

Bowerswood House Retirement Home Limited

Bowerswood House Residential Home Limited

Inspection report

Bowers Lane
Preston
PR3 0JD
01995 606120

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Bowerswood House is a large country house set in its own grounds. The home offers residential support to older people. The home can support up to 24 people in mostly single en suite bedrooms. Rooms are on ground or first floor levels with lift access. There are large communal areas including two lounges and a dining room. Gardens are accessible to all with raised beds for residents to grow their own flowers and vegetables if they wish. The home is a short drive from the town of Garstang.

The service has a registered manager; however, they were on holiday at the time of our visit. 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 legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The deputy manager and administrator supported us during our inspection visit.

Summary of findings

Care plans were personalised and contained people's preferences on how they wanted to be supported and cared for. Care plans were evaluated and reviewed regularly and people and their relatives told us they were included in developing plans if they chose to do so. Staffing levels were such that staff were able to spend quality time with people engaging and chatting in a warm and compassionate manner. People's nutritional and dietary requirements were met, with referrals being made to dietitians and health care professionals if needed. Staff had a warm and caring approach with people and we observed relationships which were respectfully affectionate and mutual. People and their relatives said they had no concerns or complaints but knew who to speak to should they have any worries.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be drawn up for each individual living at the home. Information held within the care records showed that PEEPS had not been completed. We also noted that a number of designated fire doors were either wedged open or propped open. We reviewed the house's fire risk assessments, and found that this practice was contrary to that detailed within the document. The deputy manager agreed to remove the wedges, and said that an alternative and safer way to keep fire doors open would be explored. On touring the home, we found a number of windows that did not have restrictors fitted. The registered manager needed to update their risk assessment regarding windows and their restrictors. Where assessments identify that people using the service are at risk of falling from windows or balconies at a height and likely to cause harm, suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls. We found a number of windows that did not have restrictors fitted.

We noted that one person living at the used a machine that supplied them with oxygen. We reviewed the care file for this person, and found that they did not have a specific risk assessment regarding the use of his machine. A procedure should be in place for informing the emergency services of the location of oxygen if they are required to attend in the event of a fire or fire alarm.

We checked the medicines administration record (MAR) for one person. We found that the staff had recorded that this person had refused a specific medicine; however, we noted that the medicine was not in stock. The deputy manager explained that the person was no longer prescribed this medicine. This had not been properly recorded on the person's MAR. We also found further errors in recording with some staff signatures missing on the MAR, and one signature written in the wrong place on the MAR.

The staff we spoke with understood the need to ensure people were enabled to give consent to care, and understood the requirement to seek external advice and guidance if there were any doubts about a person's ability to make informed decisions. However, we questioned if the care plans and assessments were always followed. This was in particular reference to the administration of PRN medicines for pain relief, and people's right to refuse medicine if deemed to have the capacity to do so.

The deputy manager explained that the service had a training programme for staff to follow, however, this was found to be very limited, with staff being provided with basic mandatory training when they first started work at the home. Staff with particular roles within the home, such as the administration of medicines, were provided with further training. The staff told us they did not always receive update training as required. One staff member told us that they had not received any update training on any subject in the last 12 months, even though their training records showed that they needed these updates. The records showed that there were gaps in the staff training updates; however, there was an action plan in place to address this. The deputy manager explained that supervision arrangements were in place; however, these were not routinely followed. The staff we spoke with said that they did not receive formal supervision during which they could discuss their role and work, and identify their learning and development needs.

We found written evidence to show that the service had a system in place to assess and monitor the quality of the service. The deputy manager and administrator explained that they were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and

Summary of findings

service provision. However, these audits had not identified discrepancies in the medicine administration records, recruitment files, environmental risks, fire risks and supervision records.

We recommend that the service provider and registered manager consults and follows the NICE guidance on the safe administration of medicines in order to ensure that a consistent approach is maintained by staff at service. This would ensure medicines are handled and administered safely, and ensure people's well-being and best interests are promoted and protected.

We recommend that the service provider and registered manager consults the NICE guidance on participation in meaningful activity in care homes and that discussions take place with people at the home regarding the development of the activities programme.

We identified a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Although risks assessments had been undertaken, the actions to minimise the identified risks had not been undertaken. The service provider had not put appropriate risk assessments in place for the use of oxygen, had not ensured that appropriate window restrictors were in place, and had not put personal emergency evacuation plans in place for people living in the home.

People were protected from abuse by systems in place; however, staff required further training in all the service's safeguarding policies and procedures.

The provider had robust recruitment procedures in place, with a sufficient number of staff and skill mix, however, not all the records relating to safe recruitment were in place.

People medicines were managed by staff who had the competency and skills to administer medication safely. However, the medicine administration records need some improvement.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not always understand how to support people who had or did not have capacity to make decisions for themselves such as the taking of medicines.

Staff were not always trained and effectively supported through supervision.

People were given choices about food and received a balanced diet. Drinks were available, and support was given when required.

Induction procedures for new members of staff were robust and appropriate.

Requires improvement



Is the service caring?

The service was caring.

Caring relationships were developed; people were treated with kindness and respect.

Staff interacted well with people living at the home, and people were observed to engage with others in positive ways.

People were able to express their views by being involved in discussions, with staff and family members.

Good



Is the service responsive?

The service was responsive.

Requires improvement



Summary of findings

People had access to activities that reflected their interests. Further discussion with people at the home regarding the development of the activities programme should take place.

People knew how to make a complaint and told us they would be comfortable to do so. People knew how to raise concerns and they were good systems in place to deal with concerns in a timely manner.

Is the service well-led?

The service was not well-led

There were quality assurance systems in place which monitored people's well-being and safety, however, in some instances, these were ineffective, and therefore, people were put at risk

There was an open and friendly atmosphere which enabled people to raise issues and make suggestions.

Requires improvement



Bowerswood House Residential Home Limited

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 October 2015 and was unannounced. It was carried out by the lead social care inspector for the service, and an addition adult social care inspector.

We reviewed the records we held regarding the operation of the service prior to our visit. We found that the service provider notified the Commission of events such as accidents and incidents as required by regulation. We also reviewed the information we held about safeguarding incidents in the home, and found that there were no on-going safeguarding incidents.

During this inspection we spoke with six people who lived at the home, three visitors and three members of staff. Throughout the day we observed care practices in communal areas and saw lunch being served in the dining room. We looked at a number of records relating to individual care and the running of the home. These included five care plans, medication records, three staff personnel files and quality assurance files.

Is the service safe?

Our findings

We spoke with seven people who lived at the home. All of them said they were happy living at the home, and said that they felt safe. Some of the people living at the home had difficulty expressing themselves when we asked them about safety concerns, so we spent some time observing people's engagement and interaction. People looked content and happy, and were seen to move around the home freely, interacting with others. One relative we spoke with said, "I do feel (relative) is safe. Staff regularly talk to her, and staff check on her and if she wasn't safe and happy, she would definitely tell me."

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan (PEEP) needs to be drawn up for each individual living at the home. Information held within the care records showed that PEEPS had not been completed. We also noted that a number of designated fire doors were either wedged or propped open. We reviewed the fire risk assessment for the home, and found that this practice was contrary to that detailed within the document. The deputy manager agreed to remove the wedges, and said that an alternative and safer way to keep fire doors open would be explored. On touring the home, we found a number of windows that did not have restrictors fitted. The registered manager needed to update their risk assessment regarding windows and their restrictors. Where assessments identify that people using the service are at risk from falling from windows or balconies at a height and likely to cause harm, suitable precautions must be taken. Windows that are large enough to allow people to fall out should be restrained sufficiently to prevent such falls.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The service provider must assess the risks to people's health and safety during their care or treatment, and take action to minimise or eliminate those risks.

The processes for the safe and secure handling of medicines were found to be appropriate. The service was

found to have a clear process in place for the handling of controlled drugs when necessary. The process in place to ensure a person's prescription was up to date and reviewed was found to be appropriate, and took into account their needs or changes to their condition or situation. Information held within the records showed that staff received training in the safe administration of medicines. However, we checked the medicines administration record (MAR) for one person. We found that the staff had recorded that this person had refused a specific medicine; we noted that the medicine was not in stock. The deputy manager explained that the person was no longer prescribed this medicine. This had not been properly recorded on the person's MAR. We also found further errors in recording with some staff signatures missing on the MAR, and one signature written in the wrong place on the MAR.

We observed a staff member talking to a service user about their medicine. The staff asked the person if they needed any pain relief. The person said "no". The staff member then said that the doctor wanted this person to continue with the pain relief. The person again said that they did not need any pain relief. The staff then proceeded to administer this person's medicines, and included the pain relief. We spoke to the deputy manager about this episode, and she agreed that she would look into this issue, and ensure that staff were given guidance as to what constituted a refusal to take medication, and guidance on the issue that people were entitled to refuse medicines if they were assessed as being capable to do so.

This was another breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must prevent people from receiving unsafe care and treatment and ensure the proper management of medicines takes place with the home.

We noted that one person living at the home used a machine that supplied them with oxygen. We reviewed the care file for this person, and found that they did not have a specific risk assessment regarding the use of his machine. A procedure should be in place for informing the emergency services of the location of oxygen if they are required to attend in the event of a fire or fire alarm. A documented

Is the service safe?

robust risk assessment must be in place for both the use and storage of the oxygen. Safety advice provided by the supplier was not closely available to all staff administering oxygen so that the advice can be followed.

This was another breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The service provider must assess the risks to people's health and safety during their care or treatment, and take action to minimise or eliminate those risks.

Information held within the records showed that care workers had received training in safeguarding adults during their induction, however, further safeguarding training had not been provided. Staff knew the different types of abuse and but they were found to be unfamiliar with the procedures they should follow if they had safeguarding concerns. Staff training issues have been addressed within the Effective section of this report.

The deputy manager explained that the staffing numbers and arrangements were reviewed routinely, sometimes on a daily basis, in response to the needs of people who lived at the home. The systems relating to the safe recruitment of staff were found to be appropriate, however, some records relating to staff employment and character references were not in the appropriate files: record keeping needed improvement. We found information held with the personnel records showed that the service had assessed the character of applicants during an interview process, and had undertaken appropriate safety and employment

checks to ensure people were either clear to work in care, or unsuitable for employment. After people were employed, the service provider had a robust procedure in place if they needed to take disciplinary action against a staff member for whatever reason. This included referrals onto other relevant agencies be that their professional body or the Disclosure and Barring Service. We found that all disciplinary action taken against staff was well documented.

We found written records to show what the arrangements were to provide safe and effective care in the event of a failure in major utilities, or other types of emergency. Equipment had regular safety checks and there was a quality monitoring system in place. Records held within the home showed that the fire alarm system had been tested and that staff had taken part in regular fire drills.

Accidents and incidents were documented, and we saw that if action was needed to be taken to address issues or change practice, this was completed by the staff. We looked at the care files of five people and found that risk assessments and care plans had been updated following incidents such as falls or illness.

We recommend that the service provider and registered manager consults and follows the NICE guidance on the safe administration of medicines in order to ensure that a consistent approach is maintained by staff at service. This would ensure medicines are handled and administered safely, and ensure people's well-being and best interests are promoted and protected.

Is the service effective?

Our findings

People who we spoke with at the home had no difficulty in expressing themselves. People were seen to engage with the staff team, and other residents at the home. The staff were seen to interact with people in positive ways, and this showed that they understood how they needed to respond to people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken. We found that action had been taken by the service to assess people's capacity to make decisions. We found written records to show that considerations had been made to assess and plan for people's needs in relation to mental capacity.

Assessment and review processes were found to be in place to ensure that staff and relatives were kept up to date with a person's capacity issues, and to ensure that staff followed the correct procedures when supporting people who lacked capacity. We found documentary evidence to show that the systems operated within the home relating to consent to care and treatment took into account both local and national official guidance. Where needed, mental capacity assessments took place; best interest meetings were convened and referrals to the Local Authority were made if a DoLS was required. The staff we spoke with understood the need to ensure people were enabled to give consent to care. They understood the requirement to seek external advice and guidance if there were any doubts about a person's ability to make informed decisions. However, we questioned if the care plans and assessments were always followed, with particular referred to the administration of PRN medicines for pain relief, and people's right to refuse medicine if deemed to have the capacity to do so.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. The service provider must ensure that when a person using a service refuses to give consent or withdraws it, all people providing care and treatment must respect this.

The deputy manager explained that service had a training programme for staff to follow, however, this was found to be very limited, with staff being provided with basic mandatory training when they first started work at the home. Staff with particular roles within the home, such as the administration of medicines, were provided with further training, but staff told us they did not always receive update training as required. One staff member told us that they had not received any update training on any subject in the last 12 months, even though their training records showed that they needed these updates. The records showed that there were gaps in the staff training updates; however, there was an action plan in place to address this. On the day of our inspection visit, the deputy manager had been attending a training course on identifying staff training needs, but had returned to the home in order to take part in the inspection.

Information held within the personnel records showed that there were processes in place to assess if the staff were competent to deliver care and support to people living in the home. The deputy manager explained that supervision arrangements were in place; however, these were not routinely followed. The staff we spoke with said that they did not receive formal supervision during which they could discuss their role and work, and identify their learning and development needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. The service provided must ensure that staff receive the support, training, professional development, supervision and appraisals that is necessary for them to carry out their role and responsibilities.

We found documentary evidence to show that ongoing assessment, planning and monitoring of nutritional and hydration needs and intake took place. We observed that food and hydration was provided and made available in sufficient quantities and on a regular basis, and this was

Is the service effective?

supported by comments from people living at the home. We found there to be a choice of food and drink that took account of people's individual preferences. People said that they could decide when to eat and where to eat.

We observed staff offer support to enable people to eat and drink when necessary. This was found to be

documented within the individualised care plans. We found information to show that some people had been assessed as being at risk of losing weight and of dehydration. Systems were found to be in place to monitor and manage these risks, and record keeping was both accurate and up to date.

Is the service caring?

Our findings

The atmosphere within the home was warm, welcoming, friendly and calm. All the people and visitors we spoke with were positive about the care received. One relative said, "They (the staff) treat people very well here. I've never had a grumble and I've never heard (my relative) grumble. I'm sure that if the staff were not caring then (my relative) would be the first to complain." Other comments included, "We all love the staff: they are great.", "They are all lovely and you can have a chat with every one of them." Our observations showed that staff cared for people and by attended to the requests. For example, one person was distressed and a care worker responded to the person. They talked with the person and asked how they were. They gave time for the person to talk and engaged with them. We observed that nurse call bells were responded to immediately which was confirmed by people. One person said, "If you press the bell they're here straight away." Another said, "My doctor was here and he set the buzzer off by accident. There were 3 staff here in seconds: the doctor was quite embarrassed!" People's bedrooms were personalised and contained photographs, pictures, ornaments and other items each person wanted in their bedroom. This showed that people had been involved in establishing their own personal space within the home.

We looked at the ways in which people were supported to understand the choices they had that were related to their care and support, so that they could make their own decisions. We spoke to four people at the home who said they were comfortable when expressing decisions about their care. One person said that they could approach the

staff or manager to discuss issues such as their food, clothing and medication. We spoke to a visitor who was visiting their relative and they told us that they felt they could influence the care and support their relative received if there were problems, and explained that they had been involved in significant decisions about their relative's healthcare. We found documentary evidence to support this in the care plans and risk assessments.

We toured the home when we first arrived, and the staff member who guided us was observed not to knock on people's bedroom doors as she entered them. Staff talked with people and involved them in activities such as decorating the home in advance of Halloween. Care workers used people's preferred names and we saw warmth and affection being shown to people. People recognised care workers and responded to them with smiles which showed they felt comfortable with them. Tasks or activities were seen not to be rushed and the staff were seen to work at the people's own pace. We observed lunch times in all dining rooms. Tables were set nicely with cutlery and crockery, condiments and napkins. Food was well presented and looked appetising. Staff had a gentle approach and were unobtrusive but provided support and prompts for people when it was asked for or at appropriate times.

People were involved in decisions about their end of life care. For example one person had a 'do not attempt cardio pulmonary resuscitation' (DNACPR) order document in place and an advanced care plan (a plan of their wishes at the end of life). We saw the person and their family were involved in this decision.

Is the service responsive?

Our findings

Information held within the care plans showed that people had been involved in their assessment of need, depending on their capabilities. This process helped to identify their individual needs and choices, and was based on information supplied by social workers or healthcare staff. If the person was unable to contribute, information had been actively sought from others such as family members and friends. Written personalised care plans, which detailed people's individual needs and choices, had been put together by the staff and the person in receipt of the care where possible. People had a range of care plans covering needs relating to cognition; wheelchair use; personal hygiene; diet and fluids; dehydration, social activities; sleep; continence; falls; mobility; hearing and sight. These care plans were personalised. One sight care plan was found to be in need of further detail. The person it belonged to was registered blind, and it was felt that some aspects of the care they required was 'assumed' or that the information was held in a different care plan, for example, a mobility care plan. We highlighted this during our feedback to the deputy manager, who agreed that these care plans, and others could be incorporated and summarised.

Care plans were evaluated on a monthly basis and some contained very individual information such as people's preferences in relation to clothing and how they liked their room when they go to sleep. The reviews showed that where possible, the person themselves had been involved, and if this wasn't possible, family members and others important had been consulted.

The staff we spoke with understood the importance of involving people in appropriate activities which helped people feel involved and valued. Staff told us activities

were based on people's preferences. For example there were one to one activities such as talking about the news, reminiscence, arts and crafts. The daily notes in the care plan recorded what activities and events the person was involved in. Two people living at the home said that there weren't enough activities on offer at the home. One said, "Although we do have things to do, there are times when the only thing to do is watch TV. It's OK I suppose, I think they could offer us a bit more."

The home has a suitable complaints policy and procedure that is publicised in its Statement of Purpose and the documentation was provided to new people entering the home.

The home had appropriate processes in place to ensure that when people were admitted, transferred or discharged, relevant and appropriate information about their care and treatment was shared between providers and services. Information held with people's personal care records showed that liaison had taken place with other health professionals and a relative spoken with confirmed that they had been involved with the assessment process and had been kept informed at every stage. Staff at the home stated that confidential information was only shared about a person once it was established it was safe to do so. We observed this in practice when a staff member spoke to a relative over the telephone regarding a sensitive healthcare matter.

We recommend that the service provider and registered manager consults the NICE guidance on participation in meaningful activity in care homes and that discussions take place with people at the home regarding the development of the activities programme.

Is the service well-led?

Our findings

The people we spoke with (service users, staff and a relative) all said that the registered manager and management team provided good leadership. The home was well organised and we found that there were clear lines of responsibility. There were systems in place to monitor if tasks or care work did not take place. One staff member said, “The manager has done a lot of work in making sure the home is on track. She has put systems in place for checking different things such as the medication, care plans and activities.”

Staff confirmed that they received handovers (daily meetings to discuss current issues within the home). They said that handovers gave them current information to continue to meet people’s needs, and updates regarding incidents, and what action to take to minimise or reduce the possibility of further accidents or incidents.

We saw that records of incidents and accidents were kept. The deputy manager told us that these were monitored and reviewed in order to identify areas of concern and improvement. We found documentary evidence to show that risk assessments and safety plans were in place relating to different aspects of the home. For example: care planning, treatment, infection control, medication, healthcare, environmental safety and staff training. However, the process for ensuring that these assessments were up to date and actioned wasn’t robust.

We found written evidence to show that the service had a system in place to assess and monitor the quality of the service. The deputy manager and administrator explained that they were involved in auditing different aspects of the service provided. We saw evidence of these audits, and saw that the system had flagged up areas of concern, and minor issues relating to care delivery and service provision. However, these audits had not identified discrepancies in the medicine administration records, recruitment files, environmental risks, fire risks and supervision records.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service provider must ensure that there is a robust system in place that can be effectively used to monitor the quality of the service provided, and ensure it is provided safely. Record keeping must be more accurately maintained in order to ensure all the right information is in the right place so that it can be access by relevant parties.

We observed the deputy manager and staff talk to people throughout the day and they spent time ensuring people were content and happy with the service they were receiving. We found that an annual questionnaire was delivered to the people supported by the home, relatives, and local health professionals. The results of the questionnaires and any recommendations were looked at by the management team and put into action. The feedback from the latest set of questionnaires was found to be positive with no recommendations.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The service provider must prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. The service provider must assess the risks to people's health and safety during their care or treatment, and take action to minimise or eliminate those risks. The service provider must prevent people from receiving unsafe care and treatment and ensure the proper management of medicines takes place with the home.</p> <p>Regulation 12 (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>The service provider must ensure that when a person using a service refuses to give consent or withdraws it, all people providing care and treatment must respect this.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The service provided must ensure that staff receive the support, training, professional development, supervision and appraisals that is necessary for them to carry out their role and responsibilities.</p> <p>Regulation 18(1) (2)(a)(b)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The service provider must ensure that there is a robust system in place that can be effectively used to monitor the quality of the service provided, and ensure it is provided safely. Record keeping must be more accurately maintained in order to ensure all the right information is in the right place so that it can be access by relevant parties.

Regulation 17 (1) (2) (a)(b)