

Westcliffe Homes Limited

Westwood Residential Care Home

Inspection report

29-31 Southport Road
Chorley
Lancashire
PR7 1LF

Tel: 01257264626
Website: www.westcliffehomes.co.uk






Date of inspection visit:
07 November 2019
08 November 2019

Date of publication:
30 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Westwood Residential Care Home is a residential home which provides accommodation and personal care for up to 20 older people. Accommodation is provided over three floors, with a lift providing access to all floors. At the time of the inspection, 19 people were living at the home.

People's experience of using this service:

Improvements were needed to the security of the premises, to keep people safe and ensure unauthorised people could not gain entry to the home. People received their medicines as and when they should. People felt safe at the home and most people were happy with staffing levels. The provider recruited staff safely and staff understood how to protect people from the risk of abuse. Staff followed appropriate infection control procedures and we found the home was clean throughout.

Staff supported people to achieve good outcomes. People and relatives felt staff were skilled and competent. Some staff training updates were overdue and we have made a recommendation about this. 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. Staff supported people with their dietary and healthcare needs and contacted community professionals when they needed extra support. The environment had been adapted but further improvements were needed to ensure it met people's needs. We have made a recommendation about this.

People and relatives liked the staff at the home. They told us staff were kind, caring and respectful. Staff respected people's right to privacy and dignity and considered their diversity when providing support. They encouraged people to be as independent as they could be and involved them in decisions about their care. Information about local advocacy services was available, to ensure people could access support to express their views if they needed to.

Staff provided people with care that reflected their needs and preferences and people told us staff provided support when they needed it. Staff knew people well and offered them choices. Staff reviewed people's care needs regularly and updated documentation when people's needs changed. Concerns and complaints were managed appropriately. People were happy with the activities and entertainment provided at the home.

The local authority had visited the home and identified a number of improvements that were needed. An action plan was in place. The registered manager regularly completed a variety of audits to check safety and quality at the home and told us the security of the home environment would be monitored closely in future to ensure people were kept safe. The provider had oversight of the service. Staff worked in partnership with a variety of community agencies to ensure people received the support they needed. People and relatives were happy with the management of the service. Staff found the registered manager approachable and were able to raise any concerns.

Rating at last inspection:

At the last inspection the service was rated good (published 1 October 2018).

Why we inspected:

This inspection was prompted in part due to concerns identified by our Registration team, as part of their visit to the home to assess the manager's application to register with the Care Quality Commission (CQC).

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Follow up:

We will request an action plan from the provider to understand what they will do to ensure the home environment remains safe. We will monitor the progress of improvements, working alongside the provider and local authority. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Westwood Residential Care Home

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. This inspection was planned to check 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 Care Act 2014.

Inspection team:

The inspection was carried out by an inspector 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:

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The manager had registered with CQC in July 2019.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as details of serious injuries and safeguarding concerns. We sought feedback from the local authority quality and contracting team and Healthwatch Lancashire. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us with key information about their service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who lived at the home and four visiting relatives about their experience of the care provided. We spoke with three care staff, the registered manager and the provider. We also spoke with two community professionals who were visiting the home. We reviewed a range of records. These included two people's care records and multiple medicines records. We looked at a variety of records relating to the management and monitoring of the service and a selection of policies and procedures. We looked around the home and observed staff providing people with care and support.

After the inspection

We received further information from the registered manager and provider about improvements that had been made, including medicines processes and additional staff training that had been completed. We contacted four community professionals for their feedback about the home.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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.

Assessing risk, safety monitoring and management

- The provider did not always ensure risks to people's safety were managed appropriately. We found improvements were needed to security and the safety of the home environment, as the premises were not kept secure. The back door to the home, which most visitors used, was not kept locked. This meant unauthorised people could gain entry to the home and people could leave the home unsupervised, who were not safe to do so. We also found the kitchen was accessible to people when there were no staff present to supervise them.

We found no evidence that people had been harmed. However, due to the provider's failure to ensure the home environment was safe, people were placed at risk of harm. This is a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to address our concerns. She arranged for the back door to be kept locked and for a staff member to be present in the kitchen at all times. Shortly after the inspection, a keypad lock was fitted to back door and kitchen door. This helped to ensure people were kept safe.

- Staff completed and regularly reviewed people's risk assessments, including those relating to falls, mobility, nutrition and skin condition. Sensor equipment was used when people were at risk of falling, to enable staff to monitor them and keep them safe.
- The provider had processes to record and review accidents and incidents. Staff had taken appropriate action when people had experienced accidents, including falls.
- The provider had systems to monitor the safety of equipment and to maintain the home environment. Fire and Legionella risk assessments had recently been completed and the provider was in the process of arranging for any necessary improvements to be made. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia. We will follow this up after the inspection.

Preventing and controlling infection

- The provider ensured people were protected from the risk of cross infection. Most staff had completed infection control training and the provider had an infection control policy for them to refer to. The home had an infection control lead, who completed regular audits.
- We found the home clean throughout our inspection, and people and relatives told us levels of hygiene at the home were good. One relative commented, "The home is kept clean at all times."

Staffing and recruitment

- Most people and relatives were happy with staffing levels at the home. One person commented, "I think there are enough staff as they seem to help me quickly." However, one relative and two staff members felt there were not always enough staff available to support people at mealtimes. An additional staff member had recently been included on the rota at lunchtime and in the evenings, to help support people with their meals. However, the additional staff member was not always included on the rota. The registered manager acknowledged this and told us she would ensure staffing levels remained consistent at mealtimes. She had recruited three care staff since joining the service and felt that staffing had improved.
- Staff were recruited safely. Appropriate checks had been completed before they started working at the home, to ensure they were suitable to support people living there.

Using medicines safely

- Staff managed people's medicines safely and administered them as prescribed. Staff who administered medicines had completed the necessary training.
- People and relatives were happy with how medicines were managed at the home. One person commented, "The staff give me my medication and watch me take it."
- Some minor improvements were needed to medicines processes, including the documenting of 'as required' medicines and medicines errors. The registered manager addressed these issues shortly after the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People and relatives told us staff provided safe care. Their comments included, "I am very safe here. Everyone is around to look after me and if I need help, I can get it" and "The staff are very good, so I feel very safe. I can't ask for more."
- Staff understood how to protect people from abuse and knew the action to take if they had any concerns. They were aware of the service's whistle blowing (reporting poor practice) policy and told us they would use it if they had any concerns.
- The registered manager had managed safeguarding concerns appropriately and had notified CQC and the local authority in line with regulations and guidance.

Learning lessons when things go wrong

- The provider had systems to analyse incidents, complaints and safeguarding concerns and make improvements when things went wrong.
- Where improvements or changes to practice were needed, the registered manager shared lessons learned with staff through handovers, staff meetings and supervisions.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were happy with the induction they received when they joined the service, which included a period observing experienced staff before they became responsible for providing people with support.
- Not all staff had completed refresher training in line with the provider's timescales, including safeguarding, fire safety and infection control training. The registered manager acknowledged this and told us it would be arranged as a priority.

We recommend the provider ensures staff training remains up to date, so that staff can meet people's needs effectively.

- Staff had received supervision from the registered manager since she joined the service. However, they told us they had not received supervision for some time prior to that. The registered manager told us she planned to introduce regular, more reflective supervision, to encourage staff to review their practice, including what they did well and any improvements they needed to make.
- People and their relatives felt staff had the knowledge and skills to meet people's needs. Their comments included, "The staff are well trained. They do their jobs well," and "The staff are all competent in their jobs, I have no problem with them." One relative felt staff could benefit from further dementia awareness training and the registered manager told us she planned to arrange this.

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

- Staff provided people with care that reflected their needs and helped them achieve positive outcomes. The service completed an initial assessment before people came to live at the home, to ensure they could meet the person's needs. This was used to create care plans, which contained information about people's care needs, what they were able to do for themselves and how staff should provide their support.
- Everyone we spoke with commented highly on the standard of care and the quality of the staff at the home. One person told us, "I can't fault the staff, they are all marvellous. I can't do much by myself, so they help me out." Another commented, "I am very happy with everything."
- The provider ensured staff had appropriate policies and procedures to refer to. We reviewed a number of policies and found they were updated regularly and included appropriate guidance.

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

- The home had been adapted to meet people's needs and support them to maintain their independence. Accommodation was provided over three floors and a passenger lift was available.

- Equipment was available to support people who needed assistance with moving or transferring. One relative raised a concern about bathroom facilities not being adequate to accommodate their family member's needs and equipment. The registered manager acknowledged this was not ideal and told us the provider planned to review the need for further adaptations.
- People were happy with the home environment. Their comments included, "I like living here as my room is comfortable and I have got some of my own belongings in here" and "The environment is very nice, it is comfortable." People had personalised their rooms to reflect their tastes and make them more homely.
- We noted the home environment was not very dementia friendly and the registered manager told us she planned to make improvements in this area. She told us only a small number of people were living with dementia at the home and felt this may be why improvements had not been made previously.

We recommend the provider ensures the home environment is suitable to meet the needs of everyone living there.

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 Act 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 with appropriate legal authority. 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 and whether any restrictions on people's liberty had been authorised.

- The service was working within the principles of the MCA. Where there were concerns about people's capacity to consent to, and make decisions about their care, staff had consulted with their relatives. When staff needed to deprive people of their liberty to keep them safe, the service had applied to the local authority for authorisation to do this. No DoLS authorisations had yet been received.
- People had signed consent forms, giving staff permission to provide them with care and support and told us staff asked for their consent before supporting them.

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

- Staff supported people effectively with their nutrition and hydration needs. Staff recorded information in people's care plans and risk assessments about their dietary needs and made referrals to community professionals where concerns were identified. Staff were aware of people's special dietary requirements and who needed support at mealtimes.
- People were happy with the meals provided at the home and told us they were given plenty of choice. Their comments included, "The meals are very good, I really enjoy them. I get drinks and snacks throughout the day" and "The meals are very good, always plenty to eat and plenty of choice."

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 meet their healthcare needs and referred people to a variety of community healthcare professionals to ensure they received the support they needed. These included GPs, community

nurses, podiatrists, dietitians and speech and language therapists. One professional who visited the service regularly told us changes in people's health were recognised quickly and dealt with promptly.

- Two visiting community professionals gave us positive feedback about the home. They told us staff supported people well and followed any advice given. They did not have any concerns about the service.
- People's support plans included information about their healthcare needs, medical history, medicines and any allergies. The service used an 'emergency pack' to share information with paramedics and hospital staff when people were admitted to hospital.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people well and treated them with kindness. People and relatives liked the staff at the home. They told us staff were kind and respectful. Their comments included, "The staff are great, I like them" and "The carers are very nice with my [relative], they will chat with her."
- Throughout the inspection we observed staff being polite, friendly and respectful to people and visitors. Staff were keen to help people and were patient when supporting them. Staff chatted with people while they supported them, and conversations were friendly and affectionate. They offered reassurance and distraction when people were upset or confused.
- Staff considered and respected people's diversity. Care documentation included information about people's life history, marital status, religion, nationality, ethnic origin and disabilities. This meant staff were aware of people's diverse needs and what was important to them. People's gender and sexual orientation were not documented. The registered manager told us this information would be gathered in future. Religious services took place regularly at the home, which helped to ensure people's religious and spiritual needs were met.

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

- Staff involved people in decisions about their care. We observed staff encouraging people to express their views and make every day decisions about their care when they could, such as what they had to eat and where they spent their time.
- People's care needs had been discussed with them or where appropriate, their relatives or legal representatives. This helped ensure staff knew how people wanted to be supported.
- Information about local advocacy services was displayed. These services can be used to support people when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. This helped to ensure that people could get support to express their views if they needed to. The registered manager told us no-one was being supported by an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. People told us, "They respect my privacy and dignity at all times" and "They are very polite. They knock on my door before entering my room and ask permission to support me." One relative commented, "One carer always whispers in my [relative's] ear to see if she's okay and asks her if she needs the toilet, rather than shouting her question."
- Staff respected people's wish to remain independent. One person told us, "I can be as independent as I

want to be here, they encourage it." Another commented, "They do encourage me to be as independent as I can be, but they will help if I find things difficult." We saw staff encouraged people to do what they could, for example at mealtimes or when they were moving around the home.

- People's right to privacy and confidentiality was addressed during the staff induction and the provider had a confidentiality procedure for staff to refer to.
- People's care records were kept in the office but were not always stored securely. We discussed this with the registered manager who addressed the issue during the inspection. Staff members' personal information was stored securely and was only accessible to authorised staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff provided people with personalised care which reflected their needs and preferences. People told us staff knew them and how they liked to be supported. Their comments included, "The carers know me well, they know my habits" and "The carers know my likes and dislikes. They know my favourite biscuit." One relative commented, "They know [relative] well. They know what foods she doesn't like anymore."
- People told us staff were helpful and provided them with support when they needed it. One person commented, "They [staff] are very supportive, and I can't fault them. Whenever I want something, they will get it for me". One relative told us, "If residents ask them [staff] to do anything, they do it for them."
- People told us staff offered them choices and encouraged them to make decisions. One person commented, "I make choices all the time, like what to wear and eat and whether to take part in activities or not." We observed staff offering people choices throughout our inspection.
- Staff reviewed people's care plans regularly and updated them when people's needs changed.

Information about changes in people's needs was handed over between staff during shift changes. This was done verbally, and the registered manager told us she planned to introduce written records of this. She provided evidence of this shortly after the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed people's communication needs and reviewed them regularly. People's care plans included the support they needed with communication and how staff should provide it. We noted the communication information in one person's care plan was brief and the registered manager told us she would address it. We observed staff taking time to communicate effectively with people and repeating information when necessary.
- Staff shared information about people's communication needs when they moved between services, for example when they attended hospital.
- The registered manager told us improvements were planned to signage around the home, to support people living with dementia.

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

- Staff encouraged people to maintain relationships that were important to them. We saw lots of visitors at the home during our inspection. Staff welcomed them, and they were free to spend time with their friends or

relatives in various places throughout the home. One person told us, "My family can visit whenever they want, for as long as they want." One relative commented, "The staff are very kind and caring. When I visit, they make me feel very at home too."

- Staff supported people to follow their interests and take part in a variety of activities. Most people and relatives were happy with the activities available at the home. One person told us, "The activities are very good. The activity co-ordinator works three days a week. We get performers coming to entertain us, children from local schools and nurseries and there is a mini bus that will take residents out on Wednesdays." One relative told us their family member had started to join in activities with staff encouragement and another told us the activity co-ordinator visited their family member in their room. One relative felt that the activities available did not meet everyone's needs and the registered manager told us she would address this.

Improving care quality in response to complaints or concerns

- The provider had processes to investigate and respond to people's complaints and concerns. Two complaints had been received in 2019 and the registered manager had responded to them in line with the policy.
- None of the people we spoke with had made a complaint. They told us they knew how to complain or raise concerns if they were unhappy with anything. One relative had complained to a previous manager and was unhappy with how it had been managed. They told us they would raise any future concerns with the provider.

End of life care and support

- Staff had documented people's end of life care wishes, including whether they wished to go to hospital or receive end of life care at the home. This meant staff understood what was important to them and could provide end of life care which reflect their wishes. No-one was receiving end of life care at the time of the inspection.
- Most staff had completed end of life care training and the provider had an end of life care policy for them to refer to. One staff member told us, "I've done the training. People have end of life care plans and we work with the district nurse and GPs to make sure people get good end of life care."

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service leadership and management 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

- The registered manager had registered with CQC in July 2019 and was responsible for the day to day running of the service. She had not previously managed a residential service for older people and told us it had taken some time to adjust to her new role. She was keen to ensure people received good care and to address any improvements needed.
- The local authority quality and contracting team had completed a compliance visit at the home in September 2019. A number of areas for improvement had been identified, most of which the registered manager was already aware of. An action plan was in place and they found the registered manager was keen to make the necessary improvements and get things right. They had received an update from the service just before our inspection and were happy with the progress being made.
- Through regular checks and audits of quality and safety at the home, the registered manager had identified some of the issues we found during our inspection and improvements were planned. Many of the issues related to practices in place when the registered manager had joined the service. Audits had not identified the issues we found relating to the security of the home. The registered manager told us this would be included in future audits.
- The registered manager had submitted statutory notifications to CQC about people using the service, in line with current regulations. A statutory notification is information about important events which the service is required to send us by law. The rating from the previous inspection was being displayed. The provider had oversight of the service. She met with the registered manager and deputy manager regularly to discuss issues including health and safety, staffing and any feedback received. Staff were clear about their roles and responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided people with individualised care which helped them achieve good outcomes. Everyone we spoke with told us they would recommend the home to others. Management and staff treated people as individuals and people were involved in decisions about their care and the service.
- Most people and relatives were familiar with the registered manager and were happy with the management of the service. Their comments included, "I know the manager well and she is approachable and friendly. The home is very quiet and calm and I would recommend it to other people", "I know the manager, she is very supportive. All the staff are approachable, it is a good home" and "The home is well

managed, I have no concerns."

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 had duty of candour policy in place. No incidents had occurred that we were aware of, which required duty of candour action.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had various processes to gain feedback from people and relatives about the care and support provided at the home. Feedback from satisfaction surveys completed in October 2018 was mainly positive. The results of the survey had been shared at a staff meeting and the provider had taken action to address any areas needing improvement. Regular residents' meetings were held. One person told us, "There are residents' meetings when we can talk about any issues. The manager is approachable and very easy to talk to, as are the staff."
- Staff found the registered manager approachable and felt able to raise concerns. One staff member felt important concerns were addressed quickly but other issues were not always addressed in a timely way. Some staff felt the registered manager sometimes asked staff to complete tasks, rather than completing them herself due to a lack of confidence. We shared this feedback with the registered manager. Staff attended regular staff meetings, where they were able to raise concerns and make suggestions.

Continuous learning and improving care

- The provider had processes to identify issues with care standards and make improvements where necessary. Learning from incidents, complaints and safeguarding concerns was shared with staff during staff meetings, supervision and handovers.
- During the inspection the registered manager welcomed our feedback and demonstrated a commitment to developing the service. She was keen to make the improvements identified on the action plan and told us additional changes were planned, including making the home environment more dementia friendly and making care documentation more individualised.

Working in partnership with others

- The service worked in partnership with relatives and a variety of community health and social care agencies, to ensure people received the support they needed. These included social workers, GPs, community nurses, dietitians, speech and language therapists, podiatrists and the local community mental health team.
- The community professionals who provided feedback about the service did not have any concerns. One professional who visited the home regularly told us it was well managed, and the registered manager was keen to learn as much as possible to help her support people living at the home.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the home environment was safe for people living there.