

Farehamcourt Limited

# Farehaven Lodge

## Inspection report

8 Nashe Close  
Fareham  
Hampshire  
PO15 6LT

Date of inspection visit:  
27 June 2018  
28 June 2018

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09 August 2018

### 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

We carried out this unannounced inspection on 27 and 28 June 2018.

Farehaven Lodge is a service that is registered to provide accommodation for up to 40 older people, some of whom are living with dementia. Accommodation is provided over two floors and there are stair lifts to provide access to people who have mobility problems. At the time of our visit 28 people lived at the home.

Farehaven Lodge had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We previously inspected Farehaven Lodge on 2 November 2016 and found the provider failed to identify medicine errors and take appropriate action. This was a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations (HSCA RA) 2014 Safe care and treatment. We also found governance systems were not always effective. This was a breach of Regulation 17 of the HSCA RA Regulations 2014 Good governance.

At this inspection we found the provider had made progress and was no longer in breach of Regulation 12. Whilst governance systems did prompt improvement we found other areas of care delivery that were not consistently to the standard expected detailed in the regulations. We issued a repeated breach of Regulation 17. We also issued a breach of Regulation 18 HSCA RA Regulations 2014 Staffing, a breach of Regulation 15 HSCA RA Regulations 2014 Premises and equipment and a breach of Regulation 9 HSCA RA Regulations 2014 Person centred care.

The provider did not ensure sufficient numbers of staff were appropriately deployed to meet peoples' needs at all times.

The provider did not ensure CQC were notified about incidents of possible abuse.

The provider did not ensure Farehaven Lodge was consistently meeting fire safety requirements.

People were not always supported to engage in meaningful activities and were often left without stimulation.

Further improvement was required to enable people living with dementia to navigate throughout the home safely and effectively.

Staff were aware of people's individual risks and were able to describe the strategies in place to keep people safe.

Staff knew each person well and had a good knowledge of the needs of people.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. Appropriate arrangements were in place for people who were subject to DoLS.

Food menus offered variety and choice. The chef prepared meals to meet people's specialist dietary needs.

Where possible, people and relatives were involved in care planning.

Staff supported people with health care appointments and visits from health care professionals.

Care plans were amended to show any changes and they were routinely reviewed every month to check they were up to date.

People knew who to talk to if they had a complaint. Complaints were passed on to the registered manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that the home could meet their needs. Assessments were reviewed with the person, their relatives, and where appropriate other health and social care professionals.

The provider had appropriate arrangements in place should people require end of life care.

We issued four breaches of the Health and Social Care Act 2008. You can see what action we took at the back of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The provider did not have suitable numbers of staff deployed to meet peoples' needs at all times.

The provider did not ensure the premises were properly maintained and suitable for their purpose.

People received their medicines safely.

The provider had robust recruitment arrangements in place.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Improvements were required to ensure people living with dementia were able to navigate throughout the home effectively.

Staff received appropriate support, supervision and training.

People had appropriate access to healthcare support.

### Is the service caring?

**Good** ●

The service remained caring.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People were not always provided with meaningful activities.

The provider responded to complaints effectively.

People needs had been assessed and care plans accurately reflected peoples' needs.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Governance systems were not consistent in recognising and developing all aspects of care delivery.

Feedback about the registered manager was positive.

The provider worked effectively with external organisations to ensure peoples' care needs were met.

# Farehaven Lodge

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 and 28 June and was unannounced.

The inspection team consisted of two inspectors.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the assistant manager, nine members of staff, five relatives and three people. After the inspection we obtained feedback from two healthcare professionals.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives, care plans, risk assessments, fire safety reports, quality audits, training records and support and supervision documents.

We last inspected the home on 2 November 2016 and found two breaches of the Health and Social Care Act 2008. The service was rated requires improvement.

# Is the service safe?

## Our findings

We received mixed feedback from healthcare professionals, people and their relatives about the safety of the service. Comments included, "I feel safe here yes" and "I have no concerns at all, each time I visit I am always happy with what I see". Others comments included, "They definitely need more staff, they are rushed off their feet and I have seen people having to wait for help when asking to go to the toilet".

At our previous inspection we identified the management of medicines was not always safe and found administration records did not always reflect what medicines people had taken. We issued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulation. Records showed medicines were received, stored, disposed of, and administered safely. Farehaven used an independent pharmacy for all their medication needs. Senior staff assessed the competency of each staff member who administered medicines on a regular basis. Medication administration records (MAR) demonstrated people received their medicines at the times they required it. Peoples' allergies were clearly recorded, to ensure they were protected from possible harm. Medical information was contained in people's care plans and healthcare professionals reviewed people's medication on a regular basis. Quality assurance audits and records completed by professionals confirmed this.

At our previous inspection we issued a recommendation relating to staff deployment. Whilst progress had been made, we found improvement was still required. The registered manager used a staff dependency tool which was last completed in June 2018. The registered manager said, "staffing levels have been increased following the last inspection to three staff on duty at night instead of two". There were four staff on duty and one senior staff member during the morning and afternoon shifts on both the 27th and 28th June 2018. Staff told us they had concerns about the welfare of people due to insufficient staffing levels. A member of staff said, "They can be short on the floor and I am often asked to help out with personal care. There was a woman covered in faeces and I couldn't find anyone to help me so I took her into the toilet and cleaned her up". Another member of staff said, "we are short staffed. All hell broke loose this morning" and "Two or three staff went on break at the same time. I was doing nails and the senior was bathing someone. The entertainment lady was asked to help take people to the toilet and that meant she couldn't do her stuff with people". We observed this and found it to be accurate.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as sufficient numbers of staff must be deployed to meet people's assessed needs.

The provider did not ensure all safety measures had been implemented to reduce the possibility of a fire. On the 8 June 2018 Farehaven had employed an independent organisation to conduct a fire risk assessment. The fire risk assessment was conducted in compliance with the Regulatory Reform (Fire Safety) Order 2005 (RRFSO) that was approved by Parliament on 7 June 2005. Guidance was based on the current Approved Code of Practice for Fire Protection, relevant British Standards and Building Regulations. The report detailed

a number of failings which included six doors requiring remedial work, missing door strips/seals on exit doors, clinical rooms and in the homes archive room. The fire risk assessment stated, "The fire log book has not been updated in very recent times, it must therefore be ensured that the fire log book and maintenance folder are kept up to date at all times, accurately reflecting all testing, maintenance of fire safety systems and equipment and all staff training including details of all evacuation drills undertaken". The registered manager said, "There are a number of issues that we are prioritising". The report also stated, "fixed electrical wiring installation inspection, indicates that it is considered to be unsatisfactory" and that the electrical issue should be, "rectified by a qualified electrical engineer as soon as possible". Farehaven had been assessed as medium risk and considered to be generally subject to proper controls other than minor shortcomings. Each person had a personal emergency evacuation plan (PEEP) to ensure staff and others knew how to evacuate them safely and quickly in the event of a fire.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider did not ensure the premises was properly maintained and suitable for its purpose.

Staff were aware of their responsibility to report safeguarding concerns. A member of staff said, "I would tell my manager or go to CQC if needed". We were given examples of issues appropriately raised by staff and were told senior staff were responsive in dealing with any concerns. The provider had a safeguarding policy which detailed what staff should do if they suspected abuse. We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored. All staff knew where to access relevant contact information should they need to report abuse. A member of staff said, "The number is on the wall".

The provider had robust recruitment arrangements in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager told us how risks to people's well-being were managed. They were able to tell us how they put plans in place when a risk was identified. For example, they described the action they had taken to minimise the risk of falling for one person who had a number of falls. There was a plan in place which staff were aware of and used. Where people's needs changed, staff had updated risk assessments and changed how they supported them to make sure they were protected from harm. Where people were identified as at risk of developing pressure ulcers, specialist equipment such as pressure relieving mattresses had been obtained reducing the risk of them developing skin break down. Quality audits and monthly care evaluations conducted by the registered manager documented progress and detailed any actions required for staff to follow up. This included contacting a district nurse and referring one person to a speech and language therapist.



## Is the service effective?

### Our findings

Staff told us they were supported to do their job and relatives felt staff were appropriately trained. Comments included, "We do training in dementia and Parkinson's, at least two training things a month", "I've done first aid, infection control, I've done loads of training" and "I am sure staff are trained properly".

At our last inspection we recommended the provider reviewed their records for documenting best interest decisions. We found care plans did not always reference who was subject to Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had applied for DoLS authorisation for those they had assessed as needing them.

At this inspection we found improvements had been made. For example, best interest decisions were appropriately conducted and recorded in relation to where people lived and in respect of any restrictions. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Where people lacked capacity, assessments were in place that clearly identified people's ability to make decisions and the support that they needed to ensure decisions were made in their best interests. Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this. For example, Lasting Power of Attorney (LPOA) for in respect of health. A LPOA is a written document that gives someone else legal authority to make decisions on the stated person's behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office. A relative said, "We are here pretty much every second day so we know what goes on. The staff and the manager involve us in meetings and let us be a part of making decisions so yes I am happy with everything".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Some people were unable to understand risks to their safety and that they were not safe to go out without support from staff. Appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them

from harm. At the time of our inspection 10 people were subject to DoLS and four people were waiting to be assessed by the local authority. These authorisations were referenced in their care plans. People's care plans showed they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and personal care.

Relatives and healthcare professionals told us the environment had improved. A healthcare professional said, "I didn't visit before but I hear that it was pretty dark and dingy. (Registered manager) seems to have done a lot" and "I do love what (registered manager) has done with the front lobby, it stimulates conversations". A relative said, "They have done some paint work in the home which is nice". A member of staff said, "We have put the signs up now so that helps them (people)". A member of staff said, "Personally I'd like the brick walls gone, it looks like a prison to me. I have actually fallen and scraped my skin on it". Another staff member told us they had grazed their arm and said, "Some people here have really thin skin and mobility issues so if they fall against the brickwork then they could seriously hurt themselves". Quality audits demonstrated the registered manager was proactive in making changes to the environment. However, a member of staff said, "We have asked for things in the past and it hasn't happened, I don't know if it's a funding issue". We recommend the provider continues to develop the environment using best practice guidance to enable people living with dementia to navigate throughout the home safely and effectively.

Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. New staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding and food hygiene. Specialist training had been provided to staff. For example, dementia awareness and Parkinson's disease. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. We regularly observed staff applying their skills and knowledge effectively when they supported people who were living with dementia. For example, we observed a member of staff display patience and understanding during a conversation with one person during lunch.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs. A member of staff said, "She (Registered manager) is always there if I need her, she has been great for this home and I think she is very supportive".

People's support plans included nutritional assessments and details of their dietary requirements and support needs. A risk assessment tool was used to help identify anyone who might be at risk of malnutrition and specific care plans were in place to minimise the risk. Food and fluid charts were used to monitor people's intakes during periods of potential risk. During the day we observed staff making sure people had drinks and supporting them to drink if needed. During periods of hot weather staff gave people iced lollies to encourage hydration.

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included, for example, GP's, dentists and opticians. Records indicated people saw

consultants via outpatient's appointments, accompanied by staff, and had annual health checks. Each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals.

## Is the service caring?

### Our findings

People and relatives told us staff provided compassionate care. Comments included, "They are just wonderful", "They are like friends, we bring the little one in and they are really kind to her too" and "I have watched the way the carers are with people and I admire their patience and understanding".

Relationships between staff and people receiving support demonstrated dignity and respect. Care staff were kind and courteous and we observed they knocked on doors before entering people's rooms. People received personal care in the privacy of their bedrooms. Staff gave examples of respecting people's privacy and dignity, for example keeping a person covered as much as possible while assisting them to wash. A relative said, "They know it's important to (person) so they make sure he has had a shave and is nice and clean. When we visit he is always presentable and it's because the staff care".

Staff ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). The AIS is a framework which was put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, pictures on walls informed people of the time, date and the weather conditions. Information was displayed in the entrance providing detail about dementia, complaints and safeguarding. A relative said, "There is loads of information around the home so if we needed advice we could ask the manager or look at the pictures on the wall".

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equalities Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

We observed caring interactions from staff throughout the inspection. For example, a member of staff showed concern for a person and asked them if they would like a cup of tea. We observed staff assisting a person to move from a chair, which they did in a gentle and reassuring way.

People's care plans included advance decisions, such as one person's wish to remain at the care home if possible rather than be hospitalised in the event of their health declining. Where end of life care was needed, staff sought advice from a local hospice and specialist nurses. People's wishes at this time were discussed and documented in their care plans. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.

## Is the service responsive?

### Our findings

Comments from healthcare professionals and relatives were mostly positive. Comments included, "I have only been visiting for the last six weeks at a fixed time on a Wednesday, they seem quite responsive. I have no concerns, I have never had to intervene during my visits there", "I know the gentleman I visit has thrived since he went there" and "The home has started to do some work but it needs to look much more homely in the lounges. It's not somewhere I would like to have to sit all day".

Relatives told us they were satisfied with activities available in the home. A relative said, "She (person) joins in with exercises, caching the ball and pets come in, yes they had rabbits visit the home". However, we found people were not always provided with effective stimulation or opportunity to participate in meaningful activities. In one lounge, we observed a film being shown on the television. One person was watching the film whilst a large number of other people were not interested and sat staring at the floor. In the other lounge we observed a large number of people sitting in chairs in a set up that was not suitable for engagement. A member of staff said, "We do have some activities but people generally just sit in the lounge in a circle". Other comments from staff included, "Activities took place this morning. They done arm chair activities but there's not always enough for people to do though so I think there should be more. There are two lounges, maybe we need another activities coordinator", "More activities could be done. They want us to take residents (people) out in the community in our own time. Five of us (staff) have agreed to take people to Marwell in our own time" and "I am taken away from activities a lot. I have brought this up in supervisions and I was told it would be brought up at the team meetings but it's not got any better" and "Yesterday I had to do the tea trolley and that took up a lot of my morning so I couldn't do activities which is why you seen everyone just sitting there".

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us staff were responsive. Comments included, "They couldn't be better, there is a risk of falling so they have put a mat up there so they know if she has fallen. We had a care plan review three weeks ago. They asked about mum's welfare and we were asked if we were happy with the care, I can't fault it".

Care plans described what support was needed in sufficient detail to ensure that consistent support was provided. People's preferences were detailed, such as, whether they preferred a shower or a bath and how they liked to take their tea. Staff knew people well and understood what preferences they had and this helped to ensure people received the support they required. Care planning information prompted staff to ensure people retained as much independence as possible by reminding them to encourage people to do as much as possible for themselves. Staff put this into practice, for example, one person did not need help but liked staff to be nearby for reassurance when they had a bath. Staff acted in accordance with the person's wishes. Records showed and staff described how people at times refused care, for example if they did not wish to be helped to wash and dress at a particular time and staff said this was respected. They would return at a later time to support them instead.

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated by the registered manager. One relative said: "There is nothing I worry about with this home; it's been good so far". Another relative said, "I can't fault anything, people are 100% looked after, staff are all friendly, it's clean, no smells. They are very attentive and I can visit at any time".

## Is the service well-led?

### Our findings

Relatives, healthcare professionals and people spoke positively about the registered manager. Comments included, "They (staff) have their work cut out for them. Dementia is very challenging. I have a lot of time for the staff and have had some really constructive chats with (registered manager). I get good feedback when I ask (registered manager) for things. She has always done what has been asked", "The registered manager is really nice, I have a lot of time for her. She came in at a difficult time and she is trying to improve things but I think she needs help from her bosses" and "(registered manager) has been good and pushed for prophylactic antibiotics for mum".

At our last inspection we issued a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found progress had been made, however we found other areas of improvement were needed. The registered manager conducted monthly audits which related to the key questions we ask when conducting our inspections. Evaluation records and quality assurance audits showed the management of medicines were monitored and the accuracy of care plans, risk assessments, daily records and environmental checks were reviewed with actions satisfactorily met. However, governance systems were not consistently effective in driving improvement in relation to staff deployment, activities and health and safety.

This is a repeated breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Registered persons are required to notify CQC of significant events that occur in the service. This includes any allegations of abuse. The records held in the service identified two incidents whereby allegations of abuse had occurred that we had not received any notification of. The registered manager did however report the concerns to the local authority and investigations had taken place.

The failure to notify CQC of these significant events was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff, relatives and healthcare professionals consistently told us the registered manager was approachable, open and responsive. Comments included, "she (Registered manager) doesn't suffer fools gladly and that's a good thing, I told her she has a wonderful team of staff", "I really enjoy it, I've worked here two years. I love my manager, we have the same mentality and I can talk to her, she listens to me", "It is very professionally run and my sister feels exactly the same"

Meetings for the staff team were held regularly. At these meetings issues relating to care planning and the needs of people, various policies and procedures such as infection control, fire safety and property maintenance were discussed. Minutes of meetings indicated that topics about equality, diversity, inclusion in dementia care practice and person-centred care were discussed as part of the on-going training. Regular meetings helped to ensure that the staff team were informed of any policy changes and that they were actively involved in any on-going training.

The atmosphere in the home was friendly and inclusive. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home. The service carried out regular satisfaction surveys which included questions about the standard of care.

The home worked well with other agencies and services to make sure people received their care in a cohesive way. Health and social care staff and care professionals reported that staff within the home were responsive to people's needs and ensured they made referrals to outside agencies appropriately. They felt the management team worked in a joined up way with external agencies in order to ensure that people's needs were met.



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 9 HSCA RA Regulations 2014 Person-centred care  People were not consistently provided with stimulation or opportunity to participate in meaningful activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  Equipment and arrangements for managing fire safety were not always safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems were not consistently effective in driving improvement in all aspects of care provision.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Sufficient numbers of staff were not always deployed to meet people's needs.