

Primrose House Ltd

Primrose House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Primrose House is a residential care home providing personal and nursing care to up to 63 people. The service provides support to people aged 18 and over, some of whom were living with a dementia. At the time of our inspection there were 55 people using the service.

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

The provider of the service had recently been purchased by another provider, and there was a new board of directors and senior management team. The previous manager and nominated individual had left the service, and the new management team had only been responsible for the home for a few weeks. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

People were not protected from the risk of infection. Staff did not always wear PPE or wear it appropriately when supporting people. We requested that the premises, furniture and equipment were deep cleaned, repaired or replaced.

People and their relatives gave mixed reviews about the care provided. Relatives were concerned they had not been able to visit people regularly due to frequent outbreaks of infections. Relatives told us people's rooms required cleaning and items of clothing frequently went missing.

People did not receive dignified person-centred care. During the inspection we observed people wearing unclean clothing and sitting on soiled chairs. One person asked inspectors to support them to the toilet and another to get them a drink, as no staff were available. People were not supported in line with their care plans.

Risks were not always safely managed. Environmental risks had not been fully mitigated. We found actions detailed on the fire risk assessment had not been completed and fire risks were still present at the home. We requested that the local fire officer attended the home to support the provider to make changes to keep people safe. Assessments did not always include all information for staff to follow to keep people safe.

People did not always receive their medicines safely and staff were not always following national best practice guidance for safe medicine administration. Agency nursing staff did not always have competency assessments in place to administer medicines. Records did not show that people who were receiving special diets, were given appropriate meals or drinks.

The provider had assessed the staffing levels required to safely support people and staffing levels matched the dependency levels. We did observe that staff deployment across the home was an issue and the management team agreed to review this. Staff had not fully completed all mandatory training as dictated by the provider.

We have made a recommendation that the provider reviews the deployment of staff throughout the home, to ensure that people can be safely supported.

People had care plans in place, but these required a review. Information within care records was sometimes contradictory or did not include all of the relevant information for staff to follow to support people.

People's needs and choices were assessed and incorporated into care plans. 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.

There was a negative staff culture amongst the majority of staff. Some staff were very positive and went the extra mile for the people they supported. Due to staff deployment and recruitment issues there were no meaningful activities offered to people. Some staff used their days off work to take people out or spend time with them.

The quality and assurance systems in place had not been completed or effectively used by the previous management team. We found some checks and audits had not been completed for over 6 months and there had been no provider oversight during this time.

The new senior management team had undertaken a detailed audit of the service which highlighted the majority of the issues identified during the inspection process. We were assured that plans were in place to improve the service, with regular involvement from the infection prevention and control team at the hospital, the local authority and health commissioners.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 11 October 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the safety and quality of care provided to people. A decision was made for us to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report. We have assurances that the issues identified are being acted upon by the management team and a pro-active response was taken during the inspection process to start addressing the areas of concern.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, person-centred care, infection and prevention control measures and the quality and assurance systems in place at this inspection.

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

Follow up

We are currently meeting with the provider in partnership with the local authority and other agencies 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

We will request an action plan, following the report being published, from the provider to understand what they will do to improve the standards of quality and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was inadequate.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Primrose 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 completed by three inspectors and two Experts 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

Primrose 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. Primrose House is a care home with 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about specific incidents. 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 sought feedback from the local authority contracts monitoring team, the North East and North Cumbria Integrated Care Board (ICB) and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 15 people's care records, the medicine records for 25 people and the recruitment records for 4 members of staff. We also reviewed the induction information for 4 agency staff members who had recently been employed at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed. We carried out observations in the communal areas of the home.

We spoke to 23 relatives, 1 person's advocate, 3 people living at the home and 19 members of staff. This included the registered manager, deputy manager, quality director, housekeeping staff, care staff, registered nurses, laundry assistant, the cook, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- Infection and prevention control policies were in place, but staff were not following these. We found the home required a deep clean and requested to the registered manager this be actioned immediately. Areas of the home were in need of repair and there were areas of black mould visible in corridors and bathrooms. We had to request that two bathrooms were not used until they were deep cleaned. A staff member told us, "Infection control measures urgently need attention such as carpets, flooring especially around sinks and toilets, ceiling tiles and general fabric to some areas of the home."
- People's equipment, bedrooms and clothing were dirty. A relative commented, "[Person]'s room is often not clean, just in this last couple of months, it was alright before that."
- Staff were not following PPE guidance and wearing face masks appropriately. We observed on both dates of inspection staff wearing their masks below their chins or noses. One relative said, "PPE, well not always worn, some don't have masks or it's under their chins, not just the agency staff, the regular staff as well."

The provider did not ensure safe infection and prevention control policies were being followed by staff and the home required cleaning and repaired. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- The provider had a schedule of repairs required to improve the home. The local infection prevention and control team have visited the home. They have provided an action plan for the provider to work through to make the home safe and clean.

Assessing risk, safety monitoring and management

- Risks were not safely managed or monitored to keep people safe. We found concerns with the health and safety of the premises.
- The fire risk assessment was reviewed in March 2022, but actions required from this had not been completed. We found fire doors were not fitted correctly, evacuation routes had trip hazards, equipment was stored in emergency stair wells and fire equipment missing.
- People's records, who were assessed as being at risk of choking and were prescribed thickeners or a special diet, did not always show these were being followed. We could not be assured staff were following the steps in the assessments to keep people safe.

People were at serious risk of harm, as risks associated with choking, fire, and health and safety had not been fully assessed, mitigated or monitored. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

- We raised this with the management team who confirmed that they would review all risk assessments for the environment and individuals.
- We requested a visit from the local fire officer to work with the provider to keep people safe. They have attended the home and are working with the provider to make changes and improvements to increase fire safety.

Using medicines safely

- Medicines were not managed safely. Processes to manage the administration of topical medicines were not robust. For example, we found a cream which was not prescribed being applied to a person.
- One person received their medicines via a PEG (Percutaneous Endoscopic Gastronomy). Records to support the cleaning, water flushes and rotations were not provided by the service, therefore we had no assurance the PEG was being managed appropriately.
- Guidance to support the use of 'as required' medicines were not always followed; for example, 1 person's guidance stipulated that administration of these medicines and their effect should be recorded on the reverse of the medicines administration record however we found this was not happening.

Medicines were not safely managed, and people were at potential risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Policies and procedures were in place to help keep people safe and the majority of staff had received training around this. Staff did not feel confident to raise concerns. One staff member said about raising a whistleblowing concern, "I would likely feel I'd have to leave before or shortly afterwards."
- The previous manager had not completed investigations fully or analysed incidents to identify learning points. Records were not fully present and did not detail the full action taken.

Records relating to the quality and assurance systems in place to monitor incidents and improve the quality of care provided had not been completed by the previous manager. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

- The new management team were reviewing all incidents and accidents to make sure they were fully investigated, and trends identified for staff's learning and development.

Staffing and recruitment

- Staffing levels matched the provider's dependency assessment and permanent staff were recruited safely.
- Agency nursing staff were not always safely recruited, and the provider could not be satisfied that they were competent to administer medicines or that they had valid registrations in place.
- We found staff were not always effectively deployed across the home. People had to wait for support from staff due to this. A relative commented, "I think the staff are stressed, sometimes there is only 1 member of staff and the head carer on the floor, there should be 2 carers and the head carer."

We recommend the provider reviews their dependency calculations in partnership with staff deployment to make sure each floor has the correct numbers of staff available to provide support to people.

- The quality director agreed to review the staffing levels and deployment. The senior management team immediately began to review the agency recruitment process to make sure that steps were in place to provide assurances around the competencies of agency staff.

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 good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed but care delivered did not reflect the assessments in place. Care plans lacked detail or contradictory information around the choices and needs of the individual person. For example, we observed staff supporting a person from their wheelchair into an armchair. Staff did not follow the correct moving and handling techniques or the information within the person's care plan.
- Best practice guidance was not always followed. Medicine administration records did not always follow NICE guidelines.
- People did not always get their support needs met. For example, we observed during both dates of inspection people having to wait for extended periods of time to be supported by staff.

People did not have appropriate care plans in place and staff were not following plans to effectively support them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- The management team acknowledged care plans required a review and had already identified areas of improvement through their own auditing process.

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

- People were provided with food and drink to help them maintain a balanced diet but we could not be assured people were receiving the correct diet.
- Some people were receiving special diets. We found records relating to nutrition did not provide assurances that people were receiving the correct special diets. A relative commented, "The senior carer is the only one who fills in what [Person] is having to eat and drink."
- During the inspection we observed that the agency cook did not have all of the information available regarding people's special diets. For example, they did not have information around who required a fortified diet or who required a low sugar diet.

People did not always have their assessed dietary needs followed. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- Staff told us that people received enough to eat and they encouraged people to eat a varied diet. A staff member described ways in which people were encouraged to eat, "We get asked, could you send up some vegetable soup because [Person] is not eating much today and at least that way I know they are getting

something good."

- Relatives provided positive feedback around meals times. One relative said, "[Person] never eats much and they were refusing to eat at home, but the staff get them to eat a little something now, so that's better."

Staff support: induction, training, skills and experience

- Staff were provided with training from the provider and the deputy manager was working with staff to carry out supervisions. New staff received an induction which included shadowing sessions and training sessions.
- Staff had not completed all necessary training and this was being addressed by the new management team in place. New training was being sourced to support the staff team to give them the skills they needed to support people. A staff member said, "Lack of training in general in the home. I feel we would benefit from onsite training for all basic skills."
- The management team provided an overview of the new training to be introduced into the home and we were assured that this would provide the staff with the skills and knowledge to provide a good level of care to people.

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

- The home had been appropriately adapted to accommodate everyone but improvements were required to the environment. Corridors were spacious and there were large and easily accessible communal areas.
- The home required improvement and did not fully support a dementia friendly environment. Areas of the home needed to be redecorated including people's bedrooms.
- Some people had personalised bedrooms and had their own pictures and possessions on display.

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

- Staff worked with other agencies to provide a consistent level of care. Feedback from partnership agencies and professions showed that advice and support was given to staff, but they could not be assured that this advice was being followed fully by the previous manager.
- People's care records included the advice provided from visiting professionals and staff were able to tell us what was in place to support the person.

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.

- People's capacity was reviewed regularly, and new assessments were updated to reflect a change in

support needs or decision making.

- Staff had received training around MCA and DoLS.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were not well supported by staff or had their privacy, dignity and independence promoted. During the inspection we saw staff did not promote people's dignity as people were dressed in unclean clothes and using unclean furniture. Relatives told us there were issues with clothing and people were not always dressed appropriately. One relative commented, "[Person] had clothes missing and their slippers were missing, [Person] is often wearing other people's clothes. I talked to one of the managers about it but it has not been resolved."
- People did not have their needs met in a timely way. One staff member said, "Staffing levels and the care calibre of some staff urgently needs to improve in order to provide good care for all residents."
- People were not always treated kindly. For example, we observed a staff member helping a person to sit in a reclining chair that was soiled and wet. The inspectors had to request the person was seated in a different seat which was clean and dry.
- Staff told us that not all staff respected people's privacy and dignity. A staff told us, "Staff are so busy in a task orientated environment they do forget basic principles of privacy and dignity Basic principles should include closing door/curtains. Asking permission before carrying out tasks."

People did not receive care in a person-centred, caring and dignified way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- Relatives were positive about the caring approach of staff. Relative comments included, "The staff are ok, but they are so busy" and, "The majority are nice."

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

- People were supported make decisions around their care planning. Relatives confirmed that people were asked what they wanted and how they would like to be supported.
- People's choices were not always respected by staff. For example, we observed a staff member requesting a person and another staff member to play dominos. The person did not want to play dominos and voiced this, but the staff member did not listen to their choice.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were not supported to maintain relationships or take part in activities. During the inspection we observed people were left in their bedrooms or in communal areas to watch televisions.
- Staff did not engage with people unless they were completing a care task. A staff member said, "There is definitely not enough time to interact effectively with residents let alone 1:1. Primrose is very much a task-based environment."
- Staff told us they used their own free time to take people out as there was not enough staff to support this during their normal working day."
- Relatives told us people did not have access to activities and they were unable to maintain relationships with people because the home was generally closed with an infection outbreak. A relative commented, "There used to be activities but nothing really since, the place used to be lively when you walked in but now it is dead. They don't encourage [Person] to do anything."

People did not have access to meaningful activities and were not supported to maintain relationships. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Improving care quality in response to complaints or concerns

- There was a complaints process in place and the previous manager had not responded to all complaints or concerns.
- Relatives told us they had raised issues with the previous manager but had not had a response or had the issue addressed. A relative told us, "I see no managers around to express my concerns to, so I ask the carers, but I never hear anything."

The quality and assurance systems in place were not used effectively to monitor and analyse concerns and complaints raised. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance.

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

- People had holistic assessments in place and care plans were created from these. Care plans were personalised but required a further review. For example, 1 person's care plan stated that they did not sleep well. There was no other information available for staff to follow to support the person to sleep. The management team confirmed that they would review all care plans to make sure they were person-centred

and included all relevant information to support people.

- Relatives and people told us they were involved in reviews of care needs and records showed involvement from people, relatives and advocates.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed. Strategies were in place for staff to follow to communicate with people.
- The provider could provide information in easy read format, large print and different languages if required.

End of life care and support

- At the time of our inspection no one was receiving end of life care and support. People had their end of life wishes discussed with staff.
- Staff had received training around providing end of life care and support.

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 good. At this inspection the rating has changed to 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

- The management team and staff did not always demonstrate they understood their responsibility to provide safe care and treatment to people. The provider did not ensure the service was meeting all of the regulations. During the inspection we found serious concerns relating to infection prevention and control, risk management, medicines management and management oversight.
- There was a quality and assurance process in place, which was not effective. We found shortfalls highlighted during the inspection process had not been identified by the provider during audits and checks. The previous manager and provider had not completed all audits and checks for over 6 months.
- Records were not always present or accurate. People's care records were not fully completed or contained all of the relevant information for staff to support them.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. The management team and the provider failed to ensure the regulations were being met. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Good governance

- The new management team had completed a full audit of the service and had identified the majority of issues identified during our inspection. We were assured that the new provider, with support from partnership agencies, would complete all points within their action plan to improve the quality and safety of care provided to people.

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

- There was a negative staff culture at the home which did not support good outcomes for people. Relatives did not feel they were communicated or engaged with by the service. A relative commented, "I have concerns about communication with relatives, as I was told when I was visiting that there was a relative's meeting which only 3 people attended."
- Relatives were unhappy about the changes in management and commented that they did not know who to approach. A relative said, "I have put my concerns to each new manager, there is no continuity in the home."
- Daily flash meetings were in place for team leaders, seniors and nursing staff. Care staff told us team

meetings had only just re-started, and this was where they could provide feedback to management.

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 previous manager and provider had not always been open and honest with people when things had gone wrong. Records showed investigations were not always completed when incidents occurred, and outcomes shared with people, relatives and staff.
- The new management team worked within the principles of the duty of candour and were open and honest during the inspection process.
- During the inspection we observed staff not following care plans or being open and honest with the registered manager.

Working in partnership with others

- Staff worked in partnership with other healthcare professionals. Records showed involvement from other healthcare professionals within care plans and assessments.
- The management team were engaging with external stakeholders to address the areas identified during the inspection process.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	People were not receiving care in a dignified or person-centred way, in line with their assessed needs and care plans. Staff did not provide meaningful activities or social interaction to people. Regulation 9(1)(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not safely managed. Infection prevention and control processes were not being followed by staff. Risks were not managed appropriately and action taken to reduce the overall risk. Regulation 12(1)(2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have effective systems in place to monitor and improve the quality and safety of the service. The provider failed to ensure the regulations were being met. Regulation 17(1)(2)

