The Serenity Care Company Limited

Serenity House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Serenity House is located in Gainsborough and is both a residential care home and a domiciliary care agency which provides care to people in their own homes. The residential home provides accommodation and personal care for up to six people. The domiciliary care agency provides personal care for up to 60 people who live in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service was in the process of being adapted and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found
There were a lack of systems and processes in place to effectively monitor accidents and incidents. Risks associated with people's health conditions had not always been identified and measures put in place to mitigate risk of harm. People received their prescribed medicines in the residential service. However, there was no evidence that staff who were administering medicine in the community were competent to do so. People felt safe using the residential service, however, people who received care in their own homes, felt unsafe at times. Safeguarding incidents had not always been identified and reported to the local authority. People were protected from infection.

We found a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.
Quality monitoring systems were not consistent. Audits did not always identify shortfalls and where shortfalls were identified, action was not always taken to resolve them. The provider had failed to notify us about an incident they were required to by law. There was an open, person centred culture in the service. There had been recent changes in the management team which had a positive impact on sharing a vision for the service. However, people, staff and relatives felt the registered manager was approachable and cared about people.

We found a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

People who used the residential service, had their needs assessed prior to admission. However, further assurance was needed that people who received care in their own homes were having their needs assessed before care packages were accepted. People who received care in their own homes did not always have

their capacity assessed. There were extensive plans to develop the premises, but at the time of inspection areas of the service required immediate attention. Staff received ongoing training and had access to qualifications. People were supported to maintain a balanced diet. People who lived in the residential service had their capacity assessed where needed.

In the residential service, we found 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.

In the domiciliary care service, we found people were not always supported to have maximum choice and control of their lives. 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 support this practice.

People were treated with kindness and staff were compassionate when interacting with them. People and staff had good relationships and staff knew people well. People felt their privacy was respected.

There were a lack of systems and process for handling and responding to concerns. People's end of life care preferences had not been assessed in either service. Not all people receiving care in their own homes had an individual support plan in place. People living in the residential service had detailed, individual care plans in place. People had information accessible to them in different methods, so they were able to understand it. People were encouraged to maintain hobbies and had a variety of activities available to them.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 16 May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough, improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

During the inspection there was an event and notification of a specific incident. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

During the inspection we recognised that the provider had failed to notify CQC of notifiable events. This was a breach of regulation.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Serenity House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

A domiciliary care service is also provided from Serenity House which provides personal care to people living in their own houses and flats.

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

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 20 November 2019 and ended on 29 November 2019. We visited the office location on 22 November 2019.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with twelve people who used the service and seven relatives about their experience of the care provided. We spoke with eleven members of staff including registered manager, service managers and support workers.

We reviewed a range of records. This included eleven people's care records and five medication records. We looked at six 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 and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks for people receiving care in their own homes were not always safely identified, mitigated and monitored.
- Risks associated with health conditions were not always assessed and measures were not put in place to reduce the risk of harm. For example, where people were diagnosed with seizures, there was no protocol for staff to follow which stated how they should support the person and what medical intervention was required.

This contributed to a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.

- People who lived in the community generally felt safe, however, some people told us there were occasions, staff had not shut their key safe properly outside, which made them concerned. This led to people going outside their own homes in the dark on a regular basis to check the key safe was secure.
- People who lived in the residential service were supported to reduce risks associated with their care to keep them safe. Risk assessments provided staff with clear guidance about how to reduce risk and people were involved this process.
- People, who lived in the residential service told us they felt safe. One person said "Yes, I feel very safe. I'm happy to live here." Another person told us "It is safe. There are safety features, there are window restrictors on the upstairs window, so they don't open to wide. I think it's good."

Using medicines safely

- People living in the community were being administered their medicines by staff who had not been assessed as competent. There was no evidence staff had been observed to check their competence, this meant we could not be assured that staff administering medicine were skilled and competent to be doing so. This is required under The National Institute for Health and Clinical Excellence (NICE) guidelines. We discussed this with the registered manager, who told us, staff would be observed as a matter of urgency.

This contributed to a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.

- Where people were prescribed 'as needed' medicines, there was a clear protocol in place for staff to understand what the medicine was for and when to administer it. Protocols in place included detail around how people may show anxiety or pain, if they were unable to communicate verbally.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Robust systems and processes were not in place to safely identify safeguarding concerns and to monitor accidents and incidents that happened in the service.
● Accident and incidents had not been monitored and analysed to identify trends and themes. Action had not been taken to mitigate risk of reoccurrence of accidents and incidents reported. Due to this we were not assured safeguarding concerns had been identified.

This contributed to a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and
Treatment.

● Lessons were not always learned following accidents and incidents. However, following an event in the service, there was evidence that the registered manager had taken action and put measures in place in place to reduce to the risk of re-occurrence.
● Support workers had received safeguarding training and understood their responsibilities to keep people safe.

Staffing and recruitment
● People who received care in their own home, were not always supported by enough, consistent staff which impacted people's routine.
● One person told us, "Recently, the girls out of the office have had to cover because they have been short staffed." Another said, "Lots of staff have left." A relative said, "Call times seem to be getting later and later. They need to recruit more carers."
● The service had recently experienced high staff turnover. We discussed this with the registered manager and they told us they were actively recruiting for vacancies and the management team were attending calls where there were shortfalls.

Preventing and controlling infection
● People were protected from infection.
● Disposable personal protective equipment was available to staff and knew when to use this.
● The staff completed regular mattress checks and had introduced new cleaning schedules which were completed daily.
● The home had a designated staff member who attended the local infection control prevention meetings hosted by the local authority, which helped to ensure the service was aware of best practice guidance.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People receiving care in their own homes did not always have a formal assessment in place before care packages were accepted. This meant the service did not always have an accurate reflection of individual support needs and people had not been given choice. We discussed this with the registered manager and they implemented a policy and protocol to ensure service managers had guidance around expectations of assessments.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● People, who received care in their own homes, did not always have their capacity assessed, when there was reason to believe a person lacked the capacity to make decisions.
● People who used the residential service had their capacity assessed, where the registered provider felt it was reasonable to do so. However, records of best interest meetings had not always taken place.
● Applications had been made to DoLS and whilst some application were still being reviewed, some had been authorised. The management team and staff had a good understanding of individual outcomes.
● Staff had a good understanding of MCA. One member of staff told us, "It looks to see whether people have the capacity to make decisions. If they don't, they will need someone to support them to have a choice, maybe advocate. Some decisions might need to be made in their best interests."

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

● There were parts of the building which were fit for purpose and building works were being carried out. However, there were parts of the service which required immediate attention. For example, a hole in a wall on the landing area.

● There were communal areas for people to spend time in, including games room which had a games console in. People we spoke with, said they used this room regularly.

● People personalised their bed rooms and choose their own decoration and furniture.

Staff support: induction, training, skills and experience

● Staff received an induction on commencing employment in the service which was led by the registered manager. Staff received initial and on-going training as part of their role.

● During staff induction, they were able to shadow more experienced staff, to enable them to get to understand people's needs, likes and dislikes. This meant people, were becoming familiar with staff they did not know, whilst having staff they knew around.

● Staff told us they had started to receive regular supervisions to enable them to raise issues, give and receive feedback about their performance and to discuss training needs. Records reflected this.

● The registered manager sought additional training for staff around individual conditions, including qualifications. Staff working in the service had been enrolled to undertake these.

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

● Staff supported people to maintain a balanced diet and have enough to drink.

● At the beginning of each week, people would meet with their key worker and decide what food they wanted for the week. As part of the menu planning process, people were supported to make shopping lists and go to the supermarket to purchase what they required for their meals. People were also encouraged and supported to prepare their own meals.

● People using the residential service were always able to access the kitchen to get drinks and food anytime. This was observed, during inspection.

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

● Staff supported people to have access to ongoing health care services and support.

● People were supported to make appointments and attend the local doctor's surgery when required. We observed a person requesting the staff contacted the doctor for an appointment, this happened immediately, and staff supported the person to attend their appointment later that day.

● Staff assessed people's oral hygiene and supported them to maintain it when required. People had access to a local dentist.

Requires Improvement

Is the service caring?

Our findings

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

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

Supporting people to express their views and be involved in making decisions about their care
● People who received care in their own home received choice in relation to their preferred call times. However, this was not always adhered to. One person told us, "Yes, we were given a choice, but that doesn't necessarily mean that they come at those times now. "Another person said, "Just recently call times are getting later and later."

● Records showed staff were not rostered in for sufficient travel time between people who received care in their own home. We discussed this with the registered manager, who had already identified this as a shortfall and had an action plan in place to resolve this and ensure staff are allocate travel time.

We recommend the registered manager follows through with their plans to implement travel time for staff providing care to people in their own homes as a matter of urgency.

● We observed people getting ready to attend a local disco. People told us they were excited to go, and one person put on loud music and told us, "I am getting ready for the disco, I can't wait. I am practising my moon walk." Staff supported people to express their excitement in different ways. Another person told us they were going to put on their new trousers for the occasion.
● One person who received care in their own home told us, "I love seeing my regular carers. Sometimes they'll bring me in a pint of milk or a loaf if they've noticed that I'm running out of something in my fridge, because I can't really get to it and have a look properly these days. I like the fact that they think about me in this way."

Ensuring people are well treated and supported; respecting equality and diversity
● Following feedback from people, the registered manager had implemented a new electronic system because concerns had been raised about staff not being at a call for the allocated hours. The electronic system provides an application which staff can use on a mobile phone which improves the communication between staff and managers. The service was trialling a 'clock in' system where staff scan a barcode when they have arrived at a person's home and again when they leave. This allows management teams to ensure people are receiving their allocated time on a call and improves the safety of lone working staff.
● People were treated and supported well by staff. One person said, "[Name of member of staff] is more like a friend, they are there for me."
● Staff interacted positively with people throughout the inspection. For example, people were sat in the lounge and both staff and people were chanting football songs preparing for a football match later that

evening.
● People told us they were happy living in the residential service. One person said, "It is really nice here, I like it."
● People who received care in their own homes they were supported by a dedication staff team. One person, told us, "The staff are all very different, as are we. They honestly are great and will do extra jobs for me, so I don't have to struggle. They are very kind."

Respecting and promoting people's privacy, dignity and independence
● People's privacy and independence was respected. One person told us, "Staff always knock on my door before coming in."
● Staff supported people to complete tasks and be involved with daily living activities. For example, people were supported to do their own laundry and take part in meal preparation. One person commented, "I like to cook. I can cook what I want."
● Some people in the residential service chose to have periods of time in their room, on their own completing a hobby. One person said, "I always play on my x-box for an hour in the morning, I don't get disturbed."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. 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 living in the residential service had care and support plans in place which detailed individual support needs and abilities. Where they were able to, people had signed their care plan to say they agreed and consented to the support listed in it. One person told us, "There is a file in the office which is all about me, I can ask to look at it whenever I like."

● Positive behaviour support plans had been developed in line with people who may display anxiety or distress. Where people became anxious or distressed, these plans enabled staff to support people to reduce their anxiety. For example, where people were unable to tell the time, but time made them anxious, staff gave people a sand timer, so they would count how many minutes had past.

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.

● Information was accessible for people with a variety of communication needs.

● Picture boards and cards were available for people to communicate their preferences. Other people had a 'talking mat', this enabled them to have more in-depth conversations with staff.

● There was an easy read information booklet in relation to 'positive relationships'. This included information about personal relationships, consent and intimacy. This information booklet included larger print, pictures and symbols.

● People who used the residential service had access to telephones, computers and electronic devices to communicate with relatives or friends who didn't live locally. This also allowed people to use video call. During inspection, we observed one-person request to use the telephone to call their relative, this was actively encouraged, and they were supported to do this.

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 to maintain relationships, join in with activities and seek work experience opportunities. There was a picture board in the communal area which detailed activities people had chosen for the day. This also had photographs of staff who would be supporting them to do the activity.

● People were supported to seek work experience placements and opportunities for further education. One-

person had a work placement in the 'hub', a day service on the same site as the service. This was supporting other people with a learning disability who were not using the residential and domiciliary care service. The person had completed online training to support them in their role. Another person had a work placement, supporting people who were deaf and blind. They person told us, "I like giving something back to the community."

● People were encouraged to maintain hobbies. People were excited to tell us about the discos they attended in the community on a weekly and monthly basis and other groups, such as; bowling, a games club and trips in to town.

● The service supported people who required support expressing their sexuality. Staff supported people to dress in their chosen clothes and to identify how they wish.

Improving care quality in response to complaints or concerns

● The service had a formal complaint policy and had received no formal complaints. However, there was a lack of systems and process for recording, monitoring and analysing informal concerns. We discussed this with the management team and they told us they do act on concerns but haven't recorded it. Following the inspection, the registered manager implemented a concern log to record concerns raised and action taken.

● People, staff and relatives felt comfortable approaching the registered manager to raise a concern. A relative told us, "I am more than happy to talk to [name of registered manager] if I am not happy about something, in fact, I have done before." A person said, "I would talk to my key worker if I was worried or unhappy. I would speak to [name of registered manager] too."

End of life care and support

● People's end of life care support preferences was not considered through care planning or the assessment process.

● The service was supporting people at the end of their life in their own homes, however, the staff were unaware of the person's end of life care preferences. We discussed this with the registered manager, who recognised, there is a need to develop a process around gathering people's preferences in relation to the end of their life.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

At our last inspection the provider had failed to implement effective systems to monitor the quality of the service and to put plans in place to bring about improvement. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had not made sufficient improvement and was still in breach of Regulation 17.

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; Continuous learning and improving care

- The Care Quality Commission had not received notification of incidents in the home. These incidents were related to police incidents and hospital admissions.

The registered person had failed to notify CQC of event which took place in the service. This was a breach of Regulation 18, Care Quality Commission (registration) regulations 2009, notification of other incidents. This is being followed up outside of this regulatory process.

- There was a lack of effective systems and processes in place for monitoring quality of the service.
- Audits were not completed consistently. Where audits had been completed shortfalls had been identified, however, action was not always taken to resolve this. For example, a medicine audit had been completed in November 2019, it was identified prescribed creams and liquid medicine were not dated when opened. The 'actions' box was left blank and no further action had been identified.
- Where action plans had been created, not all completed actions were signed off as when the required actions had been undertaken. Therefore, we did not have assurance actions were completed in a timely manner following the identification of shortfalls in the service.

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

- There had recently been changes to the management team in both the residential service and the service which provides care to people in their own homes. The registered manager wanted to ensure new service managers were supported and had enrolled them in doing a management qualification and had signed up

to a mentor scheme ran by Lincolnshire Care Association (LINCA).
● Following feedback from people, the registered manager had implemented a new electronic system following concerns about staff not being at a call for the allocated hours. The electronic system provides an application which staff can use on a mobile phone which improves the communication between staff and managers. The service was trialling a 'clock in' system where staff scan a barcode when they have arrived at a person's home and again when they leave. This allows management teams to ensure people are receiving their allocated time on a call and improves the safety of lone working staff.
● To ensure people's private information is kept safe and secure the registered manager has implemented a protocol for lost and stolen mobile phones. This enables the management team to close the electronic application account immediately, should a staff members phone be lost or stolen.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People who received care in their own homes, received a survey to gather their feedback about their experiences. Although feedback was sought, where people did not have a positive experience, there was no action plan to evidence action taken following this. People who used the residential service had monthly meetings with their allocated key worker, so the staff could gather people's feedback.
● Key workers were support staff who would consistently support a group of individuals for one to one activity. This was based on compatibility and feedback from people. People knew who their key worker was and told us they had good relationships with them. One person said, "Yes [name of support staff] is my key worker. She is the best and my favourite]."
● The service had recently started conducting staff meetings on a monthly basis to improve communications and practices. The service manager told us "I think it is important we have them monthly. This will also help us to address issues, when they arise."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People, relatives and staff felt the management team cared about people using the service and promoted an inclusive culture. Relatives told us, "[Name of registered manager] is lovely, he has been to take [person's name] out. They are very approachable."
● The registered manager had a clear vision for how they want the culture in the service to be. They told us, "My values are around treating people with love and care, nurturing people to develop and being flexible, meeting people's needs creatively." In addition to this, "We are trying to build a culture where staff are confident are able to support people well. It is about keeping people who use the service engaged and staff being open and accountable."

Working in partnership with others
● Staff and management of the service worked in partnership with other agencies to ensure good outcomes for people.
● People were allocated social workers, who attended the service regularly for reviews and meetings. Staff worked in line with social workers recommendations and advice.
● Staff supported people to attend specialist hospital appointments. For example, to see psychiatric consultants.

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 Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had failed to assess the risk of health and safety of service users and do all that was reasonably practicable to mitigate risks. The registered provider had failed to ensure that persons providing care or treatment to service users had the competence to do so safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to establish systems or processes that operated effectively to ensure compliance. The provider had failed to assess, monitor and improve the quality and safety of the services provided.