

Care Worldwide (Bradford) Limited

Owlett Hall

Inspection report

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Date of inspection visit:

25 November 2019

28 November 2019

Date of publication:

03 February 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Owlett Hall is a 'care home' providing personal and nursing care to 40 people aged 65 and over at the time of the inspection. The service can support up to 57 people. Owlett Hall accommodates people across three floors, each of which has separate adapted facilities. One floor provides residential care, another floor provides care for people living with dementia and the third floor provides nursing care.

People's experience of using the service

Medicines were not managed safely, and the provider continued to be in breach of Regulation 12. Risk assessments were detailed and provided clear guidance for staff to minimise risks. The provider identified trends and themes relating to risk and actions were taken to prevent accidents and incidents. Lessons were learnt from incidents and discussed in meetings with staff. Staffing levels were sufficient and people said there were enough staff to meet their needs. The provider had recruited new staff and embedded new ways of working to promote a positive culture within the home.

People's needs were assessed prior to their admission to the home. The provider had made improvements to the environment since our last inspection. For example, access to outdoor space had been much improved. People were supported with their nutritional needs and care plans were in place for people with specific needs. Some people's fluid and food intake were monitored to ensure weights remained stable. One person had been supported to lose weight in preparation for surgery. The home proactively engaged with health professionals when needed and actions were taken to address people's health conditions.

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.

People were well cared for by staff and provided positive feedback. One person said, "People are so friendly. I love it here, they are all so nice and we have a laugh." We observed positive engagement between staff and people living in the home. People were involved in making decisions about their care and we found people's dignity was well maintained. Staff treated people kindly and respected their wishes.

Care plans were person centred and included specific guidance for staff to meet people's individualised needs. People were supported with end of life care and made to feel comfortable during this time. Care records were easily accessible to staff as they carried hand held tablets or phones to access the electronic records and input their daily care tasks. People remained in contact with their family and activities were available to prevent isolation. Complaints were responded to in a timely manner and actions taken to address concerns raised.

The provider had not made enough improvement in recording information, as records were not always up to date or accurate. The provider continued to be in breach of regulation 17, however improvements had

been made following the last inspection. Relatives told us improvements the new manager had implemented including the recruitment of new staff to reduce agency use. New electronic care plans had been imbedded and included personalised details to support people with their care. Flash meetings had been introduced to ensure effective communication between staff. Quality assurance systems were in place to monitor the service and ensure risks were managed. Audits were carried out and where these had identified improvements were required, appropriate action had been taken. People and their relatives felt the home was well managed and that they were listened to. The manager continuously engaged with people, relatives and staff to seek feedback and improve care within the home.

We found two continued breaches. Medicines were not always managed safely in line with best practice and records were not always up to date or accurate.

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

Rating at last inspection

The last rating for this service was Inadequate (published 6 June 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 we found improvements had been made to address most of the breaches from the last inspection.

This service has been in Special Measures since June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for 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.

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 safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 ●

Owlett Hall

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, a specialist advisor, a pharmacist and two Experts 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

Owlett Hall 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 who was in the process of registering 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

This inspection was unannounced.

What we did

Before the inspection, the provider sent us a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, relating to incidents the provider must notify CQC about, for example incidents of potential abuse.

We also reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people and nine relatives to ask about their experience of the care provided. We looked at six people's care records and 12 medicine records. We spoke with the manager, the deputy manager, activities co-ordinator, two nurses and four staff members. We looked at five staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service, such as audits and quality assurance reports.

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

Using medicines safely

- At the last inspection medicines were not managed safely. Not enough improvement had been made at this inspection and the provider continued to be in breach.
- Medicines had not always been given at the correct time. On four occasions one person had received paracetamol less than four hours apart. Paracetamol should be administered a minimum of four hours apart.
- People had not always received their covert medicines as prescribed due to inconsistencies in how covert medicines were administered. Some covert medicines were identified as not being suitable for crushing and no action had been taken to obtain a suitable alternative. One staff member said they crushed all medicines without checking if this was safe and another said they would not crush medicines.
- People did not always receive their prescribed creams and were at risk of being administered medicines they may have been allergic to because allergy statuses were not always accurately recorded.
- Information was missing to make sure people had their diabetes managed and treated safely. One person was prescribed 'as required' insulin for their diabetes. There was no protocol in place to guide staff on how this should be administered and when. Two staff members said they would administer this when the person's blood sugars were high.
- No checks were made to ensure oxygen levels were set at the correct flow rate. One person told us staff had failed to reconnect their oxygen, leaving them very breathless.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection safeguarding concerns were not managed effectively. At this inspection, we found processes and systems were in place to investigate and respond to any alleged harm or abuse.
- There was managerial oversight of all safeguarding incidents. A safeguarding log was in place showing the actions taken in response to safeguarding concerns and what had been put in place to prevent re-occurrence.
- People were kept safe and we observed staff safely moving and handling people that required support. Comments from people included, "Everything is safe here" and "I'm on the top floor and the staff make me feel safe."

Assessing risk, safety monitoring and management

- At the last inspection the provider had failed to ensure risks to people's health and wellbeing were managed safely. At this inspection risk assessments were completed, detailed and provided clear guidance for staff.
- Risk assessments were regularly reviewed to ensure people's risks were minimised. For example, some people required the use of bedrails to prevent them from falling out of their beds.
- Staff demonstrated safe practice when moving and handling. They explained procedures to people and checked their comfort when providing care.
- Some people were deemed to be at a high risk of developing pressure areas and pieces of equipment were used to ensure their safety and wellbeing. For example, pressure relieving mattresses and profiling beds minimised the risk of pressure sores.
- Clinical risks were identified and reviewed. These included risks such as pressure ulcers, weight loss and falls. Monthly meetings were held with the manager and clinical staff to look at ways to minimise and reduce risk. These included; referral to specialist health practitioners, introduction of food and fluid monitoring and referrals for equipment.
- The home environment was safe because health and safety checks were carried out. Personal Emergency Evacuation Plans (PEEPs) had been completed. These detailed any specific support people might need to evacuate the building safely in the event of a fire or other emergency situation.

Staffing and recruitment

- At the last inspection there was a lack of sufficient, competent staff which meant people were not safe. At this inspection staffing levels were sufficient, and people's needs were being met.
- Our observations and staffing rotas showed there were enough staff deployed to help keep people safe and people said call bells were responded to in a timely manner.
- The majority of relatives said there had been a vast improvement in the staffing levels since the manager came, particularly as there were now more permanent staff and much less use of agency staff.
- One person said, "There are enough staff on duty. We now have more permanent staff."

Preventing and controlling infection

- The home was clean and fresh smelling, however, some of the furnishings were worn and in need of replacement. The provider was aware and the manager had an on-going refurbishment plan in place. We saw several improvements had been made to the décor and floor coverings since our last inspection.
- Staff used personalised protective equipment during meal times and when supporting people with their personal care, to prevent against infectious diseases.

Learning lessons when things go wrong

- Systems were in place to monitor and investigate incidents and accidents; to identify patterns and trends and learn from these.
- Accidents or incidents were audited and analysed to identify what had happened and actions that could be taken in the future to reduce the risk of reoccurrences.
- The provider learnt from any accidents, incidents or mistakes to ensure people were safe. For example, a person with unexplained bruising had been assessed for a piece of equipment that would make moving and handling safer.
- Another person had caught their skin on the footplates of their wheelchair while sat at the dining table. Action was taken to make sure they sat in a dining chair for their meals.

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 improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their admission to the home.
- Some signage had been used in the home to help people living with dementia find their way around.
- The provider had made improvements to the environment since our last inspection. For example, access to outdoor space had been much improved. Gardens had been tended, and level access paths and a pagoda had been built. There was an ongoing plan to make more improvements.
- People lived in a service which was suitable to meet their needs. Bedrooms were personalised, and people had their own belongings with them. Specialist equipment in bathrooms meant people could access showers and baths more easily.

Staff support: induction, training, skills and experience

- Staff were suitably inducted, trained and supported to perform their job roles. One relative said, "Staff are well trained but the newer, younger ones not so much but they try and be helpful."
- Training records showed staff had completed up to date training in a range of training subjects and this was monitored by the management team on a matrix to ensure staff kept their training current.
- Supervisions and appraisals were not always recorded in staff files. We have addressed this in the well led domain.
- Staff said they were fully supported and received regular supervisions. One staff member said, "I've had two or three supervisions and millions of informal chats with the manager."

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

- People's nutritional needs were met, and they were offered meals and drinks of their choice.
- People had nutritional care plans which informed staff about people's dietary needs and any support required. For example, one person was at high risk due to recent weight loss. The person had been seen by the dietician and a care plan updated to ensure they were given high calorie supplement drinks and fortified meals as well as extra 'shots' of double cream during the day to increase their weight.
- We observed lunch and saw some people were supported by staff with their meals. We saw most people in the dining room were given beakers to drink from rather than cups which they were able to use. We addressed this with the registered manager who said action would be taken to address this.
- Diet and fluid charts were used for some people to monitor their nutritional intake. Staff recorded (using a tablet) when a person had had a drink or food to show how much fluid or diet they had taken. These records were not always accurate and we have addressed this in the well led domain.

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

- People were regularly seen by health professionals or when required. These visits had been recorded and there was good evidence of staff noting a change to a person's physical health. For example, a chesty cough or possible urine infection, and then contacting the General Practitioner (GP) to arrange a visit or receive telephone advice.
- One person said, "They got the doctor out for me last week. They did this straight away because I had a chest infection and I got some antibiotics. My legs used to be really sore with a rash which is now cleared up."
- The manager had set up a weekly GP visit to the home and we saw this taking place.
- Physical observations had been recorded at least monthly in each of the records we checked. This allowed staff to monitor people for any signs of deterioration and then act quickly if, for example, the person was showing any signs of infection.
- People's weights had been carried out weekly or monthly depending on the level of need, and clear plans were in place if there were any concerns about people being particularly underweight or overweight. We saw two records which showed people had gained weight.
- One person said they had been supported by the home to lose weight in preparation for an operation. They told us they had already lost two stone.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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.

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.

- People were asked for their consent by staff. One person said, "They always ask me when they are giving me a bed bath or changing my pad."
- Capacity assessments were carried out and best interest's decisions were made, with input from people's relatives and health professionals.
- DoLS authorisations had been completed for those people with specific restrictions in place to keep them safe.

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 requires improvement. At this inspection this key question improved to 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

- People and their relatives felt well cared for and were complimentary about the staff at Owlett Hall.
- Comments from people and their relatives included, "Staff are wonderful! They care for you and about you. I love all the staff and know they love me because they give me a big hug" and "They are very caring, all friendly; they always speak and ask if everything is okay."
- We observed kind, caring and friendly interactions between staff and people. Staff got down to people's level to engage with them and seemed to know people well. People seemed happy in the company of staff.
- People looked well-groomed and cared for, which is achieved through good standards of care. Staff understood people and supported them with dignity and compassion. There was a calm and relaxed atmosphere. Friendly conversation and laughter was heard between the staff and people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was valued by staff. One staff member said, "We always make sure people are clean and comfortable."
- People felt they were respected by staff. One person told us, "When I say, 'thank you', staff always say 'you are very welcome', which I think is really nice. The staff are always willing and helpful."
- People told us staff treated them with respect and staff were sensitive to their privacy by knocking and waiting before coming into the room and closing curtains and doors when helping with personal care.

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

- People and their relatives were involved in the care planning process and staff said they maintained a good relationship with them. Care records showed families and friends had been consulted with or involved in people's care when this had changed or been reviewed.
- Staff explained things clearly in a way that could be easily understood. For example, when asking people for their choices of activities or when explaining moving and handling procedures.
- People were offered choices such as what to eat and drink, where they wished to sit and how they wanted to spend their time.
- The manager told us should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

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 the key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- At the last inspection we found a lack of assessments, care planning and support which meant people's needs were not fully identified and met. At this inspection, a new computer system was being used to create person-centred care plans and provided specific guidance for staff.
- There was good evidence the plans were person centred and included people's preferred methods of communicating, as well as preferred routines and activities.
- Care plans were up to date and had been meaningfully evaluated each month.
- Staff had a good understanding of people's needs and how to meet them. They described the person-centred care they gave to people.
- Care records were easily accessible to staff as they carried hand held tablets or phones to access the electronic records and input their daily care tasks in a timely manner. These records were not always accurate and we have addressed this in the well led domain.

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 encouraged to invite their relatives into the home. One person said, "Visitors can come when they want. The door is always open."
- People were offered choices of activities. The activity lead said, the purpose of the activities was to stimulate, involve, engage and include people to prevent isolation.
- Some people went out weekly to the Brickworks for lunch and to plan other trips. The provider had had a summer fair, with a bouncy castle. Appropriate risk assessments had been completed. There was a pantomime and children were coming in from the local school to do a Christmas play.

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.

- Communication care plans were detailed and included individual ways some of the people liked to communicate.
- Care plans were personalised with people's wishes and included how they liked to be addressed, how they took their drinks, what foods they enjoyed and which toiletries they preferred to use.

Improving care quality in response to complaints or concerns

- At the last inspection the provider failed to respond to complaints and take action where necessary. At this inspection, complaints were managed effectively, and actions taken to address any concerns raised.
- People felt confident to make a complaint if needed. The provider had policies and procedures in place to guide staff in how to manage complaints.
- One relative said, "We are here every day and the registered manager's door is open all the time and they have told us that."

End of life care and support

- End of life care plans were completed. These included if a person was on a DNACPR and any end of life wishes, such as who they would like to be present if they became very unwell and where they would prefer to spend their last days.
- People were kept comfortable during this time as they were prescribed anticipatory end of life medications.
- One relative said, "We just want to say a big thank you to each and every one of you at Owlett Hall for the care and affection you gave. [Name] mattered to you as an individual and as their illness began to deteriorate you maintained their dignity at all times and for that we are very grateful."

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 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.

Planning and promoting person-centred, high-quality care and support;

- At the last inspection the provider failed to ensure robust governance systems were in place and records were not always up to date or informative. Not enough improvement had been made at this inspection and the provider continued to be in breach. For example, supervisions and appraisals had not always been recorded.
- Computer records were not accurate to show what daily tasks staff had carried out. One record showed between 9.17am to 10:37am one person had had a cup of tea, two bowls of porridge and 11 slices of toast. The registered manager said this was not accurate and agreed to discuss this with staff.
- One relative said records showed their family member had not been showered for 14 days. Another record showed their relative was recorded as being in bed and in the lounge at the same time.
- Oral hygiene records had not always been completed. One person had not had their oral health care recorded on 12 days for the month of October.
- Medication administration records (MARS) and topical charts (TMARs) were not accurate. Written guidance was in place for 'as required' medicines such as creams. However, guidance was not personalised and lacked information to guide staff when someone may need the medicine.
- Call bell audits were not carried out routinely. We saw records from an audit in May 2019 which showed two people had waited between 6-12 minutes for their call bells to be answered. The audit did not show how this had been investigated or addressed.

We found shortfalls in records and failure to implement improvements demonstrated a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives felt the home was well managed they were listened to. One relative said, "Whenever you come in you are greeted and given an update I feel they really care for those they are looking after" and one person said, "I do know the manager; she comes and asks if I am OK."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on duty of candour responsibility

- Since the last inspection, there had been changes in the management team. The new manager and care co-ordinator demonstrated their passion and enthusiasm for leading and improving the service.
- The manager felt well supported by the provider. They said senior managers visited at least weekly and had

been open and supportive to improvements that were needed at the service. Senior management oversight of the service was in place through the monitoring of key performance indicators (KPIs).

- Staff told us they felt supported and one staff member said, "We are very supported. We have an honest and open culture; we can take any concerns to the management team."
- Effective quality assurance systems were in place to monitor the service and ensure risks were managed. Audits were carried out and where these had identified improvements were required, appropriate action had been taken. Following care plan audits it was found they lacked person centred information and improvements were required. This was addressed by transferring people's care plans on to the new computerised system.
- There was an overall service improvement plan in place to manage improvements identified at previous CQC inspections, by other stakeholders such as the local authority and the manager's and provider's audits.
- The provider was aware of their responsibilities in ensuring the Care Quality Commission (CQC) was notified of significant events which had occurred within the service. The manager and provider understood the need to comply with duty of candour when things had gone wrong.

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

- There were systems in place to communicate with people and their relatives and involve them in decision making. People, relatives and staff were asked for their feedback about care at the home. This was done through satisfaction surveys, staff newsletters, meetings and residents and relatives' meetings.
- The staff newsletter asked staff to focus on teamwork. Staff were also reminded of the need to ensure continued good practice, for example in ensuring a positive meal time experience, ensuring air mattresses were set at the correct settings and that food and fluid charts were completed correctly.
- Staff surveys showed staff thought people received good care; that training was good, and the manager was supportive and approachable. Comments included, 'Manager is great and has an open door policy, very fair and firm' and 'All staff work and mix together'.
- Resident and relative meetings showed people had commented on the improvements in the home. One person had commented, 'Staff are nice and make time for residents.' It was clear that people felt confident to make suggestions about where they thought improvements were needed. For example, that the dining room needed more leadership at meal times. The manager told us they had introduced a system of one staff member leading at each meal time.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- Information was shared through good communication systems to learn when things may have gone wrong. There were effective systems of meetings and walk rounds to support this.
- The manager or person in charge each day completed a documented daily walk round. Information from this was then discussed at the daily meeting, known as a 'flash meeting'. The manager, heads of departments such as chefs, activities leads, housekeepers, nurses and clinical leads attended the meeting so important information and updates could be shared each day.
- The manager completed a monthly overview of the themes from walk rounds and flash meetings to identify common themes and where practice needed to improve. Current themes were the gaps in completion of TMARs and supplementary charts. Individual supervisions and group supervisions had taken place with staff to try and continuously improve these records.
- The manager had also introduced reflective practice logs. These identified why incidents had occurred, why it was important to ensure they did not happen again and what they were going to do to prevent any re-occurrence.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not always managed in line with best practice.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Records were not always up to date or accurate.
Treatment of disease, disorder or injury	