

Star Sri UK Limited

# Cumberland Court

## Inspection report

6 Cumberland Gardens  
St Leonards On Sea  
East Sussex  
TN38 0QL

Tel: 01424432949  
Website: [www.cumberlandcourt.co.uk](http://www.cumberlandcourt.co.uk)

Date of inspection visit:  
07 March 2017  
09 March 2017

Date of publication:  
25 April 2017

## 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

Cumberland Court provides care and support for up to 20 older people with care needs associated with older age. The needs of people varied, some people were mainly independent others had low physical and health needs. The care home provided respite care with some people coming back to the home for short stays on a regular basis when they or people looking after them needed a break. There were 18 people living at the home at the time of the inspection.

The service did not have a registered manager however there was an appointed manager working at the home and had day to day responsibility. 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 2008 and associated regulations about how the service is run.

We previously undertook an inspection in September 2016 to look at the question 'is the service safe.' This had been in response to concerns raised with us about the safety of the service. We found there was a breach in regulation because the provider was not always ensuring care was provided in a safe way to people. The provider sent us an action plan and told us they would address these issues by the end of December 2016. We undertook an inspection on 7 and 9 March 2017 where we found the provider was meeting the legal requirements that were previously in breach. However, these improvements were not, as yet, fully embedded in practice and need further time to be fully established in to everyday care delivery.

There were systems in place to ensure medicines were safely managed. However, there was a lack of guidance for people who had been prescribed 'as required' (PRN) medicines.

There was an audit system in place however this had not identified all the shortfalls we found. People's records did not reflect the care they required and received. However, this had a limited impact on people because staff had a good understanding of their needs and were able to tell us about the care people needed and received.

People were supported by staff who were kind and caring. Staff knew people well and had a good understanding of their needs. People received care that was person-centred and reflected their individual choices and preferences. Staff had the knowledge and skills they needed to look after people.

There were enough staff to support people and meet their needs. Recruitment records demonstrated staff had been appropriately employed and were suitable to work with people who used the service. Staff received appropriate training and support to enable them to look after people and had the skills to perform their roles.

Staff knew how to recognise different types of abuse and were clear on how to respond to any allegation or suspicion of abuse. Environmental risk assessments had been completed and actions taken to ensure

people's safety.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain a healthy diet of their choice. They were supported to maintain good health and they had access to relevant healthcare professionals when required.

People were involved in the day to day running of the home. They were asked for their feedback which was listened to and used to improve and develop the home.

There was an open and positive culture at Cumberland Court. This was focussed on ensuring people received good person-centred care that met their needs. People and staff spoke highly of the provider and manager and told us they would always address their concerns.

We found a breach of the Regulations 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 this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Cumberland Court was not consistently safe. We found improvements had been made since our last inspection. However these were not fully embedded into practice.

Staff had a good understanding of the risks associated with supporting people. They understood what actions to take to minimise risks and ensure people received safe care. However, not all care plans contained information about the risks associated with caring for people.

Medicines were stored and administered safely however there was a lack of guidance for people who had been prescribed 'as required' (PRN) medicines.

There were enough staff deployed to keep people safe and meet their needs. Appropriate checks were undertaken to ensure suitable staff were employed to work at the service.

Environmental risk assessments had been undertaken and actions taken to ensure people's safety.

Staff knew how to recognise different types of abuse and were clear on how to respond to any allegation or suspicion of abuse.

**Requires Improvement** ●

### Is the service effective?

Cumberland Court was effective.

People received support from suitably trained and supported staff who had the skills to perform their roles.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of healthy and nutritious meals each day.

Staff ensured people's health needs were met and they had access to relevant healthcare professionals when required.

**Good** ●

### Is the service caring?

**Good** ●

Cumberland Court was caring.

Staff had a good understanding of people as individuals. This enabled them to provide good, person centred care.

People were treated with kindness, compassion and understanding.

People were supported to make decisions about what they done each day.

### **Is the service responsive?**

**Good** ●

Cumberland Court was responsive.

People were able to make individual and everyday choices and staff supported them to do this.

Staff had a good understanding of providing person-centred care. They knew and understood people as individuals.

There was a range of activities taking place and people had enough to do throughout the day.

There was a complaints policy in place and people told us they would raise any worries with staff.

### **Is the service well-led?**

**Requires Improvement** ●

We found aspects of Cumberland Court were not well-led.

There was an audit system in place however this had not identified all the shortfalls we found. People's records did not reflect the care they required and received.

There was an open and positive culture at the home. This was focussed on ensuring people received good person-centred care.

# Cumberland Court

## 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 was an unannounced inspection on 7 and 9 March 2017. It was undertaken 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 service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the support provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included staff recruitment, training and supervision records, medicine records complaint records, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We also looked at five support plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their support documentation in depth and obtained their views on their life at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving support.

During the inspection, we spoke with everybody who lived at the home, one visiting relative, and seven staff members including the manager and provider. Following the inspection we contacted three healthcare professionals for their feedback.

# Is the service safe?

## Our findings

We carried out an inspection in September 2016 to look at the question, "Is the service safe?" We found there was a breach of regulation and the service was not safe. The provider sent us an action plan and told us they would address these issues by the end of December 2016.

At this inspection we found significant improvements had been made. However these improvements were not, as yet, fully embedded in practice and needed further time to be fully established in to everyday care delivery.

At this inspection we found care plans lacked information about the risks associated with caring for people. Although some improvements had been made further developments were needed to ensure this was fully embedded into practice. There was some guidance in place however, not all care plans contained information about the risks associated with caring for people. Some people had pressure relieving equipment in place but there was no guidance to indicate why this was used or what risks were being responded to. There was no information in place about how staff supported people to maintain good skin integrity. Some people required support to maintain their continence. Good skin care involves good management of continence however there was no care plan to guide staff on how to meet their needs. Where people had risks associated with limited mobility or were at risk of falls guidance did not include detailed information on how staff should respond to each person's individual risks. Staff knew people really well and had a good understanding of the risks associated with supporting them. They were able to give us thorough and clear information about how this was provided. We observed this during the inspection. We recommend that the provider seek guidance and takes advice from an appropriate source to ensure people's risks are clearly recorded.

Some people had been prescribed medicines to take when required (PRN), for example pain relief. When PRN medicines were given staff had recorded the reason why they were required, the time and the number of tablets given. However, there was no record of whether the medicine was effective. There were no individual PRN protocols to show why people had been prescribed these medicines, when they may be required or what to do if the medicine was not effective. Some people had been prescribed body creams and there was no guidance in place for staff to know where and how to apply these creams. Staff gave us detailed examples of when and why people required PRN medicines and how they would apply body creams. We recommend that the provider takes advice from the appropriate professionals with medicine experience and take action to update their practice accordingly.

Medicines were stored securely and appropriately. People told us they received their medicines when they needed them.

There were enough staff deployed to support people safely. The provider had employed extra staff to work at night. We saw from the rota that this was in place. The provider told us on occasions when a member of night staff was on leave they may be replaced with a 'sleep-in.' A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift and may be called on at any time during

the night depending on people's needs. The provider told us this was also based on people's needs. He reassured us that there would always be two members of staff on duty at night and this was confirmed by staff we spoke with. Throughout the day there were enough staff to support people safely. People told us staff were attentive when they needed them. One person said, "If you run out of this or that they always get it for you." There were three care staff working each day but if, for example, people needed to attend hospital appointments then an extra staff member worked to accompany the person if necessary. Throughout the inspection we saw people were attended to in a timely way.

At this inspection we found fire safety concerns had been addressed. There was an action plan in place to address issues identified with timescales for these to be completed. This included staff completing a fire drill and staff training and completing and maintaining a regular log of fire checks such as weekly fire alarm checks. This had been done and regular checks were completed. The action plan detailed whether immediate action was required or within what timescale the work needed to be completed. All immediate actions had been completed and a number of further actions had also been completed. The provider and manager were able to tell us when further actions were due to be completed. For example further smoke detectors were due to be installed in the basement at the end of March 2017, we were shown confirmation that this work had been booked. Following the inspection we received confirmation the work had been completed. There were up to date personal emergency evacuation plans in place and these were regularly reviewed and updated. Regular health and safety checks took place. These included environmental and maintenance checks, regular servicing for gas and electrical installations and lift and hoist servicing. The home was staffed 24 hours a day with an on-call system for management support and advice.

At this inspection people were protected against the risk of harm through risks associated with cross infection. An infection control audit had been completed and actions taken to ensure infection control procedures were followed. The laundry room had been refurbished and surfaces were now cleanable. Staff told us soiled laundry was no longer soaked but put into the washing machine using appropriate infection control measures. During the inspection we observed staff followed infection control procedures and protective gloves and aprons were available throughout the home. Staff who prepared meals had completed their food hygiene training. The home was clean and tidy throughout. There was a maintenance plan in place which included a refurbishment program. Day to day maintenance was addressed in a timely way.

People told us they were safe at the home. One person said, "Yes, I am safe and well looked after." They were protected against the risk of abuse because staff understood what actions to take if they believed people were at risk. They told us they would speak to the provider or manager if that was appropriate otherwise they would contact CQC or the local safeguarding team. They told us any abuse or poor care would be identified and addressed immediately.

People were protected, as far as possible, by a safe recruitment system. Appropriate checks were completed before staff started work to ensure they were of suitable character to work at the home. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).

## Is the service effective?

### Our findings

People told us they were happy with the care and support they received. They told us food at the home was good. One person said, "If you don't like what's on the menu you can always have an alternative."

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. The application procedures for this in care homes and hospitals are 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 were being met.

People had capacity and there were no DoLS applications or authorisations in place. Previous authorisations had been in place but these had been reviewed and were no longer required. Staff demonstrated an understanding of mental capacity and DoLS. They told us how people were able to make their own decisions and how they supported them to do this. They were clear that some people may make decisions that could be considered unwise and the actions they would take to minimise impact to people's health and well-being. This included ensuring they knew when people went out and that people had appropriate identification with them.

The manager told us that she required further MCA and DoLS training to underpin her current knowledge and enable her support people and staff appropriately, this had been booked. The manager and provider had recognised one person's mental capacity had changed and may require a DoLS application. They had taken action to make sure this person was being reviewed by appropriate professionals to ensure they were receiving appropriate support.

People were supported by staff who had the appropriate knowledge and skills. Staff received regular training. This included safeguarding, medicines, infection control and moving and handling. Moving and handling and medicine competencies were assessed annually to ensure staff supported people appropriately. When they commenced work at the service staff received an induction period. They were introduced to people, the day to day running of the home, had the opportunity to read people's support plans and shadowed colleagues. They also completed the Care Certificate. The Care Certificate is a set of 15 standards that health and social care workers follow. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff also received training specific to the needs of people falls prevention and diabetes. Staff were able to gain further qualifications such as the health and social care diploma.

Staff received regular and ongoing supervision. This identified any areas that staff needed support or further training. It was also an opportunity for staff to feedback any concerns they may have. Staff told us they felt

supported at the home. Currently the provider was undertaking all supervision until the manager had completed appropriate training to enable her to take on the role. The provider was in the process of introducing personal developmental plans for all staff to further identify areas where they required further training and support. Appraisals were due to take place in May 2017.

People were supported to eat a healthy diet of their choice. People told us the food was good and they were involved in planning and developing the menu. Feedback from a recent questionnaire stated food was "Out of this world." The cook and staff had a good understanding of people's dietary needs and choices.

People chose where to eat their meals, most sat in the dining room but others remained in their rooms. Mealtimes were a sociable occasion and people enjoyed spending time with each other. Tables were well presented with clean tablecloths and condiments. There was a selection of hot and cold drinks and snacks offered throughout the day. People had jugs of water or squash available to them in their bedrooms. Most people did not require support at mealtimes but where appropriate this was offered for example the use of adaptive equipment such as plate guards to support independence. Staff maintained a record of what people ate and drank each day, they told us this would be more detailed if people were at risk of dehydration or malnutrition. People were weighed regularly and weight losses were referred to the GP for advice. We saw one person had lost weight and although this was within normal range for them staff had contacted the GP to ensure they were aware.

People were supported to maintain good health and received on-going healthcare support. They were able to see the GP whenever they wished and were supported to attend hospital or other healthcare appointments. Throughout the inspection we saw people attending a variety of healthcare appointments, supported by staff. Records demonstrated that staff regularly liaised with a wide variety of health care professionals to ensure people received appropriate the healthcare. This included the mental health team, GP and chiropodist. Healthcare professionals told us staff had a good understanding of people's healthcare needs.

## Is the service caring?

### Our findings

People were treated with kindness and consideration in their day-to-day care. Staff understood people's individual needs very well and had built good relationships. People told us staff were kind and they were well looked after. Comments included, "All the staff ask how you are," "Nothing is too much trouble for the staff" and "The staff are very kind." Staff were able to tell us about people's individual support needs and preferences. A healthcare professional told us, "I have always been impressed by the friendly and personal approach taken by all members of staff, which I believe is helped by the example provided by the Home Manager." We saw people were familiar with staff and regularly approached them throughout our inspection for support and reassurance. People told us if they had concerns or worries they could always talk to staff. There was a calm and relaxed atmosphere at the home. People were supported to spend their day as they chose and to make their own decisions about day to day care and support. Staff supported people at their own pace.

Staff knew people well and supported them as individuals. They spoke with people making eye to eye contact, using their preferred name and taking time to listen to them. They were able to tell us about people's choices, personal histories and interests. They told us how they communicated with and understood the needs of people who were less able to express themselves. Interactions and conversations between staff and people were positive and there was friendly chat and good humour. Staff were genuinely interested in talking with people and spent a lot of time doing this throughout the day. Both dedicated time and whilst undertaking tasks. The provider promoted the importance of spending time talking to people. He told us, "People must be treated with compassion and I tell staff a word is worth more than diamonds."

People were supported by staff who were observant and attentive to their needs. One person was new to the home and was not joining in with the other people. We observed a member of staff approach them, sit down and spend time chatting with them. During the day staff pulled up a chair, sat with people and spent time talking with them. This had also been noted by a healthcare professional who told us, "Staff sit with the residents to have tea and there is a genuine feeling of a family."

People's bedrooms were personalised with their own belongings such as photographs and other items that were important to them and reflected their interests. People's views and lifestyles were respected. They wore clothes of their choice and were supported to maintain their own appearances and style in a way that suited them. They gained consent from people before offering any care or support.

Staff maintained people's privacy in a way that suited each individual and helped maintain their dignity. We observed staff knocking on people's doors before entering their bedrooms and introducing themselves so people knew who was there. People told us that all staff were respectful of their privacy and always asked to enter their rooms whether they themselves were in them or not. We observed staff approaching one person to ask them if they needed to use the toilet. They gained eye contact and spoke discreetly to the person who they then accompanied to the toilet. There were reminders for staff in people's care plans about ensuring people's privacy and dignity was maintained.

People were supported to maintain and develop their independence as far as possible. They were encouraged to make decisions about their own lives and the day to day development of the home. One person said "I try to be as independent as I can" another told us "You are your own boss here, the atmosphere is very nice." People were encouraged to maintain and develop their own friendships and visitors were always welcomed at the home. One visitor said, "Staff are very friendly, very nice, very cosy, they always make everybody feel very welcome." Staff also supported people to go out and meet friends and family and maintain their own hobbies and interests.

## Is the service responsive?

### Our findings

People told us they received the care and support they needed and chose. Care was personalised to their individual preferences. They were able to choose how to spend their day, some spent time in their room, others in the lounge or took part in activities. A number of people went out either alone or with family and friends. People who were able moved freely around the home and others were supported by staff to do so. There were a range of activities taking place at the home and people were able to join in if they wished. Visitors told us they were regularly updated about their relative's health and care needs.

Pre-assessments took place before people moved into the home to ensure their needs and choices could be met. People, and where appropriate their representatives, were involved in developing their care plans. Reviews took place with people and we saw they had been asked if they wished to be involved in their monthly reviews. People had an allocated key worker. A key worker is a staff member who co-ordinates all aspects of a person's care and has responsibilities for working with them to develop a relationship to help and support them in their day to day lives. Key workers knew people they supported very well and were responsible for reviewing their individual care plans.

Care plans included information about people's mobility, personal care, continence and nutrition however, they were not always person centred or detailed. We found people received care that was person-centred and reflected their individual choices and preferences because staff knew people well; they had a good understanding of them as individuals, their daily routine and likes and dislikes. People told us they received the care and support they wished for. One person said, "I get the help and support I need. They know what I like but I only have to ask if I want anything different." They were able to give us detailed information about how they supported people with all aspects of their care and support needs. They told us how they supported people with their personal care, mobility and continence. They said helping some people maintain their continence depended on them as staff gently reminding people to use the toilet. Some people needed support with their mobility and again staff said this was dependant on their observation. One staff member explained, "If we see (the person) getting up from their chair we will walk near them to make sure they are safe." Although this information was not in people's care plans this is what we observed during the inspection.

People were supported to do what they chose during the day. One person told us, "I stay in my room until after my morning coffee then I'll go and join the others in the lounge." Another person told us, "I'm happy in my room doing crosswords, listening to music and watching the television." One person liked to return to their bedroom after tea and said, "I like to be quiet and do my thinking." People were able to get up and go to bed at a time of their choice. One person told us they liked to stay up late and watch films. Throughout the day people were observed talking and engaging with each other and staff. On occasions they watched television or listened to music, this was of their choice. We heard staff discussing what people would like to watch or listen to. People told us they had enough to do. One person said, "I've got my knitting in my bag but I never have time to do it." There was an activity program in place and people participated happily in these. We observed people taking part in a memory session where they were encouraged to share what work they had done during their lives and this stimulated a lot of conversations. Where people enjoyed

reading and there was a small library of books to choose from. Some people had a daily newspaper delivered and spent time reading them.

There was a complaints policy and procedure and complaints were recorded and responded to appropriately. People told us they would make a complaint if they needed to. There was one complaint that was being addressed at the time of our inspection. People's views were sought and listened to through day to day discussions, feedback surveys and meetings. There were regular resident meetings and minutes of these were available for us to read. Records showed people were asked about their view of the food and any other issues that were important to them. People told us they attended meetings and issues raised were addressed. One person said, "We have meetings to discuss things and we got the new ramp."

## Is the service well-led?

### Our findings

Although there was a quality assurance system in place where shortfalls had been identified these had not always been recorded as addressed. For example the fire risk assessment identified work to be done, whilst there was a record some work had been completed we saw further work was outstanding. Through our observations and discussions with the provider we found more work had been completed but this had not been recorded. People had raised concerns at a recent residents meeting, from discussions with people we found these had been addressed promptly but had not been recorded. Other records were not fully completed, this included induction forms which were used when staff commenced work. Accident and incident forms had been completed but they did not include what actions had been taken to prevent a reoccurrence. There was no analysis of accidents, incidents or falls to identify any themes or trends across the service.

The quality assurance system however had not identified all of the shortfalls we found. It had not identified the lack of PRN guidance and lack of information about where body creams should be applied. It had also not identified that people's care plans were not person centred and did not contain all the information needed to demonstrate the care and support people required and received. For example, some people required support with their mobility, personal care and continence. Staff were able to describe to us how they supported each person but care plans were generic and didn't contain this information. One person displayed behaviours that may challenge themselves and others but the care plan didn't include any information how to support the person, any triggers or distraction techniques that may be used. Staff told us about a person who was living with a health condition, they told us how they supported the person however this person's care plan had not been reviewed and did not reflect the care and support this person required. Staff were clear about how they supported people to go out safely but this had not been recorded. They told us about risks associated with some people for example in relation to weight loss, skin integrity, alcohol consumption and risk of falls but there was no guidance for staff to follow to ensure they received consistent care. Care plans and risk assessments were not person-centred and did not reflect the individual. There was limited information about the person as an individual, their hobbies and interests. Although it was clear people were involved in their care this was not consistently demonstrated.

Care plans were not well completed. For example the identified need / risk had not been filled in and on other occasions the identified need related to a person's continence needs but the actions to take related to their mobility. Some care plans and associated documentation did not have the person's name written on. This meant staff could not be sure they were reading the correct care plan. Daily notes were generally well completed and described what people had done each day. However, more detail was needed for example the daily notes for one person stated they had engaged in activities but there was no information about what activities or if they had enjoyed them. Although staff knew people really well the lack of accurate and up to date records leaves people at risk of receiving care that is not consistent or appropriate. The provider failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure records were accurate and complete. This was a breach of Regulation 17(1)(2)(a)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were updated about changes in people's care and support needs at shift handover and throughout the day. This information was recorded in a handover book and available for staff to refer to. There was a communication book which staff used to record when people had appointments or update each other on changes that had occurred during the shift.

There was a positive and open culture at the home. Staff told us they could talk to the provider and manager at any time and this would remain confidential if they wished it to be. They were confident actions would be taken in response to any concerns raised. A staff member said, "They are very approachable, I could tell them anything." A healthcare professional said, "I obviously visit lots of homes and this one has such a warm and open culture." From our discussions it was clear both the provider and manager were working hard to develop and maintain the culture to ensure people received the best experience they could whilst living at Cumberland Court. There was evidence of learning from events that had happened at the home and making changes to ensure improvements were made. Following a complaint the provider had undertaken analysis of the event to help prevent a reoccurrence. As a result following an incident or accident people's relatives were notified straightaway. This had been discussed and all staff were aware of the procedure.

The provider and manager were visible at the service and were well thought of by both people and staff. They knew both people and staff very well and were both involved in the day to day running of the home. One person told us, "The owner is a very good chap and involves himself in the running of the home." A healthcare professional told us, "The Manager is very much involved with all aspects of the running of the home, which is demonstrated through her understanding of both the needs of the residents and the support she provides to her care team."

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 17 HSCA RA Regulations 2014 Good governance  The provider failed to have effective systems and processes in place to assess and monitor the quality of the services provided and ensure records were accurate and complete. (1)(2)(a)(c)(d)