

Runwood Homes Limited

Rosedale Court

Inspection report

6 Homestead Close
Rayleigh
Essex
SS6 8FE

Tel: 01268773180

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Rosedale Court is a residential care home providing personal and nursing care to up to 81 people. The service provides support to older people and people with nursing care needs, some of whom may be living with dementia. At the time of our inspection there were 68 people using the service.

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

The provider's processes for monitoring the quality and safety of the service were not effective and had failed to promptly identify and address concerns. Risks to people's safety were not always managed appropriately and there was a lack of detailed, up to date guidance about people's individual needs and preferences. The provider's processes for managing incidents and safeguarding concerns were not robust.

People's care was not personalised, and it was not always clear how people and those important to them were involved in planning and reviewing their care. People were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The provider had not always ensured people's eating and drinking support needs were fully met, with staff available to provide encouragement and support to eat. People's medicines were managed by staff who were trained to administer them; however, people's medicines records did not always contain all the necessary information. The provider worked in partnership with a number of different health professionals. However, we received mixed feedback about how promptly concerns with people's health were escalated to other agencies.

The provider had not ensured all staff were appropriately trained and received regular supervisions to support their learning and development. Recruitment checks were not always fully completed.

People told us staff were kind and caring in their support. People were supported to take part in different leisure activities; however, we received mixed feedback about the variety and quality of these activities.

People, relatives, and staff told us felt comfortable raising any issues or concerns with the management team and spoke positively about the culture of the service and the approachability of management. The provider arranged regular meetings and social events to promote engagement with the service.

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

Rating at last inspection

The last rating for this service was good (published 12 August 2021)

Why we inspected

The inspection was prompted due to concerns received about the management and oversight of risks to people's health and safety, safeguarding concerns, staffing and medicines. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-Led sections of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, support with eating and drinking, personalised care, and management oversight at this inspection. We have made recommendations about the provider's recruitment systems and mental capacity assessment processes.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below

Requires Improvement ●

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 well-led findings below.

Requires Improvement ●

Rosedale Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors, an operations manager, a specialist advisor with a background in nursing, 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

Rosedale Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Rosedale Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, a new manager had recently been appointed. The new manager confirmed they were planning to submit an application to become registered.

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with 7 people and 5 relatives about their experience of the care provided.

We spoke with 13 members of staff including the regional director, manager, deputy manager, clinical lead, nurses, and care staff. We also received feedback from 2 healthcare professionals who have contact with the service.

We reviewed a range of records. This included 7 people's care plans, multiple medicines records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Risks to people's health and safety were not always managed appropriately.
- People did not have up to date, detailed risk assessments in place which reflected their current needs and explained how to keep them safe when providing support.
- The provider had not ensured safety checks were always completed appropriately to minimise risks to people's health. For example, where people needed pressure relieving mattresses to reduce the risk of their skin breaking down, we found checks had not been completed to ensure these mattresses were on the correct settings. This meant there was a risk people may develop pressure wounds.
- People did not always have up to date guidance in place about what support they required to evacuate safely in the event of a fire. People's personal evacuation plans [PEEPs] did not always accurately reflect people's current support needs. This meant staff may not have appropriate guidance about how to support people to evacuate safely.
- At the time of the inspection, the provider was in the process of completing extensive building work and renovation throughout the service. People were unable to enter certain areas of the service and construction workers were frequently accessing the building with equipment. We found no evidence the provider had assessed the impact of these building works on the safety of the people using the service.

The provider had not assessed and managed risks to people's health and safety effectively. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the provider confirmed additional checks had been put in place to monitor people's pressure relieving equipment and people's PEEPs had been reviewed.

Staffing and recruitment

- The provider had processes in place to ensure staff were safely recruited. However, checks had not always been completed robustly. For example, we found staff did not always have a full employment history documented.

We recommend the provider reviews their process to ensure recruitment checks are completed robustly.

- We received mixed feedback from people and relatives about staffing levels in the service. Comments included, "There's not always enough staff", "There's lots of changes in staff. They are not regular" and "Just lately it feels short of staff, I would like to see more."

- The provider used a dependency tool to calculate how many staff were needed on shift to support people safely. However, we found this tool did not always accurately reflect people's current needs or fully consider their emotional support or the encouragement they required to complete tasks.
- Following our feedback, the provider told us they were in the process of reviewing the dependency tool to ensure it incorporated a comprehensive breakdown of people's needs.

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

- Prior to the inspection, there had been an increase in safeguarding concerns raised about the care people received. The provider's safeguarding processes had not always been effective in identifying and escalating these concerns. Notifications had not always been made to the relevant authorities in a timely manner.
- At the time of the inspection, the provider was engaging with the local authority's safeguarding team, attending meetings to discuss ongoing concerns. The provider had implemented a tracker to monitor safeguarding investigations; however, this had not been fully updated. This meant it was not always clear what stage investigations had reached.
- The provider's management of incidents was not always robust. Incident reports had been poorly completed and there was a lack of analysis to identify trends. This meant it was not always clear what actions had been taken and why.
- Following our feedback, the provider told us they were arranging additional learning for staff to support them to complete incident reports appropriately. They confirmed they were continuing to work with the local authority and were in the process of reviewing their safeguarding systems.

Using medicines safely

- The provider had systems in place to manage people's medicines. However, we found people who were prescribed 'as required' medicines [for example, medicines to relieve pain] did not always have clear protocols in place to explain why these may be required and what dosage should be administered. This meant staff may not have the appropriate guidance to administer these medicines safely.
- Following the inspection, the provider responded promptly to our feedback, confirming the relevant protocols were now in place.
- During the inspection, we observed people being supported to take their medicines safely by staff who were trained and competent to administer them. People's Medicines Administration Records [MARs] accurately detailed what medicines people were prescribed, and staff had signed the records to confirm administration.
- The provider had appropriate processes in place to order, store and return medicines. External medicines audits had been completed by the pharmacy and the provider had implemented the recommendations and learning from these audits.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visits to the service in line with government guidance. People received regular visits from friends and relatives.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People were not always supported to eat and drink in line with their care plan guidance. For example, 1 person's care plan stated they were at risk of dehydration and malnutrition and required prompting with their eating and drinking. However, we observed this person eating alone in their room without staff support.
- We were not assured people received sufficient encouragement to eat. During the inspection we observed a number of people sitting alone in their bedrooms with uneaten food nearby, which was later cleared away by staff. We saw 1 person, who was not eating their breakfast, start to eat once staff put the food into their hand as a prompt. However, it was not clear how long their food had been sitting there prior to them receiving this support to eat.
- Staff told us they did not always feel there were enough staff available to provide encouragement and support at mealtimes. Comments included, "Breakfasts can be a challenging time. Lots of people need prompting to eat" and, "It doesn't feel like there's enough staff upstairs. We would be able to do more, push fluids and diet intake."
- We received mixed feedback from people about the variety and quality of their meals. Comments included, "It's generally ok. I don't like the vegetables", "The food can be a bit iffy" and "I don't like the food."
- The provider told us they were able to monitor people's food and fluid intake via their online care planning system and the system flagged any concerns with people's intake. However, we found these records lacked detail about what people had eaten. Where people's fluid intake had not met the target amount, it was not always clear what action had been taken.

The provider had not ensured people's nutrition and hydration needs were managed effectively. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff had not always received regular supervisions or appraisals. Where supervisions had taken place, the information recorded lacked detail. This meant it was not always clear how the provider was supporting staff to reflect on their working practices or explore their professional development.
- The provider had not always ensured staff completed or renewed their mandatory training when due. The provider's training matrix evidenced a number of staff had training which was overdue or incomplete.
- At the time of the inspection, the new management team were still in the process of establishing and embedding systems to support staff. The manager had already identified concerns with the completion of

supervisions and had started to plan and deliver a more detailed supervision format. Training dates were planned, and the provider was in the process of addressing low training compliance with the relevant staff.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had considered people's capacity to consent. However, the completed capacity assessments were generalised and lacked detail about the specific decision being made. It was not always clear how the person was being supported to understand the decision making process.
- At the time of the inspection, the provider was in the process of reviewing and updating people's capacity assessments to ensure there were separate detailed assessments for each decision being made.
- The provider had submitted DoLS applications to the appropriate authorities when necessary and kept a log of when the DoLS had been applied for and authorised.
- Where there were conditions relating to people's DoLS, these were documented on the log; however, this information had not always been transferred into people's care plans. Following the inspection, the provider confirmed this had now been transferred.

We recommend the provider reviews their processes for recording people's capacity assessments and DoLS conditions to ensure information is accurately recorded in line with best practice guidance and law.

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

- The provider had completed an initial assessment of people's needs and used this information to create their care plans. However, information was not always detailed and this meant staff may not have guidance about how to provide care holistically, with a clear understanding of people's needs and preferences.
- The provider told us they were aware of shortfalls in people's care plan documentation and were in the process of reviewing and updating these to ensure information about people's assessed needs was detailed.
- The provider had ensured staff had access to a range of policies to support their working practices. Any changes to guidance or policy updates were highlighted to ensure staff were kept up to date.

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

- We received mixed feedback about how well the provider worked with other agencies to ensure people were provided with timely care. Prior to the inspection, concerns were raised by health professionals around delays in escalating issues with people's catheter care and changes in their health needs.
- At the time of the inspection, the provider had responded to these concerns, investigating the circumstances, and speaking to staff to ensure they understood the processes for reporting health concerns in a timely manner.

- People's care plans contained information about the health professionals involved in their care. People's health appointments were documented with feedback and recommendations noted.

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

- The service was undergoing extensive renovation at the time of the inspection. The provider told us the refurbishments would create a well decorated and maintained service better suited to people's needs. Where work had been completed in people's rooms, they told us they were happy with the results. One person said, "I'm very happy. The room has been refurbished and I have a new carpet."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. 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 in a kind and caring way. We observed staff listening and engaging with people respectfully, taking their time when providing support.
- People and relatives spoke positively about the staff. Comments included, "They're really good at supporting [Person]", "[Person] is well looked after and they're very helpful" and "The staff are very nice."
- The provider had considered people's protected characteristics as part of their initial assessment and documented these in people's care plans. However, this information was not always detailed. For example, we found people's care plans did not provide staff with sufficient guidance about people's religious and cultural preferences.
- The provider told us they had already identified this lack of detail in people's care plan documentation and were in the process of reviewing and updating care records to ensure they more fully reflected people's preferences.

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

- People were supported to make decisions about their day to day care. We observed staff offering people choices about what they would like to eat and what activities they would like to do.
- People's relatives told us they were kept updated about people's care and felt involved in making decisions where appropriate. Comments included, "They're really good. They'll come and find me to discuss things." "They are good at keeping you informed" and "We're kept involved."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were polite and respectful of their privacy and dignity. Comments included, "They always knock before they come in" and "They respect your privacy. They're very nice."
- People's care plans provided guidance about what areas they required support with and what they were able to do for themselves. However, this information was not always detailed.
- Despite the lack of detail in the care plans, people told us staff knew what they were able to manage independently and when they required support. One person said, "I can do everything myself, but if I need anything, I'll go and ask them." Another person told us, "The staff know what I need. They support me with washing and they do it with respect."

Is the service responsive?

Our findings

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

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

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

- People's care plans were not always personalised to reflect their individual preferences. Information lacked detail and some guidance was contradictory. This meant there was a risk people may not receive care in their preferred way.
- People's involvement in their care planning was not always clear. For example, where people had a preference for the gender of staff providing their personal care support, we found this had not always been accurately recorded. One person told us, "They don't always ask me. I don't think it's right."
- During the inspection, we found people were being impacted by the ongoing refurbishment of the building. People were unable to use some communal areas and some people had to move from their bedrooms temporarily. We observed people who were visibly reluctant to leave communal spaces where work was being done.
- We asked the provider how people's individual needs and preferences had been considered during the refurbishment plan and whether people had been involved in making decisions to ensure they maintained as much choice and control over their care as possible. The provider was not able to demonstrate how people had been consulted.

The provider had not ensured people's care was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received some mixed feedback from people about the quality and range of leisure activities provided in the service. Comments included, "There's not a lot. I'd like to do gardening", "They ask if I want to do things, I go when they have an entertainer" and "I'm not aware of any activities."
- The provider told us people were given a schedule of upcoming events and were able to feedback and make suggestions for new activities during residents' meetings.
- During the inspection we found a significant number of people were in their bedrooms. It was not always clear from their daily care records what activities they had been offered or how they had been supported to minimise the risk of social isolation.
- The provider was in the process of increasing the number of staffing hours allocated to wellbeing and activities with additional staff being recruited. The manager told us they were also planning to provide activities 7 days a week to ensure the same level of support was available at the weekend as during the week.
- People were supported to maintain important relationships and had regular contact with friends and

family. Relatives told us they were welcomed into the service when they visited and were invited to social events.

Meeting people's communication needs

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

- The provider had considered people's sensory and communication needs. People's care plans contained information about how they communicated, and any aids used to support conversations and interactions.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place to manage any concerns raised. However, documentation showing how complaints were being analysed was not always up to date and this meant it was not always clear how any trends or themes were being identified.
- People and relatives told us they felt able to raise concerns with the management team. Comments included, "I feel I can go to talk to them if there's any problem" and "They act on raised points, things are always sorted out."

End of life care and support

- People had end of life care plans in place to explain how they would like to be supported in their final days. However, we found there was a lack of consistency in the level of detail included. For example, we found some end of life care plans were detailed and personalised, whilst others were very brief.
- The provider told us they were in the process of reviewing these care plans as part of the wider care plan review to ensure they fully reflected people's wishes.
- The provider had clearly documented the support people received from other health care professionals during their 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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's systems for monitoring the quality and safety of the service were not always effective and had failed to promptly identify and address the concerns found during our inspection. For example, we identified concerns with the management of risks to people's health and safety and the oversight of care planning, dependency needs, nutritional support needs and medicines.
- The provider understood their responsibility to be open with people when things went wrong. However, the provider's oversight of incidents and safeguarding concerns was not always robust. We were not assured all relevant notifications had been submitted to CQC in a timely manner, in line with the provider's regulatory responsibility.

The provider did not have effective processes in place to monitor the safety and quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We received generally positive feedback from people and relatives about the visibility and approachability of the new management team. Comments included, "[Management] is good and they walk around the building" and "The new manager is pretty on it" and "I know the Manager, they're nice."
- Staff spoke positively about the support they received from the management team and told us they were happy working in the service. Comments included, "[Manager] listens to me and invites my comments. They're very good at listening to me" and "There have been lots of different managers. [Current manager] is a good manager. They get on very well with colleagues and the team pulls together well, like a family."
- People and their relatives were asked for feedback during regular residents and relatives' meetings. The manager told us they operated an 'open door' policy where anyone was able to come in at any time. However, they were also introducing more structured drop in afternoons where the management team would be available for anyone to give feedback or discuss concerns. The provider told us they hoped this would promote greater engagement and involvement in the service.

Working in partnership with others; Continuous learning and improving care

- The provider worked in partnership with a number of different health and social care professionals. However, we received mixed feedback about how well the provider communicated and their responsiveness to information requests.
- At the time of the inspection, the provider was in the process of completing an action plan based on the findings from the local authority's visits to the service and were continuing to attend engagement meetings to discuss their progress. The provider told us they were also implementing a wider service development plan in order to clearly identify all areas of improvement needed and actions taken.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured people's care was person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed and managed risks to people's health and safety effectively. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider had not ensured people's nutrition and hydration needs were managed effectively. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have effective processes in place to monitor the safety and quality of the service.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.