

# Four Seasons (JB) Limited Park House

## Inspection report

93 Park Road South  
Prenton  
Merseyside  
CH43 4UU

Tel: 01516521021

Date of inspection visit:  
05 November 2019  
06 November 2019  
07 November 2019

Date of publication:  
11 December 2019

### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Park House is one adapted building across three floors that currently have two separate units, each of which have separate adapted facilities. At the time of the inspection there were 63 people using the service many of whom were living with dementia and age-related health conditions. The service is registered to provide care to 111 people. The service has recently changed the homes outlay to two units instead of the previous five units.

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

Feedback we received from people, their relatives and staff indicated that improvements had been made to the care being provided and the management of the home. We were told that the atmosphere had improved and this was noticed by inspectors during the three days of inspection.

At this inspection we found improvements in all areas however additional improvements were needed regarding medication, reporting and recording in regard to people's well-being and governance. As these changes were very recent the provider and interim manager were aware that the improvements needed to be sustained.

We saw improvements had been made to the environment and this was ongoing. We saw the positive impact this had had on the living conditions for people living in the home. Improvements had been made to the management of health and safety issues; however, we saw access to a fire extinguisher was blocked. This meant we could not be certain about staff knowledge regarding fire safety processes.

Care plans and risk assessments were in place that reflected the needs of the people, however we identified that some information held in care plans was not always reflected in other documents which were for the guidance of the staff delivering the service.

The provider had implemented new systems that monitored the service and the electronic system in place was now being utilised appropriately by staff. This meant that the auditing systems were more robust and helped to improve the service. However, as we found continued breaches of regulation. We identified that the audits needed to be sustained.

Staff were recruited safely and received regular training, received supervisions, attended staff meetings and had regular practice checks.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely and referrals were made to other professionals in a timely manner, when people living in the home were in need.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff we spoke with knew people's dietary needs and people told us they enjoyed the food available to them and

were able to choose alternative meals if they did not like what was on the menu.

The provider had implemented new processes so the people living in the home were starting to access enjoyable and fulfilling activities.

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.

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: The last rating for this service was inadequate (published 31 May 2019). The service remains rated inadequate. This service has been rated inadequate for the last two consecutive inspections. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

#### Enforcement

We have identified continues breaches in relation to Regulation 12 (Safe care and treatment) in relation to medication, recording and reporting. Regulation 17 (Governance) in relation to the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Since the last inspection we recognised that the provider had not managed medicines safely, robustly monitor people's well-being and have an effective governance process of the service. This was a breach of regulation. Full information about CQC's regulatory response to this is added to reports after any representations and appeals have been concluded.

#### Follow up

This service has been in Special Measures since 31 May 2019. During this inspection the provider demonstrated that improvements have been made, however additional improvements are needed.

The overall rating for this service is 'Inadequate' and the service remains 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 6 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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-Led findings below.

# Park House

## 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

The inspection was carried out by one inspector, one medicines inspector, one assistant inspector, one specialist advisor and two experts by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Park House 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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, Healthwatch Wirral and professionals who work with the service. 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 this information to plan our inspection.

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. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with thirteen members of staff including nurses, care workers, maintenance representative and the chef. We also spoke with representatives from the provider, the interim manager and a visiting GP. 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 seven people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were 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.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. 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 that the provider had made improvements to the way medicines were managed. However, further improvements were needed in the home. The provider was still in breach of regulation 12 in regards to medication management.

- Records for adding thickening powder to drinks for people who have difficulty swallowing, were not always completed, therefore we were not assured people's drinks were thickened, placing them at a risk of choking.
- The time a medicine was administered was not documented for time sensitive medicines, so for example staff could not be assured that the four-hour time interval between paracetamol doses had been observed.
- Additional records to support staff with the administration of 'As when required' medicines were not always in place; therefore, staff would not be aware of when people needed their 'when required' medicines.
- Medicines were not always signed as having been administered, therefore we were not assured people were getting their medicines as prescribed.
- Medicines were not always kept securely; staff were not following the home's policy.
- We observed medicines being 'potted up', not within properly labelled packaging, by an agency nurse. The management at the home took swift and appropriate action to stop this practice.
- Staff were not following the correct process when administering medicines to people with complex medical needs.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risk safely. 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 that the provider had made improvements to the way risk and safety was monitored and managed. However, further improvements were needed in the home. The provider was still in breach of regulation 12 in regard to risk management.

- The completion of monitoring information such as charts for nutrition and fluids had improved. However additional improvements were still needed, as we identified records that were still incomplete. This meant there was a continued risk of information not being logged and available to staff.
- We had previously identified that some people did not have access to their call bells. This had improved,

however at this inspection three people still had no access to call bells and there was no explanation in their care files to say why this was. This meant there was a continued risk of people being unable to call for assistance if they needed help.

- People's risk assessments had been reviewed. Some care documents had been reviewed and changed, however this was not transferred to records kept in people's room to guide the staff.
- There had been significant improvements to both internal and external areas. This meant the environment was now suitable for people living in the home. However, we observed a cabinet pushed up against a fire extinguisher that raised concerns about staff knowledge and practice in regards to fire safety.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to manage systems and processes in regards to safeguarding people from abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) and 17 (Governance) 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 13 and 17 in relation to managing systems and processes in regards to safeguarding people from abuse.

- The manager had sole responsibility for the monitoring of the electronic system the provider had in place for the reporting of accidents and incidents. This was now being used effectively by staff. This meant that trends and themes could be effectively monitored and acted on in a timely manner.
- The provider's disciplinary process were now being used effectively.
- The majority of the feedback received from people and their families reflected that they felt safe living at Park House. Comments from people and their families included "I feel safe because the staff here are very good" and "I wouldn't leave him here if I didn't think he was safe." However, we also received a small number of negative comments that have been passed over to the management.

#### Staffing and recruitment

At our last inspection the provider had failed to manage systems and processes in regard to staffing and recruitment. This was a breach of regulation 18 (Staffing) and regulation 17 (Governance) 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 18 and regulation 17 in regard to managing systems and processes in regard to staffing and recruitment.

- Staff were recruited safely with appropriate checks being undertaken before they started employment. Staff previous conduct had been risk assessed if appropriate.
- The home had condensed the previous five units to two and this had improved staffing as there were fewer people living in the home.
- There remained a significant use of agency staff, however the manager was aiming to have regular staff on duty to ensure continuity of care.

#### Preventing and controlling infection

At our last inspection the provider had failed to manage systems and processes in regards to preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) 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 12 in regard to infection control.

- Personal protective equipment such as gloves and aprons were very much available all around the home. An infection control audit and action plan were made available to us so we could see progression and improvement.
- People and relatives we spoke with told us they thought the home was clean. Comments included "Everything's spotless" and "The cleaners are always up and down."

Learning lessons when things go wrong

- The manager used the improved electronic system to audit accident and incidents to identify trends. This had improved in effectiveness.
- We saw how lessons were being learnt through any errors that had been identified. An example being previous inspection findings had been used as an improvement and learning tool.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. 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 had failed to provide appropriate induction and support for staff. This was a breach of regulation 18 (Staffing) and regulation 17 (Governance) 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 18 and regulation 17 in regard to providing staff support.

- Induction processes had significantly improved. We saw that both permanent and agency staff had completed robust inductions and had their competencies checked.
- Staff training attendance had improved and compliance with the provider's training programme was over 82%. The provider's trainer was on hand to come into the home to carry out face to face training with staff if needed.
- We identified during the last inspection there was a lack of staff knowledge in regard to dementia. During this inspection we were able to speak with staff who were able to discuss how to support people with dementia appropriately. The provider had stripped the dementia training back to basics and we saw that this had been attended regularly by staff.
- Staff had attended both individual and group supervision, these were signed by both the supervisor and supervisee. We also saw the planned supervisions regarding the recording of information.
- We discussed with the manager and provider the issues we found in regard to staff knowledge surrounding recording, medicines and awareness of fire safety. We were told of the planned improvements the provider had in place.

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

- The home previously had five units over three floors. During this inspection we found this had been changed to two units over two floors. This had improved the staffing and atmosphere of the home.
- The décor and maintenance of the home had improved, and this was an ongoing process.
- There was a plan in place to improve the entrance to the home so that people were able to access lifts without going into a utility area.

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

- Assessments of people's needs were now detailed, expected outcomes were identified and care and support was reviewed when required.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's weights were monitored and referrals to other services such as dieticians, were made in a timely manner. One relative said "They (home) are very good when it comes to getting a doctor and an optician also comes in."
- Daily meetings within the home had identified that speech and language recommendations had not been followed in regard to food preparation. This was discussed with the manager who was able to say how this has been addressed and how additional meetings had been arranged to go over details and the importance of this.
- We observed mealtimes and saw these had improved. People were offered condiments with their meals and the appropriate menus were available for people.
- People were able to eat where they wished, and were supported to eat by staff who were caring and patient. However, some people who were in bed had their meals placed next to them and were clearly asleep. We were uncertain if these people were able to access their food as it was still next to them some time later.
- We spoke with a visiting GP who conducted a weekly 'ward round' and they told us that the home had improved in recent months.

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.

- People had a mental capacity assessment carried out for areas of their care where they were deemed unable to consent. We saw evidence that a two-stage assessment process had been used to determine a person's capacity to make the decision. Relatives and health professionals had been consulted appropriately.
- Where a DoLS was required for people with restrictions to their daily life this had been discussed with relatives and health care professionals at a best interest meeting. The appropriate documentation was in place within the care records.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At the last inspection the provider had not ensured people were respected, and well supported. This was a breach of Regulation 9 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 9.

- We observed that staff treated the people living in the home with dignity and respect.
- Staff were caring and responsive when meeting the needs of people. Where people displayed non-verbal cues when they required support, staff were observed to respond to people. If people became disorientated or displayed any distress, staff support was completed in a respectful manner and in the least restrictive way without unnecessary physical intervention.
- During the last inspection we identified significant breaches of confidentiality. At this inspection we did not see any confidentiality breaches and the previous instance had been investigated and action taken.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- The majority of people and relatives we spoke with told us they thought the service had improved recently and felt the staff were caring. Comments from people included "I have to rely on people more and more, the staff are very caring" and "I'm cared for well." Relatives also commented that staff were "Always very polite and courteous" and that the staffs' approach was "Caring, kind and friendly, I like it."
- We asked people and their relatives if they thought the staff knew them well and received a mixed response. People believed the permanent staff knew them very well. However, concerns were raised about the use of agency staff and their potential lack of knowledge. Comments included "I worry about the reliance on agency staff, they don't have the care knowledge of regular staff."

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

- The provider was holding regular meetings with relatives and people living in the home to keep them updated with the progress of the improvements in the home and to give people the opportunity to discuss any issues.
- The manager and provider were in the process of meeting with people about the care plans in place and this was an ongoing process. However, the people and families we spoke with had not had sight of their care plans.

- We saw that some people had made very clear decisions about how they chose to spend their day and where they wanted to eat their meals. Their choices were respected.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

At our last inspection we found that the provider had not managed complaints adequately. This was a breach of Regulation 16 (Receiving and acting on complaints) and Regulation 17 (Governance) 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 16 and regulation 7 in regard to the management of complaints.

- People we spoke to and their relatives told us that they would not hesitate if they had any complaints and felt comfortable raising any complaints.
- The complaints documents provided showed that complaints received had been investigated appropriately.
- Discussions with relatives showed that there was a historic issue of not being listened to. However, feedback showed this had improved in the previous three months.

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 the last inspection the provider had not planned personalised care. This was a breach of Regulation 9 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 9.

- The provider had recently employed additional activity co-ordinators to help support people access meaningful activities. The provider had a representative from their head office who had a central services role assisting with the activities. This person was also responsible for developing the staff's knowledge of sensory activities for people with dementia. This was a recent development for the home and was in the process of being implemented.
- As the improvements were recent we received mixed feedback from people and their relatives. One person told us that they "Felt that the home had become a bit more brighter over the past few months and that the activities have improved, but still sometimes a bit hit and miss." One relative told us "There's now a little bit more going on, activities wise and more music."
- The manager and provider had plans in place to sit with people and their relatives to discuss their interests, likes and dislikes. We saw evidence that this had started with activities co-ordinators chatting

about people's histories such as working on 'the ferries' or football club involvement.

- Improvements had been made to the information held in people's care plans. These had been reviewed regularly and held information that matched risk assessments. However, we identified that those people who lived in the home with mental health needs did not always have this recognised in their care plans. We discussed this with the provider who immediately sourced training for staff and planned to review the care plans.
- The majority of staff we spoke with knew the people they were supporting, however we identified staff who did not have knowledge about specific needs of people. This was raised with the manager and provider who assured us that this would be addressed immediately.

#### 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 provider was able to provide information such as complaints information in different ways for the benefit of the people living in the home.
- Care plans held information about how people preferred to communicate. They also gave guidance on how to support people to access their communication aids for example glasses and hearing aids.

#### End of life care and support

- At the time of inspection no one living at Park House was receiving end of life support.
- When appropriate, people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) discussion with relatives and health professionals had been involved with this process. The DNACPR form was not always readily accessible in the front of the care records. The senior staff member addressed this on the first day of the inspection.
- Staff understood how to support people and their families at the end of their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory 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; Continuous learning and improving care

At our last inspection the provider had failed to robustly manage the service this meant people had been at risk of receiving poor quality care. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had made improvements to the way the service was being managed. However, further improvements were needed in the home. The provider was still in breach of regulation 17 in regard to governance.

- Park House was being managed by an interim manager and the provider was heavily involved in the day to day running and improvement of the service. The provider was, at the time of inspection, recruiting for a registered manager.
- Oversight of the service had improved, and audits were more effective as we could see these were helping to drive improvement. However, we identified continued issues with medicines and documentation, so audits in place had improved but needed additional improvements.
- The provider had implemented new processes such as a monthly clinical analysis which looked at aspects of people's care such as falls, people's weight loss, and if people had infections. This was effectively used to ensure people's care was safe and monitored.
- The provider had used the previous inspection findings to help improve the service however, the improvements were recent and the provider needed to embed them into the home.
- The provider had been open and transparent with people, relatives and staff and had the previous inspection ratings visible in the home.
- The interim manager and provider were fully aware of the continued improvements needed and were committed to ensuring that the improvements took place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- At the previous inspection we identified that there were issues surrounding the communication with management, staff and relatives. We saw that this had improved.



- Feedback we received from staff said how the management had improved. Comments included "[Provider representatives] are really good and liaise with me and improve the small things. I never feel unsafe or stuck." We were also told by another staff member how they now look forward to coming to work. Staff suggestions were now listened to, for example starting to organise a dementia café or have an internal garden.
- Relatives also commented "There has been a significant improvement in the home over the last six months, more open, brighter, airy, less of an institutional feel." Another relative said "Staff morale seems good at the moment, it hasn't always been."
- We saw that meetings had regularly been held with staff and relatives. The provider and manager had listened to people and their relatives and were implementing changes, for example improving activities. However, we still received feedback from some people and their relatives that they did not know who the manager was. This indicated that the improvements were quite new and needed to embed in the service.
- During the inspection we spoke with a visiting GP who discussed with us the importance of having staff who have good knowledge available in the on his planned visits. This was fed-back to the provider and senior care staff who immediately met and devised a new system to ensure this happened. This showed that communication and cohesive working had improved in the home.
- We saw how working with other professionals had improved and that for the most part guidance was followed.
- Where we identified there were any issues the provider and manager were very responsive and worked with us during the inspection.

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	Medications were not managed safely and people's well-being was not robustly risk managed.

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	The provider failed to robustly manage the service this meant people had been at risk of receiving poor quality care.