

Countrywide Care Homes Limited

Acorn House Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Acorn House Care Centre is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 32 people in one purpose-built building. Bedrooms comprised of 32 single bedrooms, all of which had en-suite facilities, spread over two floors. People had access to a number of communal areas, including quiet spaces and a garden.

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

The provider failed to ensure robust recruitment processes were consistently in place when recruiting new staff. Staff had not received regular supervisions and appraisals to support them in their roles. Medicines were not always managed safely, and we observed poor practice during our inspection. The registered manager failed to ensure care plans were person-centred, regularly reviewed and updated when needs changed. Staff also told us they did not read care plans, although were able to tell us how they supported people. The registered manager failed to ensure records were accurate and updated. The provider and registered manager failed to ensure audits were sufficiently robust to drive improvements and some audits were not being completed.

We have made recommendations about capacity assessments, dementia friendly environments and involving people in decisions about their care.

People told us they felt safe living at Acorn House Care Centre. Staff had undertaken safeguarding training and knew their responsibilities. The registered manager had addressed some staffing concerns from our last inspection and ensured staff were utilising their time better. The service had effective systems and processes in place to control the spread of infection and to learn from accidents, incidents and near misses.

Staff told us, and records confirmed, they completed an induction when commencing employment. The registered manager ensured staff completed a variety of training courses. 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.

The registered manager told us people had access to advocacy services. People told us staff were kind and caring and relatives were complimentary about staff. The service had equality and diversity policies and procedures in place. People told us staff respected their privacy and dignity; staff closed doors when supporting people with personal care.

The registered manager had ensured people's access to activities had improved since the last inspection. The service had an experienced activities co-ordinator in place and we received positive feedback about the increase in activities. People knew how to complain, and the registered manager had dealt with any complaints in line with policies and procedures.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 October 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicines, supervision of staff, recruitment, person-centred care and governance (including audits, record keeping and failure to improve) at this inspection.

Please see the action we have told the provider to take at the end of this 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Acorn House Care Centre

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with members of staff including the registered manager, activities co-ordinator and a care worker.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We sought feedback from staff members we were unable to speak with during our inspection, including care workers, a cook, a housekeeper and a maintenance person.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- Recruitment was not always safe. The provider and registered manager had not always followed robust recruitment processes. We looked at three staff recruitment files and found one person had been recruited without the appropriate disclosure and barring checks being carried out. The registered manager had not always completed interview record sheets in full to evidence why a decision had been made to recruit the person. The registered manager had not always ensured reasons for leaving previous employment were documented.

The provider had failed to ensure recruitment systems and processes were robust. This is a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the provider had failed to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons were employed to meet the needs of people using the service. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 18.

- Sufficient numbers of staff were employed by the service. We observed a much calmer and relaxed atmosphere during this inspection. Staff were observed spending time chatting to people and calls bells were answered promptly. People gave us mixed responses to staffing levels within the service. One person told us, "yes there is enough staff." Another person told us, "There is not enough staff at weekends and at night." Staff also gave us mixed responses. One staff told us, "Sometimes there is enough and some days there are less." Another staff told us, "Our home does use agency. However, they try and get regular agency, so they know the residents and the routine of the home. We are now fully staffed, in fact I believe overstaffed."
- The registered manager had ensured staff were utilising their time better to meet people's needs. Records showed there was still a use of agency staff, mainly at night or to cover sickness and holidays. The registered manager told us, "There is ongoing recruitment and staff are either newly in posts or in the recruitment process. We are aiming to recruit to 15% above the staffing levels we need." A new deputy manager had also been recently recruited.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on the safe management of medicines and act to update their practice. The provider had not made enough improvements.

- Medicines were not always managed safely. We observed a staff member left the medicines trolley unlocked and unattended on two occasions during our inspection. We immediately discussed this with the registered manager, who took action. The registered manager and senior staff had not ensured liquids and eye drops contained a date of opening or that they were discarded safely. For example, one person's eye drops should have been discarded on the 9 September 2019 and were still in use on the 11 September 2019. Numerous bottles did not contain a date of opening. Senior staff had not always ensured medicine administration records (MARs) were signed when a medicine had been given, or that handwritten MARs were dual signed to reduce the risk of errors in recording. The registered manager and staff had not ensured care plans detailed people's medicines.

The provider and registered manager had not ensured the proper and safe management of medicines. This is a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager ensured detailed protocols were in place for the administration of medicines to be given 'as required'. Staff told us they had received training in medicines administration and had their competency checked through observations and questions. People told us they received their medicines when they should.
- The registered manager ensured controlled drugs were managed safely and in line with legislation and guidance. Thickeners were stored safely.

Assessing risk, safety monitoring and management

- The registered manager ensured risks to people's health and wellbeing had been assessed. However, risk assessments had not always been updated to reflect changes. For example, one person had a choking risk assessment which stated they were at low risk. When we checked further records they evidenced the person was on a pureed diet and thickened fluids due to the risk of choking. Staff were providing the correct support despite records being incorrect. Risks within the environment had also been considered and reviewed in 2018. The registered manager told us they were due to review these in the coming month.
- The registered manager ensured equipment and installations were checked and serviced regularly. Fire safety systems and procedures were in place. People had emergency evacuation plans in place, detailing the support required in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had safe systems and processes in place to protect people from the risk of abuse. Staff had received training in safeguarding and knew their responsibilities.
- People told us they felt safe living at Acorn House Care Centre. One person commented, "Yes I feel safe here, as during the night they come around and check on you. During the day there is always a member of staff here if you need them."

Preventing and controlling infection

- The registered manager ensured effective systems and processes were in place to control the spread of infection. Staff had received training in infection control and knew their responsibilities, for example to wear personal protective equipment.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were recorded and body maps were completed. They also had a system in place for the monitoring of all accidents and incidents to spot for themes and trends.
- The registered manager ensured lessons learned were shared amongst the staff. They told us, "We share all information every morning when we have a flash meeting with heads of department, so it goes out to the team. Information also goes in handover sheets."

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received adequate supervisions and appraisals to support them in their roles. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- The registered manager told us, "Supervisions are supposed to be every three months, but being on my own with no deputy manager it has not been feasible. We need to catch up. Supervisions have been done task focussed rather than a proper one."
- Staff gave us mixed responses about supervisions and appraisals. One person said they had not had supervisions or appraisals, one person said they had appraisals every month and another person said they had received an appraisal with the previous manager.

Staff were not sufficiently supported in their roles through regular supervisions and appraisals. This is a continued breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us, and records confirmed, they had completed an induction when commencing employment. The registered manager ensured those staff who had no experience of working in care completed the care certificate. The registered manager ensured staff completed a programme of training courses deemed as mandatory. One person told us, "Some of the staff are fully trained and know what they are doing."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assessed people's capacity to consent to and make decisions about their care. Where people lacked capacity, staff followed the MCA code of practice to ensure any decisions made on their behalf were in their best interests. However, we saw capacity assessments were not always decision specific and were not always recorded in sufficient detail. The registered manager was aware of these issues and advised us they would be addressed.

We recommend the service consults legislation to ensure all capacity assessments are robust.

- The registered manager ensured appropriate applications had been made to the relevant authority, to deprive people of their liberty in the least restrictive way possible. People had not always signed their care plans to consent to care and treatment, however, staff regularly sought verbal consent from people during our inspection.
- Staff confirmed they had received training in MCA and DoLS and understood their responsibilities. Relevant policies and procedures were also in place to guide staff in their roles.

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

- The design and decoration of the service did not always meet people's needs. We discussed with the registered manager the need to make the environment more suitable for those people living with dementia. For example, sensory boards and sensory items to stimulate people. The registered manager was aware of this and had future plans for the environment.
- At our last inspection, the interim manager told us they were considering turning the garden room into a tea room as it was not used in its current design. The registered manager told us this was still a garden room and was still unused by people. We also saw the garden needed attention to make it more appealing. The garden remained the same at this inspection.

We recommend the registered manager and provider consults best practice guidance to ensure the environment meets the needs of those people living with dementia.

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

At our last inspection the provider failed to ensure those at nutritional risk were weighed regularly and to ensure those at risk of dehydration received adequate fluids. This was a breach of regulation 14 (meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink enough to maintain a balanced diet. The registered manager and staff had identified those people at risk of dehydration. However, one person's records showed they were to

have 1995mls of fluids in 24 hours due to recurrent infections. The fluid intake charts did not evidence the person was receiving this amount of fluids in a 24-hour period. For example, one day the total recorded was 400mls, another day 450mls was recorded and another day 600mls was recorded. The registered manager told us they were working with the provider around the way people's fluid requirements were calculated. They also assured us people were receiving adequate fluids and this was a recording issue. We have addressed this in the well led section of this report.

- The registered manager had created a 'hydration station' in the main lounge, on the ground floor. This area contained large containers of juice and water for people to help themselves throughout the day.
- The registered manager ensured those at nutritional risk were weighed and monitored on a regular basis. Staff completed weight charts and the registered manager monitored these and took appropriate action if there had been concerns. Staff completed food intake charts when necessary.

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

- The registered manager and provider ensured people's needs were assessed prior to them using the service, to ensure their needs could be met. Pre-admission assessments contained information about medical conditions, daily life skills, communication, sexuality, end of life wishes and religious/cultural needs.

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

- The registered manager and staff made appropriate referrals to health and social care professionals as and when required. For example, referrals to GP, dieticians and speech and language therapists. Staff were following the advice from these professionals; however, advice/instructions had not always been reflected in care records. We have addressed this in the well led section of this report.
- The registered manager ensured people were registered with a dentist. However, oral health care plans were not in place and staff had not received specific training in meeting people's health care needs. The registered manager assured us they would address this and consult best practice guidance.

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 has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care records did not evidence the person was involved in the decision-making process. People gave us mixed views about their involvement in making decisions about their care. One person told us, "I have never seen my care plan." Another person told us, "They come now and again and go through it with you." We recommend the service considers best practice guidance to ensure people are involved in all decisions about their care.

- People had access to advocacy services. These services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person told us, "They will do anything for you if you ask them; if you ask you will get." Another person told us, "Staff are friendly and polite." All the people we spoke with felt staff knew them well. One person commented, "They know me well and they get to know the family as well. They can have a laugh and a joke with them." Relatives were also complimentary about the staff. One relative told us, "They listen to [family member] and come up and have a word with both me and [family member]."
- In the main, staff interacted with people in a kind, sensitive and caring manner. The registered manager dealt with a concern we raised with them about a staff member during our inspection. People appeared comfortable around staff and enjoyed chatting with them.
- The service had equality and diversity policies and procedures in place to guide staff. Care staff we spoke with, told us they had received training in equality and diversity; records we looked at confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. One person commented, "If you want to be on your own, they leave you to it. They always knock before coming into your room." Staff ensure doors were closed when supporting people with personal care. We saw care records were stored securely and were only accessible to authorised staff.
- The service supported people to be as independent as possible. One person told us, "They leave you to be as independent as you can be."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

- Care was not planned in a personalised way to ensure people had choice and control and to meet their needs and preferences. The registered manager had not ensured care plans were set out how to meet people's needs in a person-centred way, were regularly reviewed, or were updated to reflect changes in needs. They told us, they were aware of the issues with care plans, which had also been highlighted at the previous inspection, but had needed to prioritise their workload due to having no deputy manager to support them.
- The majority of staff told us they did not read care plans and they found out all they needed to know through handover and senior staff. Their comments included, "I do not get any time to read care plans" and "We don't usually read care plans." Staff knew how to support people, despite not reading care plans.

The provider and registered manager failed to ensure people's care was planned in a person-centred way to meet their needs. This is a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 the last inspection the provider failed to ensure people had access to activities and stimulation to prevent boredom. This was a breach of regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of this part of regulation 9.

- The registered manager had recruited an experienced activities co-ordinator since our last inspection. People told us they were involved in a variety of activities. One person told us, "We play bingo, we have singers in, we play dominoes, we do craft work; we make things. We have been to garden centres." The activities co-ordinator brought their dog in for pet therapy throughout the week. We saw people really enjoyed this and one person was walking the dog around the home with much delight.
- The registered manager ensured people's religious and cultural needs were met. People were either supported to attend church or a priest/vicar came into the service.
- Relatives told us they were welcomed into the service and there was no restriction on visiting their family member. One person told us, "My family can come anytime."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibilities in relation to AIS. The registered manager told us, "We have a simplified version of the complaints process, we have an easy read service user guide and we will read things out for people with sight difficulties." There was a poster in the main reception explaining what the AIS was and what people could expect.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint if they needed to. Comments we received included, "You can complain to any of the staff and they pass it on straightaway", "I would go to the manager on duty first, and then depending on the outcome, I would follow up with the formal procedure" and "I would complain to the senior who is on." The complaints procedure was on display in the entrance of the service and accessible.
- The registered manager dealt with complaints in line with policies and procedures.

End of life care and support

- The registered manager informed us no one using the service was receiving end of life care at the time of the inspection. Care records showed people had been asked about their end of life wishes. Staff had documented if people had refused to discuss their end of life wishes. Some staff told us they had not had end of life training. The registered manager confirmed they were awaiting specific training for staff.

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 requires improvement. At this inspection this key question has remained the same. 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider failed to ensure systems were in place to improve the service, failed to ensure records were accurate and contemporaneous and failed to ensure action was taken when feedback was received. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager had been in post since 26 September 2018. The registered manager told us, they had been without a deputy manager for some time and had encountered a significant amount of staffing issues. This had impacted on their ability to fully meet the action plan put in place from the previous inspection, resulting in continued and further breaches of the regulations.
- The registered manager failed to ensure care records were accurate as discussed in other sections of this report. For example, care plans were not person-centred, did not reflect people's current needs, fluid charts were not always completed correctly and advice from healthcare professionals had not been transferred to care plans.
- The provider and registered manager had audits in place. However, these did not drive improvement or ensure action was taken to address any issues or concerns. The registered manager told us they were not completing some audits as they were already aware of the issues, for example, audits on care plans and risk assessments. Provider audits and human resource audits were also completed, only some of which highlighted issues we found on inspection.

The provider and registered manager failed to ensure records were accurate and person-centred, failed to ensure audits drove improvement and failed to meet the action plan submitted to us. This is a continued breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics

- The service was engaging and involving people using the service, but this needed to be embedded. The registered manager told us some of the challenges they had faced since the last inspection. This included recruitment, leadership and engaging relatives. They felt the service was still in a transition stage.
- The registered manager had held meetings with people and relatives. Records showed minimal engagement from relatives with the last meeting having four relatives attend. However, these were well attended by people. There was a 'you said, we listened' notice board in the main entrance of the service. This contained company-wide information, however the registered manager told us they would be doing one specifically for the service. Staff told us they had staff meetings and that staff morale had improved in recent times.
- The registered manager told us they were due to send surveys out to people, relatives, staff and external professionals. People and staff confirmed they had been asked to complete surveys in the past.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open, honest and transparent throughout the inspection. They were aware of all the issues we brought to their attention and felt that the recent appointment of a deputy manager would support them to make the necessary improvements.
- The registered manager promoted and encouraged candour through openness and honesty from staff, for example reporting incidents or complaints.

Working in partnership with others

- The service had links with the local community including local churches and schools. People were supported to attend community provisions where possible.
- The registered manager worked with external healthcare professionals and had a good relationship with them.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider and registered manager failed to ensure people's care was planned in a person-centred way to meet their needs.</p> <p>Regulation 9 (1)(b) and (c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider and registered manager had not ensured the proper and safe management of medicines.</p> <p>Regulation 12 (1)(g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider and registered manager failed to ensure records were accurate and person-centred, failed to ensure audits drove improvement and failed to meet the action plan submitted to us.</p> <p>Regulation 17 (1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p>

The provider had failed to ensure recruitment systems and processes were robust.

Regulation 19 (1)(2)(3).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not sufficiently supported in their roles through regular supervisions and appraisals.

Regulation 18 (2)(a).