

# Kidderminster Care Limited

# Cambrian House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Cambrian House is a residential care home providing accommodation and personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 25 people in one adapted and extended building. People's accommodation is on the ground and first floor.

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

The required regular servicing of hoists had not taken place to ensure these items of equipment were safe to use. Action was taken by the provider and registered manager once we brought this shortfall to their attention.

We identified shortfalls in the recording of people's medicines and could not be assured people had always received their medicine as prescribed. The registered manager acted to ensure additional training was provided.

Checks were made on potential new employees before they commenced work at the home. Sections of staff member's application forms were however missing or not fully completed. Therefore, the provider could not assure themselves of the staff suitability of employment.

People and relatives felt improvements were needed in the provision of fun and interesting things to do other than watch television. When entertainment was provided this was enjoyed.

Quality systems were in place although these were not always either fully completed to identify where improvements were needed or had not identified shortfalls such as in relation to hoisting equipment.

People felt safe living at the home and felt able to complain about the service provided if needed. Staff were aware of their responsibility to report any allegations of abuse and were confident these would be acted upon. Improvement had taken place in the monitoring and auditing of accidents and incidents.

Improvements had taken place in staffing numbers on duty in the afternoon including within the kitchen. This had resulted in staff no longer having to prepare people's tea.

The home was clean, and staff were aware of infection control procedures.

People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People enjoyed the food provided although there was a mixed response regarding the frequency of

sandwiches at team time. People were able to access healthcare professionals to ensure their wellbeing.

People liked the staff and found them to be kind and caring. People's privacy and dignity was maintained and respected.

The registered manager had sought the options of people and was keen to make further improvements with the home and the quality of the service provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was requires improvement (published 25 March 2019). There were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do. and by when to improve. At this inspection enough, improvement had not been made and the provider was still in breach of regulations. The provider has been rated requires improvement for the last two consecutive inspection, making this the third occasion.

Why we inspected

This inspection was prompted in part due to concerns received about practices within the home. A decision was made for us to inspect and examine those risks and therefore bring forward our planned inspection based on the previous rating. Although we found areas needing improvement we did not find evidence during the inspection in relation to the majority of the concerns raised.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive 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.

Enforcement

We have identified two breaches in relation to people's safety in relation to the servicing of hoisting equipment, the receiving and administration of people's medicines and the governance of the service at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led

Details are in our responsive findings below.

**Requires Improvement** ●

# Cambrian 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Cambrian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and. Improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with the provider, registered manager and deputy manager. We also spoke with three care and senior care workers and the chef. In addition, we spoke with a healthcare professional and a social care professional about the service provided for people.

We reviewed a range of records. This included two people's care records in detail and others in certain areas around risks and personal hygiene as well as multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection

We received additional information from the provider and the registered manager after the inspection who also sought clarification from us. We spoke with seven relatives to seek their views on the quality of care provided to their family member.

# 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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to falls and other risks. This meant people were at risk of injury and harm as these risks had not been fully identified and the risks were not fully mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvement had taken place within the area identified at the time of the previous inspection the provider was found to continue to be in breach of regulation 12.

- Equipment such as hoists were available for staff to use to assist people with their mobility. Accessible baths were available if people wished to have a bath and needed this type of equipment to ensure their safety. The hoists, baths and the slings used with the equipment needed to be regularly serviced to ensure it is safe for people to use.
- However, a current and valid safety certificate for these items was not in place as the previous one had expired in July 2019. Therefore, the provider could not be assured these items of equipment were safe to use.
- People's medicines were not always administered in accordance with the prescribed amounts and records were not always completed accurately. We did not find evidence of anyone coming to harm as a result.
- We found conflicting information regarding the amount of medicine administered to one person between the controlled drugs register (a separate record to record certain medicines) and their medication administration record. The registered manager could not account for the discrepancy.
- One person was prescribed a course of antibiotic medicine. The records indicated only one tablet from the course prescribed to be remaining. However, we found three tablets remained. The registered manager and staff members we spoke with could not account for the discrepancy and why two tablets, although recorded as administered, had not been. We later found a member of staff had signed the medication record showing the course to be complete because it contained 28 signatures however two tablets remained.
- We found when medicines arrived at the home staff had failed to check the amount received was correct. Accurate counts had not taken place. Staff had relied upon previous counts which we found to be incorrect rather than counting medicines for themselves. Therefore, leaving the recording incorrect.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

- The registered manager and provider took immediate action to follow up on the servicing equipment to assure it was safe for staff to use with people. They contacted a contractor to arrange servicing.
- The registered manager told us because of shortfalls identified regarding medicines they had arranged for additional training to be undertaken by staff members so their competencies could be checked.
- Cupboards containing cleaning chemicals and sluice areas were secured to prevent unauthorised entry. Staff were seen using a code to open a door into an area where cleaning materials were stored.
- Fire exits were clear from obstruction, and fire doors closed into their rebate. Servicing of the fire alarm took place. These actions were in place to keep people safe from the risk of fire.
- People told us they felt safe living at the home and with the staff who cared for them.
- Relatives we spoke with believed their family member to be well looked after and safe at the home.

#### Preventing and controlling infection

- Communal toilets and bathrooms were found to be clean and tidy and contained liquid soap and paper towels. We were assured a frame around one toilet would be replaced as we found it to be rusty in places and therefore could not be cleaned effectively.
- The majority of staff were seen to wear personal protective equipment (PPE) when serving food and drinks to people. Staff were seen to wear gloves when administering medicines. The use of these gloves protects people from cross infection.
- Relatives we spoke with told us they found the home to be clean and tidy.

#### Staffing and recruitment

- The provider had systems in place to ensure the safe recruitment of staff including checks with the DBS (Disclosure and Barring Service). Newly recruited members of staff had completed an application form however these were either not fully completed with some information missing. A full working history of new employees was not held and there was no explanation recorded for any gaps in their employment. This was discussed with the registered manager who was unable to account for the missing sections and gaps.
- Sufficient staff were on duty to meet the needs of people. Since our previous inspection the provider had made changes to the staffing arrangements. These changes have resulted in an additional member of staff on duty during the afternoon to care for people using the service. In addition, changes had resulted in the kitchen having a member of staff on duty until 5:30pm. As a result, care staff were no longer required to prepare people's tea in addition to providing care and support in the afternoon.
- Relatives we spoke with were supportive of the increased staffing arrangements and believed the service provided had improved because of the recent changes implemented by the provider. One relative described the change as making a, "Great difference."
- Staff told us agency staff were not used regularly as cover was provided within the staff team when needed.

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

- People told us they felt safe living at the home. One person told us, "How I am treated is fine. The staff are very nice." They added, "They (staff) are all very good to me." Another person told us, "We are all well looked after."
- One relative told us they believed their family member to be safe living at the home. They told us they would not have their family member at the home if they thought otherwise. Another relative told us as a family they knew their relative to be safe and they were no longer worried about their wellbeing.
- Staff told us they were confident people were safe living at the home and told us they would report any allegations of abuse.



- Information was available for staff to refer to in relation to safeguarding and abuse, so they were aware of their responsibilities and the action they would need to take in the event of actual or suspected abusive practice taking place.

#### Learning lessons when things go wrong

- Following the previous inspection, the registered manager had taken action and reviewed and evaluated accident and incident reports. The registered manager recognised the need to identify any themes in accidents as a means of reducing the risk of reoccurrence such as medicine reviews following falls.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received suitable training to meet the needs of people who received care placing them at risk. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our previous inspection improvements had taken place regarding the training undertaken by members of staff. Staff told us they received training to enable them to carry out their role and they were up to date with their training. One member of staff described their first aid training as, "Really good." Catering staff had completed basic food hygiene training since the previous inspection.
- Induction training was provided for new members of staff including training in oral hygiene.
- Some staff members had attended moving and handling training on the morning when this inspection commenced.
- Staff confirmed they received support from the registered manager including supervision.

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

- People's needs were assessed before they moved into the home to ensure individual needs were able to be met. One person told us their family had viewed the home on their behalf prior to their arrival.
- Relatives told us they were happy with how their family member had their personal care needs met for example their oral care needs. Relatives told us staff ensured their family member's appearance was in line with their individual preferences.

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

- People told us they enjoyed the food and were able to have a drink on request. One person told us the food is, "Very good" and added, "We have a choice. Anything you don't like they (staff) will find an alternative."
- A relative told us drinks were always available for people if wanted as well as regular drinks served from a trolley.
- One member of staff was seen providing guidance and assistance to a person with a meal. The staff member was heard to ask whether the person wanted a drink.
- Prior to the inspection we receive comments about frequent sandwiches for tea. During the inspection we saw staff offering people a choice of sandwiches one evening. We received mixed comments about the

regularity of sandwiches which we were told was on alternative days. One person told us they, "Really liked them." A relative told us people did receive sandwiches on a regular basis but believed people to be content with this. They added they had also seen cooked teas such as beans on toast. Another relative told us after the inspection the frequency of sandwiches had improved, and they were less frequent. However, one member of staff described the choice at teatime as, "Not good" due to the frequency of sandwiches.

- Relatives we spoke with were complimentary about other meals people received. One relative told us the food always, "Smells nice and presentable" and told us they family member had told them they liked the food. A further relative described the staff as going out of their way to ensure food for their family member was suitable and to retain their independence with eating.

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

- Photographs of people were either on their bedroom door or the wall next to the door to assist people identify their own private space. People were able to personalise their bedroom to reflect their own taste such as with pictures and photographs.
- We saw some signage within the home to assist people in finding their way around such as pictorial image depicting a shower room.
- The registered manager told us of plans to convert a bathroom into a further shower room to assist in the provision of personal care for people.

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

- People had their healthcare needs met through involvement with healthcare professionals.
- Regular visits were provided by healthcare professionals such as advanced nurse practitioner (nurse able to prescribe medicines) and doctors. The registered manager assured us healthcare professionals were requested to visit people as needed in-between the routine visits.
- A relative told us staff had taken suitable action to ensure the healthcare needs of their family member had been met involving healthcare professionals and emergency services. A further relative told us, "Straight to the GP if any concerns."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had knowledge about the people who had an authorised DoLS in place. In addition, they were aware of any conditions and about people's Relevant Person's Representative. Where

conditions were set by the local authority the registered manager was aware of these and able to provide evidence of the actions they had taken such as referrals to other professionals.

# 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

- People we spoke with told us the staff were kind and caring. One person told us, "They (staff) are very good to me" and, "Everybody is good to me." Another person described the care they received as, "Very good" and told us they felt at home living there. They added, "All the staff are caring."
- Relatives told us they were pleased with the care and support their family member received. Relatives told us they liked the homely atmosphere at the home. One relative told us, "No problems with the care. Staff are very polite and welcoming." Another relative told us they were, "Very pleased" with the care their family member had received and added they believed their loved one to be, "Well cared for." A further relative described the staff team as, "Lovely."
- Staff were seen to spend time with people while they were sat relaxing in the lounge areas. We saw staff either sat next to people or lowered themselves down to achieve eye to eye contact.

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

- Staff were seen offering people choices about daily living for example what they wanted to drink, whether they wanted biscuits and where they wanted to sit.
- A relative told us the staff spoke with their family member rather than to them. This enabled their loved one to be involved in their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. People told us staff would knock on their bedroom door, if closed, prior to entering.
- The registered manager told us new blinds had been provided to a window to provide further privacy for people in addition to the frosted glass in a shower room.
- People's care plans were held securely while accessible for staff members to refer to and update.

# 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 Requires Improvement. At this inspection this key question has remained the same.

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

- Staff were seen spending time sat with people engaged in conversation. One relative told us this was not unusual but also not a regular occurrence. However, some people told us they would like more to do. One person told us living at the home, "Can be a bit boring." Staff told us there was not a lot for people to do and would like to see more especially in the afternoon.
- Although relatives told us they had witnessed events taking place involving people such as arm chair exercise and entertainment they would like to see more for their loved ones to do. We were told people reported to have enjoyed the events which had taken place and looked forward to them. However, at other times relatives believed, other than colouring in, activities consisted of watching television. One relative told us their family member got bored at times while another told us, "Not a lot to do." A further relative told us, "Would be better if more going on" as they felt they family member needed more occupation during the day.
- The registered manager told us they hoped to improve the amount of social interaction and for people to undertake in the foreseeable future. At the time of this inspection the provider did not have a dedicated activities member of staff.
- Relatives told us they were able to visit at any time as a means of preventing their family member becoming socially isolated.

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

- People received personalised care to meet their needs. One person told us they found staff to understand what they needed and were able to meet their needs as a result. Another person told us, "They (staff) care for you and look after you."
- A relative told us staff really understood their family member and their needs. They were confident their family members needs were met by staff including oral health and hearing and visual needs.
- Staff told us they had access to people's care plans and believed these to be up to date and reflective of people's needs.
- People who were in their bedrooms were seen to have a call bell within reach, so they could seek assistance from staff members if needed.
- People were able to access the garden area either independently or with the assistance of staff if desired. One member of staff was heard encouraging a person to wear a coat to go outside due to the weather conditions.

### 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.

- The registered manager was aware of the importance to ensure people had access to information. They spoke with us about the availability of large print as well as tools such as talking books.

### Improving care quality in response to complaints or concerns

- People told us they could tell someone if they had any concerns or were not happy with the care they received. One person told us, "I haven't any bad comments. It's all good to me. I would think you could complain if you needed to
- Relatives were confident they could raise any concerns they had about their family member's care and support. They believed they could speak with the registered manager and would be listened to.
- Complaints about the service provided were responded to by the registered manager or the provider. Recent changes to the staffing levels were undertaken as part of the complaints made regarding staff numbers.

### End of life care and support

- At the time of our inspection no one was receiving end of life care.
- Care plans included information upon people's end of life wishes.

# 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 Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent in some areas. 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

At our last inspection the provider had failed to ensure robust quality assurance systems were in place which meant people were at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made further progress was required or substantiated before a good rating could be achieved. Systems and processes were found to require further improvement.

- We found hoisting equipment used to assist with transferring people and accessible baths did not have a current safety certificate. Although the registered manager and provider told us they had an arrangement with a contractor to attend as needed the failure of them to carry this out had not been identified by internal systems.
- A checklist regarding the servicing of equipment such as hoists was incorrect regarding the required frequency of the servicing of these items. The check list was also incorrect regarding the date by when the passenger lift needed to be serviced. The current certificate however was still in date at the time of the inspection.
- The registered manager had introduced quality assurance systems covering areas such as care planning, food hygiene and medication. Scores from the audits were not always recorded to show whether improvement or action was needed in some areas.
- Improvements were identified as required in the recruitment of staff to ensure information regarding potential employees work history as well as a fully completed application form were in place.
- Improvement in the management of medicines in relation to booking items into the home and administration was identified as required.
- The provider has failed to obtain an overall rating of good within three consecutive comprehensive inspections dating back to October 2017.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate they were effective to safely manage the service provided for people. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The registered manager was aware of events and incidents which were reportable to the Care Quality Commission. A list of regulations and a description of reportable events was available for the registered manager to refer to. The rating from the previous inspection was on display in the reception area of the home for people to see upon arrival at the home.
- Information was available for staff to refer to such as regarding actions to be taken when a person had sustained a fall, information on types of abuse and the importance of keeping people hydrated.

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

- Following the previous inspection, the registered manager completed an action plan which they had worked to. The registered manager told us they had worked hard to get it right since the last report was published and was keen to make further improvements.

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

- People told us they liked the registered manager. One person described them as, "Exceptional."
- Relatives were positive about the registered manager and the deputy manager and had confidence in them to provide a service to meet their family member's needs. One relative told us they believed the management to be, "Very caring and well run."
- Staff members spoke positively of the registered manager and deputy manager. They felt supported and told us they had made a difference in the home in making improvements.
- The registered manager had since our last inspection sought the views of people who used the service and their family members via questionnaires. We saw those returned primarily showed responses to be either 'very satisfied' or 'satisfied'.

Continuous learning and improving care

- Since the previous inspection the provider had appointed a deputy manager. The registered manager described their appointment as, "Brilliant" as a means of improving the standard of care provided. The registered manager told us they found the provider to be, "Supportive."
- The registered manager told us they were wanting to make further improvements. They told us the provider was looking into the introduction of electronic care plans and medicine records and hoped these would drive improvements in some of the areas we identified as part of this inspection.

Working in partnership with others

- The registered manager had developed links with healthcare professionals and taken advice as needed to ensure people's wellbeing. Changes were about to be made regarding the administration times of medicines following discussions with professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were not sufficiently robust to ensure people were kept safe from the risk of harm and injury at all times.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not robust enough to effectively safely manage the service provided for people. This placed people at risk of harm. This was a continual breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.