Nursing Home Management Limited

Avenswood Nursing Home

Inspection report

20 Abbotsford Road
Blundellsands
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27 September 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 26 & 27 September 2017 and was unannounced.

Avenswood nursing home provides nursing care for up to 19 people. The home is situated in Blundellsands area of Merseyside, conveniently located for shops, parks and public transport. It is a detached house with both single and double rooms. Some have ensuite facilities. Accommodation is provided over four floors accessible by using a stair lift. There is no passenger lift. There is a garden to the rear of the building.

There were 15 people living in the home at the time of the inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found medicines were not always being administered and managed safely. There was no locked facility in the cupboard used to keep some medicine secure. The temperature of the medicine fridge was not always recorded. Quantities of medicines received in to the home had not always been recorded or dated when received.

People said they felt safe at all times. A range of risk assessments had been completed to monitor and improve the quality and safety of people's care.

The staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training.

People we spoke with felt there was enough staff on duty. There was a nurse and three care staff on duty each day. A nurse and one carer worked each night. Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. They were supported through induction, regular supervision, appraisal and the provider's training programme.

The home was clean and tidy with no unpleasant smells. Bathrooms and toilets contained hand washing and drying materials.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. The general environment was safe and well maintained.

People received nutritious meals which met their dietary needs and preferences. Plenty of snacks and drinks were served throughout the day and people had a milky drink in the evening. People had their meals served

on a tray in their room.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

Staff sought people's consent before providing support or care. The home adhered to the principles of the Mental Capacity Act (2005). Applications to deprive people of their liberty under the Mental Capacity Act (2005) had been submitted to the Local Authority.

People told us the staff were very kind and very patient. Staff knew the people they were caring for well and told us they were kept up to date about any change in people's needs through daily handovers and reading people's care plans. Relatives told us they were kept well informed.

People's care was planned with the involvement of the person where possible, relatives and relevant health professionals. Care plans were specific to the individual.

People told us they had choices with regard to daily living activities and they could choose what to do each day. A programme of activities was offered, with special events and entertainment planned throughout the year.

The service had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

Arrangements for monitoring standards were not always robust to ensure the service was safe and effective. The existing auditing system which included a number of audits completed by the nurse manager and the director's audits had not picked up on the issues we identified during the inspection.

The service had a system for getting feedback from people living at the home and their relatives. Surveys were sent out each year. We saw the feedback from relatives was very positive. Feedback from staff had not yet been addressed.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were not always being managed and stored safely.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People were given nutritious meals which met their dietary needs. People were offered drinks and snacks throughout the day.

Staff had a good understanding of people's care needs.

Is the service caring?

Good

The service was caring.

People's individual needs and preferences were respected by staff.

People were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

Is the service responsive?

Good

The service was responsive.

Some activities were available for people living in the home to participate in.

Care plans provided information to inform staff about people's support needs, routines and preferences.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Robust systems were not in place to monitor the quality and safety of the service provided.

The service had a registered manager.

People living in the home and relatives were able to share their views and were able to provide feedback about the service.

Avenswood Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 September 2017 and was unannounced.

The inspection team comprised of two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home. We contacted the commissioning and contracts team and the infection control team at the local authority to see if they had any updates about the home.

During the inspection we sought feedback about the service and spoke with six people who lived in the home and two relatives. We spoke with a total of seven staff, including the registered manager and the cook.

We looked at the care records for two people, three staff personnel files, staff training records, staff duty rosters and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms and the lounge.

Requires Improvement

Is the service safe?

Our findings

During this inspection, we looked to see if there were systems in place to ensure the proper and safe handling of medicines. We found medicines were not always being managed safely. We looked at five Medicine Administration Records (MARs) and found concerns with the majority of them. Not all the MARs had staff signatures for medicine administered therefore it was not clear whether the medicine had been administered.

We were concerned about the safe storage of medicines in the home. The service had a very small locked medicines room (in essence a large cupboard which two people could stand comfortably in) within the Nurses station, with shelves for the storage of excess medicines, the medicine fridge and controlled medicine cupboard. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation. We found a number of medicine items which were left on shelves as there was no locked facility in this space to keep the medicine secure. Other items including food and petty cash were stored on the medicine shelves and petty cash and petty cash records were being stored in the controlled medicine cupboard. The staff member responsible for the management of medicines advised that there was a shortage of space within the home and therefore this room was used to store non medicine items.

Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. The temperature of the medicine fridge was not always recorded. The temperature needs to be checked and a record made. If not stored at the correct temperature then medicines stored may not be safe to use. We found there were eight temperatures recorded in September and 10 recorded for June 2017. There was no medicine stored in the medicine fridge at the time of our inspection however the medicine fridge was being used for the storage of bottles of water. Staff told us these items should not have been stored in the medicine fridge.

Quantities of medicines received into the home must be checked to provide an accurate stock check. We found quantities of medicines received had not always been recorded or dated when received. This meant there was not an accurate record of medicines in the home. The MAR had a code used by staff when people, for example, had refused their medicines. In respect of a medicine we saw a code used for refusal was not in accordance with the code printed on the MAR. We saw two MARs where medicines had been given but this was not in accordance with the time stated on the MAR; the medicines had been given at different time with no explanation recorded.

A number of medicines were prescribed as 'when required' (PRN). A record was kept of PRN medicines and staff were aware of the PRN medicines that people received. There were however no PRN protocols for staff to follow. For example, when to give a PRN medicine and the duration.

Some people were prescribed creams. We found that individual body map records did not always show the affected areas to show staff where cream needed to be applied; we also found that body map records were not always being used to record the time and date of cream applications.

We looked at the service's policy for the safe administration of medicines and found the information was inaccurate and therefore did not support the practice of administering medicines safety. The medicine policy stated that medicines were administered from a medicine trolley however staff were administering medicines from individual medicine cupboards in people's own room. This route of storage and administration was therefore not in accordance with the policy.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day of our inspection the registered manager told us checks of MARs and medicine stock had been completed; they confirmed that people had received their medicines and a nurse had omitted to sign the MAR following administration. The inappropriate contents found in the fridge had been removed. Plans were underway to secure the storage of excess medicines by building a medicines cupboard. The registered manager had also written a PRN protocol policy that they planned to shared and discuss with the nursing staff before being used.

Controlled drugs were stored appropriately and we saw records that showed they were checked and administered by two staff members.

Medicines were not administered from a medicine trolley. People living at the home had individual locked medicine cupboards in their own private room. These stored each person's individual medicines. We checked three and found them to be locked when not in use. We observed a part of a medicine round and the staff member administered medicines safely to people. We checked some medicines and found the stock balance to be correct.

A number of people who were at risk of choking or who suffered difficulties swallowing, for example, were prescribed thickening agents added to their drinks. These were recorded when given in accordance with the plan of care and directions from the dietician. For one person we saw the number of scoops of thickening agent for Stage 2, for staff to follow, was not recorded on their fluid balance chart. This was rectified during the inspection. Staff were aware of how many scoops to add in accordance with the dietician's instructions to ensure this consistency.

People we spoke with said they felt safe at all times. One person said, "Yes I feel safe because my son arranged it for me to be here." Another person said, "I feel very safe because I was having a lot of falls and lived on my own. Here I know there is somebody about at all times."

We looked at a number of care records which showed that a range of risk assessments had been completed to improve the quality and safety of people's care. Risk assessments included, risks associated with developing a pressure sore and checks on special mattresses, dietary needs and nutritional requirements, use of bed rails, use of moving and handling equipment and risks associated with medical conditions.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to senior managers. Training records confirmed staff had undertaken safeguarding training and this was on-going. Staff were aware of the term 'whistleblowing' and told us they would not hesitate to report any concerns they had.

People we spoke with felt there was enough staff on duty. One person said, "There are enough staff but you always wish for more." Everyone said they used the call bell and it was usually answered quickly. One person said, "When I call them they (staff) come quickly unless they are seeing to another resident."

There were 14 people living in the home at the time of our inspection. There was a nurse and three care staff on duty each day, with an additional care worker who worked on a one to one basis with a person. A nurse and one carer worked each night. There was ancillary staff such as, a cook, kitchen assistant and domestic cover who worked each day. The registered manager was based in the home two or three days a week. The nurse manager provided 'on call' support in need of an emergency.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

We found the home to be clean and tidy with no unpleasant smells. We visited communal living areas and bathrooms. Bathrooms and toilets contained hand washing and drying materials.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety audits were completed on a regular basis. Examples of these were for the water temperatures and safety checks for window restrictors. Fire checks were carried out each week to help ensure doors, fire alarms, and emergency lighting were in good working order. The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition. Any repairs that were discovered were reported to the maintenance person employed by the provider. We saw the general environment was safe.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were up to date. The kitchen had achieved a five star (very good) rating in January 2016. This helped ensure good safety standards in the home.

Good

Is the service effective?

Our findings

People we spoke with felt that staff were correctly trained and all had the correct skills to deal with them. One person said, "I am hoisted from my bed to the chair and from the chair to the toilet several times a day. All the staff can do this for me and I always feel safe." Another person told us, "The staff help me wash and dress and give me a bed bath. They do this really well and I always feel clean."

We found the staff to be very knowledgeable regarding people's mental health and care needs and how to support them to keep safe and well. Staff we spoke with told us they enjoyed their job and received good support from their colleagues and the manager.

We looked at the training and support in place for staff. Records seen showed staff had completed training in subjects considered mandatory by the provider such as food safety, fire safety, health and safety, safeguarding of vulnerable adults, infection control, moving and handling, mental capacity act and deprivation of liberty safeguards (DoLS), dementia awareness, and equality and diversity. Nursing staff completed additional training courses in medication administration, the Six Steps End of Life training, 'React to Red' (pressure area care) training and allergy awareness. Staff received regular supervision and appraisal.

Everyone we spoke with said the food was very good. One person said "The food is ok but you do not get a choice. However if you do not like it you can ask for something else." Another person said, "I do not get a choice but I have never had a meal that I have not liked." All said the food was a good quality. Everyone said they got plenty of snacks and drinks throughout the day and had a milky drink in the evening.

People had their meals served on a tray in their room. Name cards identified people's meal choices. There was one choice for the lunchtime meal. However people were able to have an alternative if they wanted and we saw evidence of this. People who were not in the home for lunch were given a meal on their return.

We spoke with the chef, who was knowledgeable regarding people's dietary needs, requirements and preferences. A record was kept in a visible position in the kitchen to ensure people received their preferences. This included food and drinks people liked, disliked and loved to eat. The menu was on a four week rota and this provided a selection of well-balanced meals. The menu was displayed in the hallway on the wall and updated to show the meals served. It was noted in a staff meeting that the menu was not situated in the best place as many people who lived in the home were confined to their bedroom. The registered manager looked at alternative ways to inform people of the meal of the day; copies of the menus for each four weekly main meal were available on each floor. The cook told us they visited everyone each morning to discuss their meal choices for the day.

People enjoyed a choice of cereals for breakfast. We saw that the main meal was served at lunch time and home-made soup and a hot snack at tea time. Afternoon tea was served each day, which included fruit smoothies and home-made cakes.

People had a plan of care to identify care needs. A nursing care plan provides direction on the type of care an individual may need following their needs assessment. Care planning is important to help ensure people get the care they need when they are at a care home. An initial care needs assessment had been completed with the involvement of the person where possible, relatives and relevant health professionals. This information helped to formulate a plan of care. A care plan provides direction on the type of care an individual may need following people's needs assessment. People's plan of care contained information and guidance for staff on people's health and social care needs, for example, personal care, medication, skin integrity, nutrition, mobility and medical conditions.

Medical conditions that required long term clinical intervention were recorded and treatment plans were followed by the staff. Care plans were detailed, providing a good over view of how the condition presented, the signs and symptoms and clinical care. An example of this was for a person who was receiving a nutritionally balanced feed via a percutaneous endoscopic gastrostomy tube (PEG). The PEG is passed into a patient's stomach to provide a means of feeding when their oral intake is not adequate. Care records seen showed staff were following the plan of care and treatment plan.

Staff had sought advice from external health care professionals to help oversee people's health and wellbeing or if there had been a change in a person's condition. These visits were well documented and advice was sought at the appropriate time.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the provider had followed the requirements of the DoLS and had submitted applications to the relevant supervisory body (local authority) for assessment and authorisation. We saw applications had been made appropriately with the rationale described. We saw good evidence in plans of care where a DoLS referral had not been actioned by the local authority as the person was deemed to have capacity.

We looked to see if the home was working within the principles of the Mental Capacity Act. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately. Whilst we did not see any best interest meetings there was evidence that there had been discussions with people and their relatives around daily living and choices.

Avenswood is a large Victorian house. Where possible the home had been adapted to enable people with mobility difficulties to access the building. The home did not have a passenger lift. A stair lift gave access to each level of the home. Doorways were wide to enable people using wheelchairs to mobilise easily on each floor. Level access to the home was available at the rear of the building. There were a number of bedrooms, some with ensuite facilities, situated on the ground floor.

Good

Is the service caring?

Our findings

Everyone we spoke with said the staff were very kind and very patient. Their comments included, "Very nice and pleasant, cannot fault them", "Very good and they look after me well", "The staff are kind and caring" and "I try my best to get washed and dressed myself but they give me a hand if I ask." A relative we spoke with told us, "Avenswood has a very homely feel about it. The staff are very approachable. They are very good with ensuring people's privacy and respecting people. They are very patient."

Staff we spoke with knew the people they were caring for well and told us they were kept up to date about any change in people's needs through daily handovers and reading people's care plans.

Relatives also told us they were kept well informed and we saw that staff had open and respectful relationships with relatives who visited. We observed relatives/visitors visiting throughout the time of our inspection. One relative told us there were no restrictions in visiting. They told us they sometimes visited in the evening after they had finished work.

The care files recorded good information around people's wishes for the future in respect of their wish to stay at the home if their health declined and for the provision for end of life care. We saw that people had DNA/CPR (Do Not Attempt Cardiopulmonary Resuscitation) record in place.

For people who had no family or friends to represent them, the registered manager was aware of how to contact the agency if support was needed. We saw that people had access to advocacy support if needed. Referrals had been made on behalf of people when an independent adviser was required.

Good

Is the service responsive?

Our findings

Everyone we spoke with felt they "got the right medical care when they needed it." From talking to staff and from evidence seen in people's care records we found this to be the case.

Care plans were specific to the individual and there was reference to social background and life story to get to know people's social care needs in more detail.

We saw care records for monitoring people's care needs, such as their fluid intake and output or change of position. Clinical documentation included a catheter passport which was updated when there was a catheter change at the hospital. We discussed with the registered manager the need for better recording of the care of a PEG line. This was in respect of rotating the PEG tube in accordance with the plan of care. Staff told us how this was carried out however records seen did not always evidence this care.

People appeared comfortable in bed and their position was changed throughout the day to relieve any pressure on their skin. A physiotherapist's instructions were displayed in a person's room for staff to follow in respect of how to seat them safely.

When asked about the activities available all of the people we spoke with said they were not really interested in taking part in activities. One said "I am not interested in joining in things; I get three newspapers and just like to read them and do the crosswords." Another person said, "I do not want to take part in anything going on. I watch TV and have 100's of DVDs which I watch through the day." Another person told us, "The odd time I will go and listen to a singer or something but generally am happy with my own company." We spoke with the care worker responsible for arranging the activities. They told us they had not been doing the job long. They offered an activity each afternoon; activities included exercises, sing a longs, manicures. People who were able were supported to access the community. The care worker informed us they would soon be starting 'sensory memories and dough rolling' and 'Guess Who?' They told us of a recent film afternoon which finished with everyone having fish and chips from the local chip shop. The care worker told us of plans to introduce reminiscence sessions.

Entertainers visited the home once a month. We saw photographs of afternoons enjoyed in the garden in the summer; people were singing to music and enjoyed an ice cream. The cook told us they always had a party to celebrate people's birthdays and made a birthday cake.

Pastoral visits were arranged for people by staff on an individual basis, at the person's request.

People we spoke with said they had never had to complain but they would tell the nurse manager if they did have a complaint. One said "I would tell the senior nurses. They usually listen." We saw a complaints procedure was in place and displayed in the hallway. This was also included within the Resident Handbook given to people on their admission to the home. There was a complaints' log available to evidence how complaints had been investigated and whether they had been resolved.

Requires Improvement

Is the service well-led?

Our findings

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service.

We found arrangements for monitoring standards were not always robust to ensure the service was safe and effective. The existing auditing system which included a number of audits completed by the nurse manager and the director's audits had not picked up on the issues we identified during the inspection. For example, medication audits carried out each month had not identified the missing signatures we found on MARs, that there was not an accurate record of medicines in the home or that the fridge temperatures were not completed on daily basis.

We saw a director's monthly audit was completed every three months; the format of this audit was not consistent in its approach. Whilst we found the audit completed in March 2017 looked at a sample of care records, MARs, included information about speaking with staff and people who lived in the home; the audit completed in September 2017 did not record this work being carried out. In addition none of the audits we saw had an action plan recorded. An action plan shows the work which needs to be addressed following an audit to ensure issues were addressed.

The registered manager did not have any direct input into the current governance arrangements. We discussed with the registered manager the need for them to be more actively involved in all areas of governance to be able to assess the safety and quality of the service.

Staff surveys were given out in April/ May 2017.We found that the registered manager had yet to address the negative comments raised by staff. Comments made were in relation to staff induction and support of new staff. The registered manager told us they would arrange a staff meeting to discuss these issues with staff.

The provider had a number of policies and procedures. However, we found that not all of them accurately reflected the practices at Avenswood Nursing Home. For example the provider's policy for the safe administration of medicines stated that medicines were administered from a medicine trolley; however staff were administering medicines from individual medicine cupboards in people's own room. This route of storage and administration was therefore not in accordance with the policy. Therefore the information was inaccurate and therefore did not support the practice of administering medicines safety.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a system for getting feedback from people living at the home and their relatives. Surveys were sent out each year. We saw the feedback from relatives was very positive. Comments included, "Extremely helpful staff", "Friendly and welcoming", "Staff are excellent, food is excellent" and "Nothing is too much trouble."

As part of monitoring medication, an external audit by the CCG had been carried out in August 2017. The service achieved 93%.

A registered manager was in post. Day to day management of the home was the responsibility of the nurse manager. We found the registered manager and nurse manager were available throughout the inspection. They were open and reflected positively on the feedback we gave as we went through the inspection.

Staff from Avenswood attended bi-monthly meetings with the CHIP (Care Home Innovation Programme). The CHIP is a source of advice, information, training and networking with approximately 27 care/ nursing homes across the Sefton area. The registered manager confirmed they had attended these meetings and had 'learned and introduced practices shared at the CHIP'.

Formal 'resident and relatives' meetings were not held. However, the registered manager set aside regular times to meet with relatives if they wished. The dates and times of these meetings were on display near the signing in book, which made it clear for visitors to see.

Staff told us staff meetings were held within the home every three months. We saw minutes from a carers meeting held in February 2017 and a nurses meeting in January 2017.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the home in accordance with our statutory notifications. This meant that CQC were able to monitor information and risks regarding Avenswood Nursing Home.

From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Avenswood Nursing Home was displayed for people to see.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always being administered and managed safely. There was no locked facility in the cupboard to keep some medicines secure. Quantities of medicines received in to the home were not always been recorded or dated when received. Not all the MARs had staff signatures for medicine administered; it was not clear whether the medicine had been administered. Protocols were not in place for staff to follow when to give PRN medicine.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Arrangements for monitoring standards were not always robust to ensure the service was safe and effective. The existing auditing system which included a number of audits completed by the nurse manager and the director's audits had not picked up on the issues we identified during the inspection. Feedback received from staff had also not been addressed.