

Mencap in Kirklees

Castle Hall Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Castle Hall Residential Care Home is a residential care home providing personal and nursing care to people with a learning disability aged 18 and over. The service can support up to 16 people in one building. At the time of this inspection the service was supporting 14 people.

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

There had been a deterioration in the quality of the service since our last inspection. Audits had not been completed and there had been a lack of provider oversight since the quality monitoring officer had left the organisation. There were missed opportunities to put in measures to ensure the service remained good. The deterioration in the quality happened at a time when some of the people at the home were ageing and developing conditions associated with older age and a learning disability.

Records to confirm people who needed support to drink were not accurately completed to show people were drinking enough. Healthy meals were on offer, but people were not always choosing the healthy options which some people needed to remain healthy.

Improvements were required in how the service assessed and managed risk, for people who had developed physical health needs, to ensure the necessary control measures were in place to help keep them safe.

Recruitment practices were safe, and there were enough staff to care for people. However, during our inspection there had been a high usage of agency staff, which had a detrimental effect as they were not as familiar with people as the permanent staff. Staff had not been trained in subjects related to physical health needs.

Medicine management procedures were in place and on the whole medicines were managed safely. Staff were appropriately trained, but their competency levels had not been recently checked.

For those people whose health needs had deteriorated, record keeping did not give a full picture of the care they were receiving. Staff were not consistently recording when they had met a person's care needs, and there was a lack of monitoring. Care plans were not all up to date to reflect people's needs which posed a threat of unsafe care. Those that were up to date were very person-centred and detailed.

Our observations throughout the inspection showed people were happy living at the home. They liked the staff, the environment and what was on offer. Those who could tell us confirmed they were supported by care and ancillary staff who were compassionate and caring.

Regular checks of the buildings were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used.

The home had referred people who had restrictions on their liberty to the relevant authorities. 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 encouraged to participate in a range of different activities and there was an activities coordinator who consulted with people to ensure they were involved with meaningful occupation. People were supported to go on holiday to a place of their choosing.

Complaints were reviewed and responded to in line with company policy.

The service applied the principles and values of Registering the Right Support for some people who use the service. This helped them to live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

Rating at last inspection was good (published 24 August 2018)

Why we inspected

The inspection was prompted in part due to concerns received about the number of hospital admissions from this service and the deaths of two of those people whilst in hospital. One of which at the time of writing this report is subject to further investigation. A decision was made to inspect and examine those risks.

The information CQC received about the incidents indicated concerns about the management of constipation. This inspection examined those risks and we found that the provider needed to do more to ensure safe care delivery for people in line with potential risks identified. The provider acted immediately to mitigate these risks and implement new systems to ensure people's safety.

Enforcement

We have identified breaches in relation to safe care and treatment, accurate and complete care records, staffing, supporting people to eat and drink and how the service is managed. The provider was very responsive to our concerns and has taken immediate action to mitigate the risks of harm to people.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within six months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe

Details are in our Safe findings below.

Inadequate ●

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 caring

Details are in our Caring findings below.

Good ●

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 well-led.

Details are in our Well-Led findings below.

Inadequate ●

Castle Hall Residential 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 Care Act 2014.

Inspection team

This inspection was carried out by two inspectors on the first day and a specialist adviser with clinical nursing expertise. The subsequent days were carried out by one inspector.

Service and service type

Castle Hall Residential Care Home 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

Before the inspection we had contact with the local authority safeguarding team, commissioners and the police. We reviewed all the information we held about the service including information they are required to send us such as statutory notifications. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with ten members of staff including the finance director, registered manager, deputy manager, team leaders, support workers, the activities coordinator and the cook. We observed care provided in communal areas and at meal times. We reviewed a range of records. This included five 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 also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with commissioners from both health and social care services who acted to support the service.

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 good. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm. We found improvements were required to ensure care was provided in a safe way for people living at the home. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and confirmed the actions they had taken to address the issues.

Assessing risk, safety monitoring and management

- Risks assessments had not been updated when people's needs had changed which meant the correct level of risk had not been determined. This included choking risk assessments, moving and handling risk assessments, bed rail risk assessments, constipation, dehydration, falls risk assessment and infection control risk assessments. This meant measures to mitigate risks to people had not been incorporated into their care plans.
- Moving and handling risk assessments in place were not in line with best practice, which meant some needs such as postural stability was not adequately considered. Moving and handling care plans did not consider all the equipment needed to move a person.
- For people whose mobility had changed, their care records gave conflicting information about their mobility and the support they required from staff, which posed a risk of inappropriate care particularly with the high number of agency staff.

People were placed at risk of harm due to poor risk management. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our concerns. They confirmed actions had and were being taken to ensure risks to people were assessed and managed.

- The premises were well maintained. Checks of the building were completed and recorded.

Staffing and recruitment

- On our first two days of inspection, there was a high use of agency staff. We were told there had been an increase in the use of agency staff as a result of staff vacancies, difficulty recruiting and sickness. The agency staff were all observed to be kind and caring but they did not know people well. We observed they had no option but to constantly disturb the senior member of staff for guidance which meant the senior was unable to get on with their duties and was put under pressure.
- Staffing levels had not increased when the service was supporting a number of people with complex needs. They had not increased when staff took on additional roles such as covering for the cook, making tea and weekend lunches.

- Recruitment practices were safe and the process for ensuring all checks were in place was undertaken by the provider's head office. Vacant posts had been widely advertised, and three new care staff were due to start the week following our inspection.

The lack of sufficient numbers of staff who knew people well, meant people's safety was compromised. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to our concerns and confirmed actions they had and were taking to ensure staffing arrangements met people's needs.

Using medicines safely

- Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. We checked to ensure these were followed and on the whole medicines were managed safely. There were some improvements required around the administration records for creams. Staff competencies to administer medicines were out of date.
- One person had run out of one of their medicines and although staff had chased this up with the GP, no additional checks had been put in place to measure any effects of this missing medication for the person.
- One person received their medicines covertly (hidden in food or drink) and we saw appropriate records were in place.
- Medication audits were completed weekly, monthly and every three months. There were gaps when audits had not been completed, actions identified not completed or reviewed, with little or no oversight which meant there was no evidence to show they were used to improve the service.

Preventing and controlling infection

- The home was clean and we saw domestic staff diligently cleaning all communal areas on a regular basis.
- There were no clear records to confirm shower chairs were on a cleaning rota, but this was remedied as soon as we brought it to the attention of the manager.

Learning lessons when things go wrong

- Not all accidents and incidents were recorded and those that were did not always show a thorough analysis to make sure actions had been taken to keep people safe.
- Where incidents had taken place, these had not automatically resulted in a review of a person's risk assessment and care plan to minimise risks of further harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and were aware of the processes to follow. They told us they were confident management would act on any concerns and if they didn't, they said they would report this to a higher level.
- When we reviewed people's records we found some evidence staff had not always recognised their actions could cause harm. For example, we saw an entry in a record which referred to an injury which may have been caused by shearing forces when moving a person, but staff had not escalated this.

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 good. At this inspection this key question has now deteriorated to requires improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We had concerns about how the service ensured people had enough to drink. Some people were on fluid charts to ensure they were supported with enough to drink. Information was not recorded at the time, and there were no target levels for all people on a chart and the amount taken was not totalled. It was not clear who was monitoring this and what actions were taken if a person had not had much that day.
- We were concerned with some of the meal choices people had made particularly in terms of dietary fibre. The cook told us people were offered "5 a day" healthy options each day. Home-made soups were on offer to incorporate a range of vegetables. Fruit was readily available. However, people were not always choosing healthy options and more could have been done to ensure this did not have a negative impact on people's wellbeing.
- The cook had a good understanding of people's dietary needs in terms of who required a fortified or textured meal. They had not been provided with information in relation to people who might be at risk of constipation, so they could be involved in helping people choose diets higher in fibre.
- The service was a cook down, which meant staff were preparing meals for people without specific training. They had been trained in food hygiene requirements.

The concerns around supporting people to eat and drink enough was a breach of Regulation 14 (meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised this as an immediate concern for the manager to address. The provider acted immediately to raise staff awareness, improve monitoring and recording and to encourage people to eat healthily. The registered manager advised us there had been an immediate positive outcome from these interventions.

- We observed the lunchtime experience. The atmosphere was calm and relaxed. We observed a staff member encouraging a person to eat their meal. Their interactions were warm and gentle. A range of fresh fruits were available, and we saw people making their own choices.
- People at the service were involved in designing the menu and each person had their own menu plan.

Staff support: induction, training, skills and experience

- Staff received a thorough induction into the service. They were required to complete the Care Certificate to ensure they met the minimum standards of care.
- Staff received supervision and had recently had an appraisal of their performance. They told us the

registered manager was very supportive.

- We were provided with a training matrix following this inspection which showed the training each member of staff had undertaken, and this was in line with registered provider's requirements. However, there were gaps in staff knowledge and training, which had not been identified by the provider. This was particularly around supporting people with physical health needs.

This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management team had acted proactively to seek training opportunities to support staff to gain the required knowledge and skills.

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

- Care records evidenced the involvement of external health care professionals. This included GP's, community nurses, dieticians, speech and language therapists, opticians, dentists and community learning disability professionals.
- The service had developed links with health care agencies, although struggled at time to get an immediate response where services operated waiting lists. One member of staff said, "It can be quite soul destroying getting through the red tape."
- The care records we reviewed included a hospital passport (VIP) but these had not been fully updated when people's needs had changed. This information provides detailed information for hospital staff about each person's health and support needs, likes, dislikes and preferences which is why it is essential to be updated when people's needs change.

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

- Since our last inspection, work had been ongoing to make the environment personalised and homely. Bedrooms had been decorated to a high standard and people had been involved in choosing the wall coverings and furnishing. The registered manager had supported one person fascinated by horses to decorate their bedroom as a stable, along with a life-sized mural of a horse, we were told, much to the delight of the person.
- The service had overhead tracking hoists to some bedrooms and bathrooms, and the use of mobile hoists in the communal lounges. Work was to be completed on a new care call system which would also help monitor response to call times.

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.

- It was clear from talking to staff and observing their practice, they respected people's right to make

choices and be involved in making decisions about their care and support.

- Mental capacity assessments were decision specific and there was evidence which indicated appropriate people were consulted when decisions were made in people's best interests.
- A tracker was in place which showed when applications had been made, who had authorisations and the expiry date and whether there were any conditions on the DoLS. We checked conditions on one person's DoLS with the registered manager who was able to tell us what this was and what was to be done about it.

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

- People's physical, mental and social needs had at some time been holistically assessed, but our inspection findings showed flaws in the systems used to identify when people's needs were changing. The service involved expert professional bodies when they identified the need, but coordination and communication between services had not always happened effectively. Most people at the service were well cared for and were happy at the home and led fulfilling lives, achieving effective outcomes.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 who could communicate verbally told us how caring the staff were and how much they liked living at the home. Comments included, "Staff are caring", "I'm happy here, I get on well with staff." Another said, "Brilliant. I was very lonely. I've got more people to talk to. The staff are really nice."
- We observed some positive interactions between people and staff. We noticed how one person who was distressed at one point completely calmed down when staff were able to spend one to one time with them.
- Staff were caring and compassionate when supporting people. Staff told us they provided personalised care. One said, "You personalise it for each person, their needs, wants and preferences. We try our best here. All the staff try their best every day." They also said, "You can tell by people's mannerisms by just watching someone. Two staff have just taken people on holiday. You wouldn't do that if you didn't care."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as disability, religion, gender and race. Our conversations with people and staff confirmed people's differences were respected and promoted.

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

- Staff told us they involved people in devising their care plans. They said, "I sat with [Name] whilst doing his care plan and he could give me his preferences."
- Staff had used technology to help people choose activities and purchases. One said, "If anyone is planning to go on holiday we will show them things on line. We show them quite a few things."

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us what it meant to treat people with dignity and respect. People who could speak with us confirmed this.
- Staff knocked on doors prior to entering people's bedrooms. We observed staff speaking discreetly with people to reduce the risk of other people overhearing their conversation.
- We saw people were involved in the day to day running of the home. People helped to set the tables for lunch and they told us they enjoyed this. People helped to clear the tables after lunch which helped maintain their independence.
- People's personal information was respected, and we saw documents were locked away in the offices when not in use.

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 good. At this inspection this key question has deteriorated to requires improvement.

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

- Care plans were not up to date and contained information which was no longer relevant. When people's needs had changed this had often been referenced in the review section, but the care plan section had not been updated. This posed a risk of inappropriate care.
- Staff told us that staffing issues had meant they had not had the time to update people's care plans, but also told us some staff did not see this as a priority.
- Daily records did not evidence consistent monitoring of people's health needs. For example, one person with a skin condition which had required treatment did not have a record to show this had been monitored daily.

The service had failed to maintain an accurate, complete and contemporaneous record for each person. This was a breach in regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider acted immediately to implement improvements actions for care records.

Meeting people's communication needs

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

- Information was available in different formats to support people's communication needs from large print to easy read.
- Staff told us they supported people to make choices during the day through alternate communication methods. One said, "Some of our residents we use picture cards, [Name] We will try to show things and point at stuff."

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

- People's bedrooms had been personalised and designed in line with their interests and preferences. Staff had worked with people to ensure they were fully involved in the process, and they were very proud of their bedrooms.
- We observed a group of people playing a game in the lounge. People were enthusiastic and chatted freely with staff. We saw people smiling and laughing throughout.

- The activities coordinator told us they involved people in choosing activities through regular meetings. People were able to do a range of activities from "Interactive games like play your cards right and large dominoes." They also said they worked regular weekends and evenings dependent on what people wanted to do and included "Lots of community access."

- For some people we noted staff had not recorded what activities they had undertaken, and in some cases, detailed they chose not to take part, when they did not have the ability to make any choice

- People were encouraged and supported to develop and maintain relationships with family and friends. Some people attended day care to maintain contacts and avoid social isolation. One person said, "I see my mum a lot." Another person's friend had been consulted with about a best interest decision and while on inspection we heard staff speaking with relatives about the care of their loved ones.

Improving care quality in response to complaints or concerns

- The provider had process in place to manage complaints. Only two complaints had been recorded and these had been acted upon to ensure they were resolved to the satisfaction of the complainant.

End of life care and support

- Staff had not all received end of life care training.

- The local hospice was contacted during our inspection for guidance and to support staff for one person who had reached this stage in life. This meant the person could remain at the service. After their death the home received the following positive feedback. "The carers were extremely receptive to the advice and support provided and sought appropriate advice when needed, and this showed in the delivery of the highest standards of care enabling [name] to have a good death."

- People's end of life wishes had been recorded in their care plans.

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 good. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was evidence of a lack of leadership at all levels and inadequate support provided to the registered manager to enable them to fulfil their role.
- The provider had recently employed additional support such as a deputy manager and an administrator but the effects of not having this support previously had affected the registered managers ability to lead the team.
- Regular checks of the buildings were carried out to keep people safe. The home had safety certificates in place for the premises and the equipment they used to meet legislative requirements.

Continuous learning and improving care

- There had been a failure to identify areas of care delivery which needed to improve, which meant opportunities were missed to ensure people received safe care and treatment. This included a lack of quality checks on care plans, care intervention records, training needs analysis, assessment of risk, and medication.
- Audits to monitor the quality of the service had not been completed or had been poorly completed to ensure the service continuously improved.
- Audits had not consistently identified areas of practice which were unsafe and required development such as learning from accidents and incidents.
- The provider had failed to recognise the importance of accurate recording of people's care records to evidence care had been provided in line with people's current and changing needs. This meant they could not evidence whether it was a failure to record or an omission in the care provided.

The ineffective systems in place to assess, monitor and improve the quality of service provided. This is a breach of the Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff described a supportive team where everyone pulled together to ensure they covered people's shifts for holiday cover and sickness. New staff told us how welcomed they had been made to feel on arrival.
- Staff told us how much they loved working at the service and how supportive the registered manager was. One said, "Manager is very supportive." Another told us the chief executive officer had been very helpful in the absence of the registered manager.

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 provider and all staff had been open and honest during our inspection and were responsive to the concerns raised about the standard of care. Action plans were quickly put in place to rectify immediate concerns.
- Ratings were on display from their previous inspection both at the service and on their website.

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

- Staff and people were asked for their views at various meetings. The provider's engagement team held a session to gather residents feedback. We saw records which showed staff meetings had taken place although not all the minutes were available.
- The service maintained its links with the local community. An annual garden party was due to take place at the time of the inspection where the local community was invited, but this was cancelled.
- People from the provider's day service tend to the garden at the home each week as part of a gardening project.

Working in partnership with others

- The service worked in partnership with commissioners from the local authority and with partners in the health service. This included the community learning and district nursing services.

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 People were placed at risk of harm due to poor risk management. Not all risks had been assessed and mitigated to reduce the risk of avoidable harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs Records to show people had been supported to drink and eat enough were not contemporaneous. There was a lack of monitoring to ensure people were having enough to drink or to eat the foods required to remain healthy.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records were not up to date or accurate reflecting people's current and changing needs. Audits had not been updated to ensure the quality of the service delivered was measured. There had been a failure to identify some aspects of service delivery was deteriorating.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The lack of sufficient numbers of staff who knew people well, meant people's safety was

compromised.

Staff with the right skills, knowledge and competency were not in place. There had been no training needs analysis which would have identified the gaps in staff knowledge and skills particularly around physical health needs.