

# Four Seasons Health Care (England) Limited East Riding Care Home

## Inspection report

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Date of inspection visit:  
19 April 2023  
20 April 2023

Date of publication:  
27 June 2023

## 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

East Riding Care Home provides accommodation, personal and nursing care for up to 67 people; some of whom are living with a dementia related condition. At the time of the inspection there were 37 people living at the home. Support is provided across 2 floors in 3 units which have been adapted to meet people's needs.

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

Action had been taken following the last inspection to deliver improvements. However, we identified ongoing issues with the management of medicines and the oversight of this. Governance systems had improved but more work was required to ensure medicines audits were effective in identifying issues to enable staff to take the appropriate action to make sure medicines were managed safely.

The registered manager worked in an open and transparent way and understood their responsibilities in relation to the duty of candour regulation. Appropriate documentation was in place in response to any notifiable safety incident.

Policies and procedures in relation to infection prevention and control (IPC) to prevent the spread of infections were in place. Arrangements were in place to support people to maintain contact with people important to them. This included indoor visits from relatives or friends and supporting people to maintain contact using technology.

Systems were in place to review incidents to assess if any improvements to staff practice could be made. Safe recruitment procedures had been followed and there were enough staff deployed to meet people's needs. Systems were in place to safeguard people from the risk of abuse and the risks people were exposed to had been assessed.

Staff received training which the provider had assessed as mandatory and staff told us they felt supported in their job role. Staff were positive about the registered manager and told us East Riding Care Home was a nice place to work. One member of staff told us, "[Name of registered manager] is interested, she's involved, she helps, and she will stay and cover. It makes people feel better when you know she will do what we are expected to do."

Staff were kind and spoke fondly about their relationships with people. They described situations where they had gone out of their way to provide person-centred support for people. One staff member said, "I can see the difference from when I first started. It's nice to see the residents with a smile on their face. I feel proud to work here and to make the home a nice, pleasant place for residents to live in."

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. Best interest's decisions were completed for people who could not consent to their care and

treatment in line with legal requirements.

People's communication needs were met. Information was available to people in alternative formats to support people's communication needs. End of life care plans were in place to ensure any wishes people had for their end of life care were recorded. Staff provided care and support which was person-centred to the individual needs of people. Systems were in place to investigate and respond to any complaints and to acknowledge any compliments.

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

#### Rating at last inspection and update

The last rating for this service was inadequate (published 21 November 2022) and there were 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 some improvements had been made. However, the provider remained in breach of regulations.

This service has been in Special Measures since 17 November 2022. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an unannounced comprehensive inspection of this service on 13 September 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, dignity and respect, safe care and treatment, safeguarding, nutrition and hydration, good governance, staffing, safe recruitment, duty of candour and notification of incidents.

We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have 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.

#### 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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** ●

# East Riding Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was undertaken by three inspectors 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

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding

teams, the local NHS infection prevention and control [IPC] team, fire service, Integrated Care Board and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

We spoke with 3 people who used the service and 9 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, care staff, nursing staff, administrator, housekeeper and chef. In addition, we received feedback from 1 visiting healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records, this included care records for 12 people including medicines records. We looked at the recruitment records for 3 staff and a variety of records relating to the management of the service, including policies and procedures. Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

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

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

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure medicines were managed safely and failed to ensure risks were properly assessed and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made. However, sufficient action had not been taken to improve the management of medicines and the provider remained in breach of Regulation 12.

- Medicines were not always managed safely. Records did not demonstrate medicines were always administered as prescribed. For example, signed entries on medicine administration records [MAR] did not always correspond with remaining stock counts of medicines.
- Protocols to guide staff when to administer when required medicines were not in place for all people who needed these. Where protocols were in place, they did not always contain person-centred information specific to the needs of the individual.
- Care plans for medicines administered via a PEG (Percutaneous endoscopic gastronomy tube) were not always followed. We identified instances where the PEG feed for one person had been administered at an incorrect time. This increased the risk of the person experiencing side effects.

The failure to have an effective system in place to manage medicines safely was an on-going breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The risks people were exposed to were assessed. The actions required to minimise the risks to people were recorded.
- A range of risk assessments were in place to ensure the safety of the environment. In addition, maintenance checks had been carried out for any equipment used to check its safety.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure systems were effective in protecting people from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 13.

- Systems were in place to protect people from the risk of abuse. Safeguarding policies and procedures were in place to guide staff in the actions to take in response to any concerns. One staff member told us, "We are encouraged to raise any concerns, we discuss this in staff meetings and we all know about the whistle blowing policy. There is a telephone number for us to use if we want to raise anything anonymously."
- No safeguarding concerns were raised with us during the inspection. One person told us, "I'm thankful for all of the staff really and I do feel safe [living at East Riding Care Home]."

#### Staffing and recruitment

At our last inspection the provider had failed to ensure staff were recruited safely. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 19. However, some action was still needed.

- Systems were in place to ensure staff were recruited safely. Appropriate pre-employment checks such as checking references were completed. However, there were some employment gaps for candidates which had not been considered during the recruitment process.

We recommend the provider reviews their systems to ensure best practice guidance is always followed during the recruitment process.

At our last inspection we recommended the provider kept staffing levels under review to ensure sufficient staff were always available and were deployed effectively. At this inspection we found action had been taken to address this.

- There were enough staff available to meet the needs of people. In addition, staff were deployed effectively which enabled them to be responsive.
- The registered manager told us there had been a successful recruitment campaign to employ permanent staff. This had reduced the need for agency staff which had a positive impact on the ability of staff to provide consistent care.

#### Preventing and controlling infection

At our previous inspection there was a failure to ensure an effective infection control procedure [IPC] was in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 12.

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

### Visiting in care home

- Procedures were in place to support visits in the home. Relatives could visit people when it was convenient for them without any restrictions. This promoted the wellbeing of people and allowed them to maintain relationships with their relatives and friends.

### Learning lessons when things go wrong

- Action had been taken to learn lessons following the last inspection. Measures had been taken to respond to the findings from our last inspection to implement improvements.
- Systems were in place to review incidents and to consider alternative ways of working to deliver improvements. For example, the registered manager held daily meetings with heads of departments to review information, share relevant communications and to share learning.

# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection there was a failure to ensure staff were appropriately supervised and supported. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 18.

- Systems were in place to ensure staff received regular supervision. Staff told us they felt supported in their job roles and could approach the management team if they required any additional support outside of supervision sessions. One staff member said, "Absolutely I feel supported at work now, it's just vastly improved. The atmosphere is just totally different now."
- Records demonstrated agency staff were also included in some supervision sessions. This ensured any important messages were communicated to all staff and systems were in place to support agency staff.
- Staff received training on topics which had been assessed as mandatory by the provider. Staff told us most training was completed by e-learning courses. Some training sessions such as moving and handling were delivered to staff in person to enable them to learn practical skills.
- One visiting healthcare professional told us they felt staff may benefit from additional training about the importance of how continence can impact of skin integrity. We gave this feedback to the registered manager who told us additional training could be organised for staff.

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

At our last inspection there was a failure to ensure records were well maintained in relation to the nutritional and hydration needs of people. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 17.

- People's nutritional and hydration needs were met. Improvements had been implemented to ensure records relating to nutrition and hydration were accurate and well maintained.
- Food looked appetising and people told us it tasted nice. A chef had been employed since our last inspection. They regularly spoke with people to obtain their feedback about the food served. One person told us, "The chef spoke to me today and that never used to happen. The food is consistently good."

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

At our last inspection we recommended the provider reviewed best practice guidance relating to supportive environments for people living with a dementia related condition to ensure the environment met their needs. At this inspection some action had been taken to deliver improvements.

- Action had been taken to improve the décor around the environment to meet people's needs. For example, signage was now in place to help orientate people to their bedroom.
- People were able to personalise their bedrooms with items of their choosing which were important to them.

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

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

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

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

At our last inspection we recommended the provider reviewed their systems to ensure best practice guidance was always followed when assessing capacity.

- Action had been taken to ensure staff consistently followed best practice when assessing capacity.
- Relevant applications had been made for DoLS authorisations where people lacked capacity to consent to their care and treatment.
- People's ability to consent to their care and treatment was assessed. Where people lacked capacity to make particular decisions for themselves best interest decisions had been completed.

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

- Assessments of people's needs were completed. Staff provided support depending on people's needs.
- Care records confirmed people were supported with their oral care. This included people being supported to attend regular dental checks.

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

- Systems were in place to ensure people's health needs were met.
- Records demonstrated staff liaised with health and social care professionals to help ensure people's health needs were met. One visiting healthcare professional gave positive feedback about their working relationship with staff and how this had positively impacted the health outcomes for people.

# Is the service caring?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; Respecting and promoting people's privacy, dignity and independence

At our last inspection there was a failure to ensure people were always treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 10.

- Staff treated people with kindness. Throughout the inspection we observed many positive interactions where staff always demonstrated kind and caring attitudes towards people. One person told us, "Staff are good, they are kind and caring. I always feel comfortable and they always treat me with respect and dignity. Staff explain to me what they are going to do and I know what is going to happen."
- Staff upheld the privacy and dignity of people. They understood the importance of maintaining people's privacy and described dignified ways of working. For example, when supporting people with their personal care. One staff member said, "I think staff are very, very kind and make people feel better about themselves. Staff will go the extra mile for people and will do personal things for them. There is genuine affection from staff towards people."
- Relatives were complimentary about how staff interacted with people. One relative told us, "[Name of person] is treated with respect and their dignity is upheld. They [staff] ask her permission and what she wants."
- Staff worked to promote the independence of people. One person told us they were encouraged by staff to maintain their independence in areas where they could. Where people required support staff provided this while still encouraging people to be involved in the task. For example, when supporting people with their personal care needs.
- Staff promoted equality, diversity and inclusion for people. For example, staff had arranged for church visits to the home every two weeks. This enabled people who were cared for in bed or were unable to visit a church in person to continue to meet their spiritual needs.

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

- Records confirmed people were involved in decisions about their care. For example, any preference people had regarding their support were recorded and staff respected this. One person said, "There is a genuineness of care and staff are lovely. Some of the male carers are very good too and it is good there is a mix of male and female staff."

- People's communication needs were recorded in care plans. Staff knew the most effective ways to communicate with people to include them in decisions about their care and support.
- Staff knew how to refer people for an advocate if communication support was required. An advocate offers independent support to help people express their views and wishes to ensure their rights are promoted.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At our last inspection there was a failure to ensure people received person-centred care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 9.

- People's social needs were met. An activity co-ordinator had been employed since our last inspection. A range of activities were now regularly provided. The activity co-ordinator was enthusiastic and positively engaged people in activity sessions.
- Activities were offered to all people. This included people who were cared for in bed. Activities were person-centred around the likes and needs of people. The activity co-ordinator said, "Activities can be adapted to ensure people are included in the activity."
- People or where necessary their representative had been involved in the development of care plans. Information which was person-centred to each individual had been recorded. For example, important information about people's life histories had been documented to help staff understand what was important to people.

### Meeting people's communication needs

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

- People's communication needs continued to be met. Systems were in place to ensure information was shared with people in the most effective way to aid their understanding. For example, easy read information was available for people who needed this.
- Staff understood the best way to communicate with people. The support people required to meet their communication needs was recorded in care plans.

### Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider reviewed their systems to ensure communication was maintained with relevant people while they investigated any complaints.

- Systems were in place to ensure any concerns or complaint were acknowledged and investigated. Records were kept to demonstrate the actions taken to respond to any complaint.
- No complaints were raised with us during our inspection.

#### End of life care and support

- People's wishes for their end of life care were recorded. Staff respected people's wishes for how they wanted care to be provided and were compassionate in their approach.
- Staff worked with the relevant healthcare professionals to ensure people's needs were met at this time.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection there was a failure to ensure quality monitoring systems were always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had not been taken to improve and the provider remained in breach of Regulation 17.

- Governance arrangements had not always been effective. For example, medicine audits were taking place. However, they had not identified the issues we found during this inspection.
- MAR's did not always comply with NICE [National Institute for Health and Care Excellence] guidance or the providers policy. For example, some records had only been signed by one staff member where the provider's policy specified two staff were required to check and sign for medicine administration. In addition, some medicines did not have the appropriate warning medicine label and some MAR's had missing entries. This meant we could not be assured medicines had always been administered as they were prescribed.

The provider's failure to have effective governance systems in place to manage medicines was an on-going breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Action had been taken in response to our previous inspection to deliver improvements. A detailed action plan was in place which was regularly reviewed.
- Management oversight at the service had improved. Systems to monitor quality had been strengthened. The registered manager worked proactively with all departments across the service. They were passionate in their desire for care to improve and worked to positively motivate the whole staff team.

At our last inspection there was a failure to ensure all notifiable events had been notified to CQC. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. We did not proceed with enforcement action in relation to this breach. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of (Registration) Regulation 18.

- Effective systems were in place to ensure all of the necessary information was notified to CQC in line with

legal 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

At our last inspection there was a failure to ensure a system was in place to meet the requirements of the duty of candour. This was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient action had been taken to improve and the provider was no longer in breach of Regulation 20.

- Systems were in place to ensure the appropriate action was taken in response to any notifiable safety incident.
- The registered manager understood their responsibilities under the duty of candour and worked in an open and transparent way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had worked hard following the last inspection to improve the outcomes for people. Throughout the inspection we observed staff positively engaging with people to meet their needs.
- Staff provided person-centred care and support and had positive relationships with people. They understood the needs of the people they supported well.
- Systems were in place for the sharing of information with relevant people and relatives said communication systems had improved. One relative told us, "We now have better communication, the management is 100% better."
- People were asked to provide feedback about the support they received. For example, during a lunch time meal observation we observed the chef talking to people to receive feedback about the food. One person told us, "We are asked to give feedback about care. The communication is very good from that point of view. Feedback is invariably acted upon."

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
Treatment of disease, disorder or injury	An effective system was not in place to ensure medicines were always managed safely. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	An effective system was not always in place to ensure compliance with the regulations. The provider failed to ensure effective oversight of medicines management was in place. Regulation 17 (1)(2)(a)(b)(c)