

Derbyshire County Council

# Thomas Fields Care Centre

## Inspection report

Thomas Fields  
Brown Edge Road  
Buxton  
SK17 7BR

Tel: 01629535036

Date of inspection visit:  
26 November 2019

Date of publication:  
15 January 2020

## 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Thomas Fields Care Centre is a residential care home providing accommodation and personal care to 16 people at the time of the inspection. The service can support up to 20 people. The service is located within a sheltered accommodation building which is owned and managed by a housing association so run separately from the care home.

There are 20 en-suite bedrooms located over two floors. There is a dining room, activity room and a smaller meeting room on each floor. There are adapted bathrooms and kitchens on both floors. People can receive care on a long- or short-term basis, some people stay for a short time to receive community support.

The service is registered to care for older people, people living with dementia, physical disability, sensory impairment, mental health conditions, an eating disorder, younger adults and people with a learning disability or autistic spectrum disorder. Although there were no people with learning disabilities, autistic spectrum disorder, eating disorder or younger adults living there at the time of the inspection.

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

Governance systems were not robust enough to assess, monitor and improve the quality of the service provided. Staff told us the manager was supportive and fair. The manager was available to support staff and led care delivery by example.

Safeguarding was not always given sufficient priority to protect people from abuse and avoidable harm. Some safeguarding concerns had not been reported to the relevant professionals. Staff employed by the provider were safely recruited.

We recommended the provider review their procedure to ensure agency staff are safely recruited.

Some documentation about staff training was not clear, this was identified by the inspection team and addressed by the manager after the inspection. People had access to a choice of meals, drinks and snacks and told us they enjoyed the food. The home was purpose built and was suitable for people who were physically independent and people with significant physical disability. The home was easy for people living with dementia to navigate

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

Staff were kind and caring. We saw many occasions where staff were companions to people and went out of their way to make people feel content. People told us they were happy there.

Care was person-centred, and people were respected as individuals. People were supported and encouraged to take part in activities that interested them.

#### Rating at last inspection

This service was registered with us on 09 November 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on inspection methodology.

#### Enforcement

We have identified breaches in relation to safeguarding, governance and failing to submit notifications required by law. We found evidence the provider needs to make improvement. Please see the Safe, Effective and Well-led sections 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 Responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always Well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Thomas Fields Care Centre

## 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 and one assistant inspector.

#### Service and service type

Thomas Fields Care Centre 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. However, the registered manager had been away from their post since August 2019, so the deputy manager had accepted a fixed term contract as the manager. Throughout the report this person will be referred to as, 'the manager'.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection, this includes notifications the provider is legally required to send to us when certain incidents happen. We sought feedback from the local authority and professionals who work with the service.

#### During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the manager, service manager, senior care workers and care workers. We spoke with three professionals who regularly visit the service. 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 reviewed a range of records. This included six people's care records and all medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff rotas and deprivation of liberty records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding was not always given sufficient priority to protect people from abuse and avoidable harm. The provider had a policy for safeguarding adults from abuse, but this had not always been adhered to. We identified three incidents where people had been victims of physical and verbal abuse from another person, staff had acted appropriately and taken steps to keep people safe. However, these incidents had not been reported to the local authority safeguarding team. This meant there was a missed opportunity for independent professionals to conduct an investigation and ensure all preventative measures were in place.
- Where incidents of aggression between people were documented, they did not always include the name of the person who had been victim of this. This meant the person who had been physically abusive was referred to the relevant health care professionals but the person who had been victim of this was not.
- The manager had referred other incidents to the local safeguarding team and staff did demonstrate they understood how to recognise and respond to signs of abuse.

Learning lessons when things go wrong

- Safety concerns were not consistently identified. Where people had physical accidents, there were investigations and documentation to explain how the future risk could be mitigated. However, where people had displayed behaviour that could be perceived as challenging, although documentation was completed, there was no investigation or record to explore how this could be prevented in future.

The manager failed to report all incidents of abuse to the appropriate authorities to ensure all people were protected. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff employed by the provider were safely recruited. They were subject to necessary pre-employment checks such as criminal records clearance and references from previous employers.
- However, where staff were drafted in from an agency to cover vacant shifts, the provider did not seek reassurance they had been subject to the same pre-employment checks. We advised the manager that even though checks are carried out by the agency, the provider should still reassure themselves that every staff member who enters the building has been subject to checks set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We recommend the provider review their procedure for the employment of agency staff, so they can demonstrate that they have been subject to pre-employment checks as detailed in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to keep people safe, meet their needs and provide companionship.
- The provider used a dependency tool to assess how many staff would be required on each shift. The manager factored in extra staff when profiling rotas. The extra staff numbers were to provide a safety net in case anyone with complex needs moved in.

#### Assessing risk, safety monitoring and management

- People told us they felt safe, relatives told us they were confident their relation was safe. One relative said, "[Name] most certainly is safe here."
- There was a proactive approach to assessing and managing risks. Risk assessments were updated after incidents to reflect people's changing need. People were not prevented from positive risk taking where this could promote their independence.
- Risk assessments included least restrictive options, for example, one person used mobility aids, the guidance was to see if the person could manage without this first to encourage them to build strength by continuing to mobilise as much as possible.

#### Using medicines safely

- The provider was clear about their roles and responsibility in relation to medicines. People received their medicines as prescribed.
- Staff who administered medicines had received training in this area and had their competency assessed.
- The manager followed national guidelines for the receipt, storage, administration and disposal of medicines.
- Where people lacked capacity to make decisions about their medicines, staff acted in their best interest and contemporaneous records were kept.
- Some people were able to manage their own medicines and the staff supported them to do this safely.

#### Preventing and controlling infection

- The service managed the control and prevention of spread of infection. The home was clean and free from malodours throughout.
- Staff understood their responsibilities and best practice guidelines in this area. Staff had access to and wore the appropriate personal protective equipment such as disposable gloves and aprons.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider understood that staff required training and development. Staff were supported to complete training the provider deemed mandatory before commencing work.
- There was an induction programme so new staff shadowed experienced staff before working independently. However, contemporaneous records of this were not kept, therefore the provider could not reassure themselves that all staff were up to date with their training. This was addressed after the inspection and the manager sent us an updated training matrix that demonstrated all staff had received training.
- Lunches and dinners were provided by staff from the restaurant at the sheltered accommodation. Therefore, these meals were not made by staff employed by the provider. The provider had failed to reassure themselves that the restaurant staff had received training to meet specific dietary needs, or to recognise signs of abuse.
- Observations throughout the inspection were that staff were well trained, they knew how to meet people's needs and were seen to use positive behaviour support where necessary. Staff told us the training equipped them to do their job effectively. One staff member said, "There's loads of training."

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

- People's needs, and choices were assessed, though documentation in their care plans about personal preferences were inconsistent. Some people had detailed information about their past which had been supplied by their relatives. Other people did not. We discussed this with the manager who explained that care plans had not been audited whilst the registered manager was not at work and this was an area that had fallen behind. However, when observing staff interact with people, it was clear that they knew people well.
- Staff followed best practice guidance such as National Institute for Clinical Excellence (NICE) guidelines for assessing and monitoring people's weight and risk to skin integrity. Though the documentation about this was not always clear. For example, where people required re-positioning to reduce the risk of skin breakdown, staff did not always record which position they had assisted people to. This meant the staff who assisted the person to move the next time could not be confident they were leaving them in a different position.
- When people had lost weight, there was not always a documented reason, we discussed this with the manager who explained the weight loss and why this wasn't a concern. We did not believe people were at risk with the slight weight loss but advised the manager to ensure the documentation be made clearer so if

any potential risk developed it would be identified with ease.

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

- People had access to a choice of meals, drinks and snacks and told us they enjoyed the food.
- Mealtimes were set to people's individual needs and preferences and people were supported by staff who were kind, patient, didn't rush them and engaged in meaningful conversation. One person said, "The food is excellent, I very much enjoy it." A relative said, "The food is always good here."
- Care staff helped people prepare their own breakfast and were aware of people's dietary needs. This included specialised diets recommended by healthcare professionals, how to meet nutritional needs of people with diabetes and people's allergies.
- One person had a food allergy and the communal kitchen had a separate toaster for this person to use to eliminate the risk of cross contamination. Some people were vegetarian and when reviewing the four-week rolling menu we saw there were a variety of vegetarian options.
- People gave positive feedback about the food and people received food that met their dietary needs and preferences.

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

- The service involved people and their relatives in decisions about their healthcare needs. People were encouraged to make choices for themselves where they could. We saw examples of relatives being invited to review meetings, and one example of relatives being unable to attend a meeting, so staff asked them to write down their wishes, this was presented to the healthcare professional.
- Referrals to relevant professionals were made in a timely manner and their advice was followed. We spoke to some visiting professionals who told us the staff referred people appropriately and followed their advice.

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

- People were involved in decisions about how the premises and environment were decorated.
- The home was purpose built and was suitable for people who were physically independent and people with significant physical disability. Each bedroom was en-suite and there was a choice of adapted bathrooms.
- The home was easy for people living with dementia to navigate and there were dementia friendly pictorial images to guide people to the communal bathrooms.
- People's bedrooms were personalised with their own furniture and belongings if they wished to bring them. Bedroom doors were numbered and had different colour doors so people living with dementia were assisted to locate their room. Each person had a memory box outside their bedroom door which included photographs that were important to them. One person had their spouses name included on their bedroom sign as this made them feel more comfortable than if it was just their name.
- There was a selection of communal areas, lounges, activities rooms and a separate meeting room so people could spend time with visitors or alone without being restricted to their bedrooms.
- Communal lounges had kitchens within them, so people had use of these facilities if they were able to use them.

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 service was working in line with the MCA. People had their capacity assessed and results were decision specific, this meant assessments considered what people could and couldn't do and acted in their best interest.
- DOLS applications were made and reviewed appropriately. Where people had DOLS in place, the conditions of these were known and adhered to.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The manager ensured people were always treated with kindness and compassion. We saw staff took time to engage in meaningful conversations with people and provide them with companionship as well as meet their physical needs.
- People, relative and visitor feedback confirmed this. One person said, "The staff here are just lovely, all of them lovely." A relative said, "One word to describe the staff here, fantastic." A visiting professional said, "The staff are very caring towards the residents."
- We saw many occasions where staff were kind and caring and went out of their way to make people feel content. For example, one person spoke a different language when they became distressed, we saw staff speak to this person in the language they were speaking in. The staff member told us they had taken the time to learn some sentences in this language. The person responded with gratitude and the positive impact this had on their wellbeing was clear.
- Staff knew people well and understood what actions they could take to make a person feel happy. One person enjoyed cuddling staff and we saw staff take the time to sit with this person and cuddle them. This demonstrated the close bonds that had been formed between people and staff.
- Another person enjoyed singing, staff joined in singing with them, this person and the other people in the room enjoyed this.
- Staff were considerate of people's preferences when putting the television or radio on, they asked every person in the room what they would like to watch or listen to and a decision was reached that everyone agreed.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and without discrimination. People's right to privacy and confidentiality was respected. Documents containing people's personal details were stored securely to meet data protection legislation.
- Staff were mindful of and promoted people's dignity. Assistance with personal care was completed behind closed doors, staff knocked on bedroom and bathroom doors and waited to be invited in before entering.
- Staff spoke to people in a respectful and dignified way, conversations about personal care needs or medicines were discreet.
- Mobility aids were stored in a room out of sight when they weren't needed. This enhanced the feeling of

being in a person's own home rather than a place of work.

- People had different levels of independence and staff encouraged people to maintain as much independence as possible. For example, people were encouraged to make their own drinks and get their own snacks rather than staff simply providing this for them.
- As the service was within a sheltered accommodation setting, people had access to this community, the restaurant and hair salon. One relative told us they took their family member to the restaurant every week.
- Some people's families lived in the sheltered accommodation, so they were able to spend time with in their relatives' flats and keep in touch with neighbours.

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

- People and relatives told us they felt they were involved in making decisions about their care. Comments we received included, "I can tell them what we want to happen."
- There was evidence in people's care plans to demonstrate that relatives were included when best interest decisions were made, and people were included in making the decisions they were able to make about their own care needs and delivery.
- The manager had begun to implement 'Friends of Thomas Fields Committee' and had asked a relative to chair this, people who were able to, and their relatives to sit on the committee. People told us they were excited about this.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

### 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 service had the facility to meet the AIS but this was not yet fully imbedded or promoted in the home. People's care plans contained information about their communication requirements, but it was not made clear that documents could be provided in a variety of formats. People told us they were not aware that this could be provided for them if they needed it. The manager reassured us they would address this after the inspection.

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

- Care was person-centred, and people were respected as individuals. People and relative feedback confirmed this. One relative said, "[Staff] always offer choices, [Name] can choose what they want to do."
- Staff knew people well enough to understand how to assist them to live in the way they chose. For example, people relaxed in different ways, some people enjoyed doll therapy. Another person like to walk around, and the garden area was made safe, so they could spend time in the garden whenever they chose.

### 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

- People were supported and encouraged to take part in activities that interested them. People and relatives told us the activities were enjoyable. One person said, "Yes there's good things to do here." A relative said, "They [staff] are always doing nice things with people." One staff member said, "We think about things people might like, offer different activities, if people enjoy them we'll make sure we offer the same thing another time."
- There were a variety of activities on offer within the home, people were also welcomed to join in activities in the communal areas of the sheltered accommodation. Activities took place at all times of the day and evening. All people were offered one to one and group activities.
- Staff provided activities as part of their normal working routine, these included games, quizzes and manicures. There were areas of interest around the home, for example, there was a sewing area, a person

who smoked was provided with a warm indoor smoking area that was well ventilated and risk assessed for fire safety.

- Staff supported people to develop and maintain relationships. Relatives were welcomed to visit at any time and encouraged to stay for meals. One relative told us they had been invited to stay for their Christmas dinner and it made them happy to be able to spend this time together.
- Some staff had taken people out in their own time. We were told this was because staff enjoyed people's company and wanted to do nice things to make them happy.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise concerns or complaints.
- The service had a complaints policy, we reviewed documented complaints and saw they were mostly handled as per the policy. Although one complaint had not been answered within the designated time frame.

End of life care and support

- People were supported to make decisions about how they would like to receive care if they became seriously unwell or approached the end of their lives.
- There was no one who was seriously ill or known to be close to the end of their lives at the time of the inspection. We reviewed end of life plans in people's records. Not all care plans contained end of life wishes because some people and families had chosen not to discuss this.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was no registered manager in post. Although a manager was registered with CQC, they had been absent for four months."
- The deputy manager had accepted a six-month fixed term contract for the manager position but had not applied to register with CQC as manager because they were unsure if the position would be made permanent.
- During the inspection the manager was working as both manager and senior care worker which made it difficult for them to maintain managerial oversight of the service.
- Governance systems were not robust enough to assess, monitor and improve the quality of the service provided.
- Some areas of care delivery were audited, for example a monthly report was generated by the provider which documented in detail the slips trips and falls. This enabled the manager to identify themes and trends and implement preventative measures.
- However, other areas such as care plans, behaviours that challenge, people's weight records, incidents other than falls and re-positioning charts were not audited. This meant the provider did not have complete oversight of these areas and there was a potential for concerns to be missed and therefore not rectified.
- Medicines had not been audited as per the provider policy. This stated medicines should be audited monthly. However, this had not been done between May and August 2019. When the manager had audited medicines in September, many errors were found, although this issue was addressed, it was not clear if this issue had been going on throughout the four months that medicine audits were not completed.
- There had been a lack of oversight of documentation about staff training. We reviewed the training matrix and saw there were staff who had not completed training the provider deemed mandatory. The manager assured us this was a recording error and updated the documentation and sent us the correct information after the inspection.

The provider failed to ensure systems were in place to assess, monitor and improve the quality of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



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 duty of candour had not always been met. The provider is legally required to submit notifications to us when certain incidents happen. This had not always been done.

This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 (Part 4).

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

- People, relatives and staff spoke highly of the manager. One person said, "[The manager] is good and listens to us." A relative said, "We can ask [the manager] about anything and we always get an answer." Staff told us the manager was supportive and fair.
- The manager was available to support staff and led care delivery by example. They demonstrated passion and determination to continue to drive improvements and ensure the service continued to be a happy and safe place for people to live.
- However, as they were completing the manager role, the deputy manager role was vacant, this led them to have to complete the manager and deputy manager tasks. They were also acting as senior care staff during the inspection. We raised this with the provider who assured us that a new deputy manager had been appointed and was due to commence their role the day after the inspection.

Continuous learning and improving care

- Improvements had been made in the way slips, trips and falls were audited. This was evidence of continuous learning. The manager had sought training for staff in response to some people's changing needs.
- Improvements in the recognition and monitoring of behaviours that challenge had started but were yet to be fully embedded to be effective.

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

- People and relatives told us they felt involved in the running of the service. There were plans to enhance this with the manager developing the 'Friends of Thomas Fields Committee'.
- Staff meetings had not been happening regularly. This was due to the difficulties in maintaining management of the service whilst the registered manager was not at work. Staff told us they were encouraged to be involved in the running of the home and felt confident they could make suggestions at any time.

Working in partnership with others

- The manager worked in partnership with other services owned by the provider. There was a supportive network of managers in the surrounding area who communicated regularly, shared ideas and helped each other to implement improvements.

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 18 Registration Regulations 2009 Notifications of other incidents  The provider had failed to notify CQC of incidents
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  The provider failed to refer all safeguarding concerns to the relevant professionals
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure robust governance procedures to assess, monitor and improve the quality of care provided