. The home was managed by an acting manager, deputy manager and supported by director of operations until a new manager was recruited.

## 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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 6 people who used the service and 6 relatives about their experience of the care provided. We observed the interactions between people and staff. We spoke with 10 members of staff including the director of operations (who was also the nominated individual), the acting home manager, the deputy manager, administration staff, senior care staff, care staff and maintenance staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included multiple people's medicines records and elements of care documentation for 7 people. We looked at 4 staff files in relation to recruitment and staff supervision and an agency staff check. A variety of records relating to the management of the service, including quality monitoring records, risk management records, staff training and meeting records were also reviewed.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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 ensure there were always enough staff deployed to support people which put people at risk. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made around staffing levels. However, the provider was still in breach of regulation 18 due to shortfalls in staff training.

- There were enough staff to support people. Staffing was reviewed by the management with a new structure put in place and we observed there were enough staff on duty in both parts of the building. Staffing numbers had generally increased, and the provider continued with recruitment of new staff to fill any vacancies. The use of temporary staff had decreased since the last inspection which meant people received more consistent support.
- People and their relatives told us there were enough staff to assist everyone timely and safely, although some people commented there were times when the response to their calls for support had been delayed. One person said, "Sometimes when I ring the call bell it takes them 2 to 3 minutes or sometimes 10 minutes or more." One relative of a person told us, "They always have someone (staff) outside on the desk if (person) needed anything, they always check in on her every 30 mins, they are always making her cups of tea."
- Due to change of the layout of the building deployment of staff could be improved, as morning support with breakfast and medicines was delayed on the day and we observed staff were not always available to people in communal areas.
- We fed this back to the provider who told us what actions they implemented following the inspection to improve the deployment of staff and how they organised people's support to make sure it was timely, especially in the mornings. We received evidence those actions had positive impact on people's care.
- New staff were recruited safely. Prospective candidates had to complete a range of pre-recruitment checks including reference, ID and employment history review. They provider also completed Disclosure and Barring Service (DBS) checks for them. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Assessing risk, safety monitoring and management

- Risks to people were mitigated by consistent staff and regular handovers and clinical risk meetings where staff discussed any changes in people's needs. Staff took action to ensure people received safe support and



advice was sought from other healthcare professionals when needed.

- People and their relatives told us staff knew how to provide safe support. People explained to us they felt safe when receiving care. We observed staff providing care safely and checking on people's wellbeing on the day of the inspection. Individual risk assessments were in place, although not all records were fully updated. For example, individual care plan was not up to date for one person whose mobility had changed.
- People had individual risk assessments and care plans around their specific health conditions, personal care and continence, eating and drinking, falls risk, skin conditions or mental health related support needs.
- The home environment was regularly checked for fire safety, health and safety and maintenance risks. There was a business contingency plan in place in case of unforeseen emergency events.

#### Using medicines safely

- People received their medicines safely. Staff signed medicines administration charts (MAR) when supporting people. Senior staff, as well as management regularly checked medicines records, stock and storage to ensure they were safe.
- Where people were receiving specific medicines, such as ointments and eye drops, these were stored appropriately and within safe 'use by' dates. High risk medicines were stored and administered appropriately with suitable records and checks in place.
- We observed staff administered medicines safely and gave people enough time and support to take them comfortably. People's medicines allergies were clearly recorded, and staff knew how to administer and monitor anticoagulant medicines safely.
- The records of administration of some medicines were not consistently well kept. For example, there were gaps for topical medicines administration, patch application sign offs and directions for anticoagulant medicines were not always clarified. We did not find evidence of this putting people at harm as staff knew how to support people safely.

#### Learning lessons when things go wrong

- Since our last inspection, the provider had made some improvements in how they identified and implemented lessons learnt. Systems for investigating and recording accidents and incidents required further improvement.
- Not all accidents, incidents and audit outcomes where possible errors were indicated had been appropriately analysed and addressed in a timely way, but the management team made some improvements in this area.
- The provider made other improvements in how they acted on feedback and how they responded to incidents and accidents which led to lessons being identified and learnt. For example, following an event when a fire drill did not go well, they reviewed their fire safety protocols and explained them to staff. This led to further drills being carried out, where staff adhered to the reviewed procedure. This improved people's safety in case there was an emergency.

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

- Systems and process were in place to protect people from the risk of abuse. People told us they felt safe with others and staff. One person said, "Yes I suppose I am safe, nobody can get into the building. (Staff) are all harmless they won't steal or harm anyone." Another person told us, "Yes I do feel safe, there's a nice crowd in here, I enjoy being here with the other residents."
- A relative of a person commented, "(Person) does feel safe with the other residents, I've never seen them coming in her room. She does feel safe with male and female carers." Staff knew how to recognise and raise any safeguarding concerns and received appropriate training. Safeguarding was discussed during frequent meetings. One staff member told us how they would escalate their concerns if they were worried about a person, "I'd contact my line manager or on-call if no one else was here. We have numbers for safeguarding

teams in the office."

- During the inspection, some people raised concerns with us which we reported to the management. The provider took immediate action to share those concerns externally, to check people's welfare and to ensure these concerns were appropriately investigated and responded to which protected people. The provider had also reported and addressed other safeguarding concerns as required since our last inspection.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was responding effectively to risks and signs of infection.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
  - We were assured that the provider's infection prevention and control policy was up to date.
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- People were supported to have visitors.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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 staff had appropriate training, knowledge and skills to provide safe and quality support to people. This was a breach of regulation 18 (Staffing) 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 regulation 18.

- Not all staff received relevant training to their roles, which put people at risk of avoidable harm. For example, staff did not receive training in supporting people with learning disabilities and autistic people, epilepsy or dementia. These were the needs of people living at the service and the lack of robust training could put people at risk of harm and not receiving good care. People's care plans were not detailed enough to provide staff with interim guidance to be able to fully understand what support people required and to mitigate these risks.
- Following our feedback, the provider assigned additional training for staff to complete in those areas.

The provider had failed to ensure staff had appropriate training, knowledge and skills to provide safe and quality support to people. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff training in other areas, such as fire safety, infection control and prevention or moving and handling had improved. Some staff were offered and completed additional 'train the trainer' and nationally recognised care qualifications.
- People and their relatives felt staff were overall competent for their roles. One person said, "The care staff are very good."
- Staff told us they felt well supported in their roles and received initial training when they started working in the home. One staff told us, "(The management) were thorough and filled me in with what I needed to do, what happens with everything and the running of the home. (Staff) were very thorough and friendly."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider to review the way they had recorded MCA and 'best interest decisions' to ensure the records clearly indicated how the MCA Code of Practice had been followed. The provider had not yet completed the improvements.

- Not all records of mental capacity assessments were in place or in line with the MCA Code of Practice requirements. The provider was reviewing people's mental capacity assessments and best interests decision records at the time of the inspection. This work had not yet been completed although progress was made. The management team completed the review and provided evidence of further progress with this action following the inspection.
- There was lack of evidence staff monitored the conditions placed on some people's DoLS authorisations to ensure they had been met. However, there was no evidence of this affecting people's rights at the time of the inspection as some actions had been completed with input from other professionals.

We recommend the provider reviews the way they record MCA and 'best interest decisions' to ensure the records clearly indicated how the MCA Code of Practice was followed.

- Staff supported people to make their own choices and people told us their decisions were respected. Staff received training in MCA and DoLS.

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

At our last inspection we recommended the provider to review the national guidance on environment supporting people living with dementia and to make further improvements to the home to support people. The provider had made some improvements.

- The provider had improved the environment and adapted the service to meet people's needs since our last inspection. People had moved into newly refurbished rooms which they and their relatives complimented. This meant some people could have direct access to the garden areas, and people's bathrooms and living spaces were better suited for their mobility needs and more homely.
- People were encouraged to personalise their own rooms and had access to smaller, better equipped communal areas, such as lounges and dining rooms which provided a more person-centred living environment.
- There were some adaptations for people living with cognitive support needs or dementia, such as coloured front bedroom doors. Further improvements could be made around dementia friendly

environment. This was reviewed by the provider as part of ongoing refurbishment works in the building.

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

- Staff assessed people's needs before they moved in and improvements had been made around how care plans were initially created and reviewed to make sure they reflected people's needs. The provider implemented a clear set of expectations around times of reviews of people's needs and care plans. Not all records were fully consistent yet, but there were improvements made.
- People's general health and care needs, as well as their wishes and emotional needs were described in their initial care plans and staff were encouraged to get to know people and how to best support them.
- The management team worked on improving how people were cared for by implementing best practice guidance in the local area and nationally. For example, the home continued to work on implementation of a nutrition support programme with local healthcare partners and recently introduced the 'Stop, Look, Care' approach to enable staff to quickly identify when people might have needed to see a healthcare professional due to deteriorating health.

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

- Staff supported people to seek medical assistance in emergencies and when their needs had changed. We saw evidence of staff contacting GP, community nurses or other healthcare professionals when needed. People were supported to access dental care.
- People and their relatives told us they could access healthcare services when they needed to. People's relatives commented staff were 'observant', 'attentive' and 'responsive'. Relatives told us they felt communication from the service was well-coordinated and they were able to advocate for their loved ones whenever needed.

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

- People were provided with a varied menu that supported them to maintain a balanced diet. People were overall happy with the choice and quality of the meals on offer. One person said, "All the meals are cooked nicely, it's cafeteria food and not hotel food. I wrote a letter to the chef to say thank you. She came to see me, she was very happy with my letter. She asked me what my favourite meal was to eat, I told her my favourite was (specific dish). One day she made a special dish for me."
- People could access support to eat if needed and we observed staff helped those who needed it to drink and eat well. If people had specific dietary requirements, the chef knew about it and provided softer consistency food or foods that helped people to improve their nutrition. One relative told us, "[Person] eats normal food, she has no dietary requirements, but her food needs to be cut up. The staff do that for her and sometimes when I am here I do it for her. They should ask her what she wants, there are two choices but if she doesn't eat what they have given here, then they will offer to make her something, depends on what they have in the kitchen."
- People could choose where to have their meals and what they wanted to eat. One person said, "The meals are pretty okay, I have my meals in the dining room altogether with the other residents." Some people felt the food was on occasions cold and the provider recently increased the numbers of staff supporting people with meals to ensure food delivery was done effectively so people received hot meals.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

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

At our last inspection the provider had failed to ensure their governance systems were used effectively. This is a breach of regulation 17 (Good governance) 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 regulation 17.

- At our last inspection the provider had failed to recognise and act on shortfalls which posed risks to people, such as staffing levels, staff training and the quality of people's care records. At this inspection, although some improvements had been noted, not all of these areas had been improved for the second consecutive inspection. Recommendations made following the last 2 inspections had still not been fully completed.
- The provider was struggling to embed the management structures into the home due to several changes of management staff. However, the provider had significantly increased and improved their oversight of the home which ensured action was consistently taken to address repeated shortfalls. Not all actions had been resolved at the point of this inspection.
- People's care records were still not robust enough and not always up to date. For example, 1 person's care documentation around their specific health and support needs was not detailed enough to provide staff with clear guidance and was inconsistent with healthcare professional guidance. We saw staff offered this person food which they should not have as it posed a risk to them.
- Medicine audits had increased, people's topical medicines administration charts and patch application records still were not consistently signed and checked by staff. The directions for anticoagulant medicines administration were not updated accordingly to changing prescriber's directions. There were limited assurances on what action had been taken following January 2023 audit. Although we found no evidence of people being negatively affected, this posed a risk to people of not receiving their medicines as prescribed which could harm them.
- The provider failed to consider the Right Support, Right Care, Right Culture guidance on supporting people with learning disabilities and autistic people. Staff were not provided appropriate guidance and training before starting to support people living with learning disabilities and/or autism as their additional

need. This posed a risk to people of receiving poor care as staff did not understand these needs fully.

- People's incidents and accidents records were not always appropriately analysed and actioned by the management to ensure risks to people were minimised and lessons were learnt. Although the provider reviewed all incidents and accidents monthly during their risk review meetings, there was limited assurance on action being taken in a timely way to minimise risks to people straight after the incident.
- There was still a lack of robust system to review staffing numbers and deployment, and how promptly call bells were responded to. The provider did not monitor call bell response times and used a basic dependency algorithm to establish staffing levels.

The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided, and of decisions taken in relation to the care and treatment provided. The provider had failed to ensure their governance systems were used effectively. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us their experience of the care provided had improved since the last inspection. People told us they really liked the new environment, which was more homely, comfortable and clean. People's relatives echoed this. A relative commented, "Staff really upped their game (in how they provided support to people)."
- The provider improved their governance systems by implementing additional senior management support, increasing audits and direct checks of people's day to day care. Regular clinical risk meetings and daily 'flash meetings' were now happening where changes to people's needs and risks as well as the day to day running of the home were discussed.
- Staff told us management were much more visible and supportive. A member of staff said, "Over the past 6 months the management have been very supportive. I now know what good looks like. Management are far more approachable. [The nominated individual] accepts I'm allowed to have an opinion."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The atmosphere and culture in the service had improved since our last inspection. It was homely and welcoming, clean and calm on the day of the inspection. People confirmed they felt good about their home. One person said, "Yes I do like it here, I do feel safe."
- People's relatives told us they felt welcome and could visit any time. People's relatives told us they felt well informed about what was happening in the home and could approach management with any queries. People told us they knew the managers. One person said, "[The deputy manager] is approachable, she has been down here and I have spoken to her about several things."
- Staff told us they felt good when at work and could raise concerns and seek support when needed. A member of staff told us, "I like my job, I like caring, service before self is what I believe. I love the residents." Another member of staff said, "It is very nice and supportive. It is very easy to raise concerns."
- Staff worked in partnership with the local social and healthcare services. This included local pharmacy, GP, community nurses, hospital and social care teams.

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 understood their duty of working in an open and transparent way and had appropriate policies in place around the duty of candour.
- People's relatives told us they were informed when things went wrong or their loved one needed

emergency help and the communication between them and the home was open and transparent.

- The provider informed CQC about any adverse events in the service as per requirements including duty of candour in those notifications.



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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided, and of decisions taken in relation to the care and treatment provided. The provider had failed to ensure their governance systems were used effectively.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure staff had appropriate training, knowledge and skills to provide safe and quality support to people.</p>