

Strathmore Care Limited

Fairview House

Inspection report

14 Fairview Drive
Westcliff On Sea
Essex
SS0 0NY

Tel: 01702437555
Website: www.strathmorecare.com

Date of inspection visit:
26 November 2019
04 December 2019

Date of publication:
14 January 2020

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Inadequate ●

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

Fairview House is residential care home providing personal care to 39 people aged 65 and over at the time of the inspection. The service can support up to 55 people.

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

There were systemic failings at the service. Concerns raised during the previous inspection had not been effectively addressed. The provider did not have effective systems and processes in place that enabled them to identify, monitor and assess risks to the health, safety and welfare of the people who use the service.

The service failed to give people their medicines as prescribed

People's risk assessments were not followed in line with their current needs and known risks

The provider did not always safely maintain the environment to ensure it was safe for people living in the service.

The service did not ensure recruitment processes were followed to ensure staff were safely recruited

Peoples care and support was not delivered in line with current standards and guidance.

The service was not well led. Management lacked knowledge and oversight of the service.

The provider failed to take action where it had been identified to keep people safe from harm.

Systems were in place to monitor the quality of the service; however, these were not effective and failed to highlight concerns raised during the inspection.

Staff were instinctively caring but did not always have the skills and knowledge to undertake their role.

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

Rating at last inspection

The last rating for this service was requires improvement (published 27 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough, improvement had not been made sustained, and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines, staffing and management and oversight of the service/ Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Inadequate ●

The service was not 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.

Fairview 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

Two inspectors and an assistant inspector carried out the inspection

Service and service type

Fairview House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of inspection, a new manager had been appointed but had not started

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care

provided. We spoke with eleven members of staff including the manager, activities co-ordinator, senior and care workers.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at two 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. We spoke with two professionals who regularly visit 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 requires improvement. At this inspection, this key question has now deteriorated to inadequate

This meant people were not safe and were at risk of avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management;

- Medicines were not well managed. People did not receive their medicines as prescribed by the GP. We completed a stock check and found multiple people's medicines had not been administered. For example, four people's Medication Administration Records (MAR) showed medication had been signed for as given. However, an audit found these were still in their pack and had not been given.
- People were not supported to manage their 'as required' medicines. One person had been prescribed a medicines to be taken "as required" to aid sleeping. However, there was no protocol in place for staff to follow so they knew when to give the medicines. An audit of records showed that staff had given the medication every night but had not taken advice to ensure that this was appropriate.
- MAR's were not kept in line with national guidelines. For example, people's TMAR (Topical Medication Administration Records) used to record when topical creams had been administered, had multiple missing signatures. This meant we could not be assured people had received creams as prescribed.
- Medicines were not always kept securely. During a medicines round, we observed people's medicines being left unattended on top of the medication trolley. This meant vulnerable people living with dementia could access medicines and be at risk of harm.

Following our concerns during inspection, we raised a safeguarding referral to the Local Authority. We also referred the service to the medicine's optimisation team for further support

- Risk assessments relating to the environment were not always robust or mitigated risk to people. This included Personal Emergency Evacuation Plans (PEEP) for use in case of an emergency. PEEPs were in place for people however lacked detailed information for staff to follow in an emergency. Staff did not always understand how to safely move people from the building in an emergency. One member of staff told us, "In a fire, you don't need to worry about a hoist, I would just get the person up."
- The environment placed people at immediate risk of harm. We found significant issues requiring immediately action. During the inspection, we identified windows on the first floor were not secured robustly or adequately in line with national guidance. This meant people were at risk of falling. We wrote to the nominated individual and asked for this to be addressed immediately to mitigate any risk posed.

The provider responded immediately and confirmed all the immediate actions had now been completed.

- Risk assessments for people were in place. These included medication, malnutrition and catheter care.

However, staff did not always understand people's risks and support them to minimise these. For example, we observed one person being hoisted from a chair using a full body hoist but showing signs of agitation and discomfort. We spoke to staff who told us the person did not normally use a hoist but had been unwell. We checked the person's care records which showed they did use a full body hoist but required different equipment for transfers from chairs.

- Equipment was maintained including hoists, fire alarm systems and stair lift. However, we could not always see work had been carried out where issues were raised. For example, a test of the fire alarm system highlighted lights were not working. This meant staff would not know where the fire was in the building. We spoke to the maintenance person who told us that this had not been completed. We spoke to the manager and asked for action to be taken.

Whilst we did not find people had been directly harmed, the risk of harm had not been mitigated to keep people safe. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment processes were not safe, and checks did not make sure the right staff were recruited to support people. We checked three recruitment files and a full employment history was not evident for one member of staff and there were gaps in their employment which had not been explored.
- Not all Disclosure and Barring Service [DBS] certificates were received prior to a member of staff starting work. New members of staff who work with adults can begin work before their DBS certificate has arrived, using the 'Adult First' system, but this should only happen if the safety of people using the service would be put at risk if the person did not commence employment. The 'Adult First' check is a service that allows an individual to be checked against the adults' barring list while waiting for the full DBS check to be completed. One member of staff told us they had worked alone with people and records showed no risk assessment had been carried out to ensure this was safe. We spoke to the manager who confirmed they had applied for the DBS, but this had not been received.
- Although we observed enough staff numbers on the day of inspection, relatives and staff told us that this was unusual. One relative told us, "They are short of staff a lot. I've never seen so many people here as I have today. This is not normal. The other day there was only 3 staff on for this many people to look after. People have to wait to be helped." A member of staff told us, "We've had days when we're so short staffed that we have not been able to take people to the toilet. This used to be where I came to relax and spend time with residents in a job I love but now I dread it." We spoke to the manager who told us additional staff had been bought on shift as a result of the inspection from other homes and an agency.
- During the inspection, inspectors observed two members of agency staff pulling a person up, after they had fallen. This put the person and staff member at significant risk of harm and injury. We immediately raised this with the manager and asked for action to be taken.
- Agency staff were used where additional staff were required. The manager told us they did not have profiles of agency staff but were looking to bring this in. This meant that the manager could not be assured the staff member had the required skills and knowledge to support people.

Whilst we did not find people had been directly harmed, people were at risk of being cared for by unsafe staff. This was a breach of regulation 19 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Processes and procedures were in place for staff to report concerns. However, staff did not always recognise potential abuse. For example, records showed a safeguarding concern had not been reported by

staff following concerns raised by a person. This meant we could not be assured potential abuse was being identified and raised by staff.

Learning lessons when things go wrong

- The service did not take learning where concerns or issues had been previously raised. An audit in August 2019 by the local authority highlighted areas for improvement. These included gaps in food and fluid charts and audits not picking up concerns. These concerns had been raised at previous CQC inspections including this inspection.

Preventing and controlling infection

- People told us their rooms were kept clean by staff. One person told us, "My room is always clean and that is important. I am a very neat and tidy person. So, they keep my room clean for me."
- Staff understood and followed infection control procedures when supporting people with personal care.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

At our last inspection the provider had failed to record an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments of people's individual and diverse needs were in place prior to them moving into the service to ensure their needs could be met safely.
- However, people's care, and support was not delivered in line with current standards and guidance. The manager told us a number of people required turning in line with national guidance. Records showed large gaps in people's records. For example, we tracked one person's daily turning chart, and this showed they had not been turned for over four hours. We observed the person remaining in the same position throughout. However, when we checked the records again, they had been retrospectively completed without any turns taking place. This meant we could not be assured people's pressure management was being adequately or safely maintained.
- Staff told us they felt some pressure sores were avoidable. One staff member told us, "People are getting sore because we don't have time to turn them. We've never had pressure sores before and suddenly we do."
- We asked for feedback from professionals supporting the home. We received feedback from the clinical commissioning group that concerns had been raised about pressure ulcer management in the service. They told us, "We hold an internal meeting to discuss where pressures sores have been acquired in a service. We raised Fairview House as a concern because they have had four pressure sores develop in one month that were grade three or above."
- Where people develop pressure ulcers grade three or above, providers should inform the Commission of these and action taken. We checked our records and found that these had not been notified to the commission. We wrote to the nominated individual to ask them what action they had taken to

Following our concerns, we raised a safeguarding referral to the Local Authority to investigate.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At the last inspection, we raised concerns about food and fluid charts being consistently recorded. At this inspection, we continued to highlight concerns.

- People were supported to eat and drink throughout the day in the lounge area. However, fluid records for people in bed showed large gaps in recording. This meant we could not be assured people were receiving adequate fluid intake.
- Where people had not always taken fluid, staff had failed to identify this and take appropriate action. For example, one person's fluid record identified they had only taken 200ml fluid on 18 November 2019, 400ml on the 19 and 20 November 2019. Records showed no action had been taken by staff despite concerns being raised about the person's health. We spoke to the manager who told us senior staff should view and handover concerns, but this had not taken place.

Following our concerns, we raised a safeguarding referral to the Local Authority to investigate.

- People had food charts in place where there were concerns about their intake. However, we found that these had not always been completed and contained gaps in recording. One person's record had been pre-completed prior to them having food. This meant we could not be assured records were accurate and people were receiving appropriate food.

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.

At the last inspection, we continued to find MCA assessment forms had not always been completed fully and/or correctly. At this inspection, we found no improvement in assessments.

- Whilst some assessments had been completed for people who lacked capacity, they had not involved the person, family or others, where required, to ensure appropriate decisions had been made. This concern has been raised at previous inspections within this service and breaches have previously been identified about the lack of consent being sought from people and, where appropriate, family members.
- Capacity assessments had not always been reviewed or updated where required.
- The manager understood their responsibility to apply for DoLS and reapply appropriately. However, the registered manager had not notified the Commission of all authorised DoLS. We raised this with the manager and asked for these to be submitted after the inspection.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (part 4).

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

- Improvements had been made to the environment since the last inspection including upgrading some windows. However, we found that some areas still required updating including the replacement of some windows. We spoke to the maintenance person onsite who told us, "We are working our way round the different homes as we know there is lots to do. We have done a lot of work on the electrics here, but I know there is lots more to do such a new fire alarm panel."
- A maintenance team was employed to undertake jobs to ensure the service was safe and maintained.
- People's rooms were personalised, accessible, comfortable and decorated with personal items. One person told us, ". My room is beautiful, look at all the light I get from two different sources. I have pictures from home on the wall, including my wife."

Staff support: induction, training, skills and experience

- Staff did not always have the skills and training needed to support people. One member of staff told us, "I have done my manual handling training but no other training." We checked the staff members training records which confirmed this was correct." We spoke to the manager who told us they were aware that not all training was up to date. They said, "with the online training, 75% of it has been done. But I have had to give staff a cut-off date to complete this all, so they are all up to date."
- Staff received a basic induction into the service. This included walking around the service and supporting with meals. However, agency staff did not always receive a robust induction into the service. The manager told us, "We didn't give agency staff inductions; however, I have just started to give them a little induction into the home."
- Staff received face to face and e learning training. This included medicines administration, infection control and manual handling. The manager and staff told us they preferred face to face training.
- Some staff had completed the Care Certificate while others were in the process of completing this. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Supporting people to live healthier lives, access healthcare services and support

- People had good access to healthcare services and support.
- People's records confirmed they had regular support from healthcare professionals and support from the service where required to maintain their health needs.

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 now deteriorated to requires improvement.

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

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

- People did not always receive a service which was caring as they were not always protected from potential risk, as documented in the safe and effective area of this report.
- Staff did not always maintain people's dignity in a dignified way. We observed one person in bed whose modesty had been exposed. However, staff members continued to visit the person and failed to identify their dignity was at risk.
- People did not always have detailed personal profiles recorded giving a life history to staff or information about what could enhance their wellbeing. This meant staff working at the service, such as agency staff and staff from other sister homes, would not have information and insight as regular staff who knew them well.
- People told us staff did not always spend meaningful time with them. One person told us, "People sometimes come and talk to me, but they are busy, too busy in fact, so I sit here in bed." Another person said, "Staff don't really ask me what I want to do, there's not enough of them."
- Care records did not demonstrate how staff were supporting people to maintain their skills and independence. There was a lack of detailed information for staff to follow and understand what people were able to do for themselves. For example, care plans stated to assist with oral hygiene, however did not break it down which part of the task the person could do for themselves.

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

- People were not always involved in their care planning. However, relatives told us they were involved in people's care where needs changed.
- Information relating to advocacy services was available to people where required.
- Resident meetings were held regularly. Minutes from these meetings showed people could discuss what activities they wanted as well as any other issues.

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 now deteriorated to requires improvement

This meant people's needs were not always met.

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

- People were not always involved in decisions about their care, treatment and support. Observations of care were task orientated as staff lacked time to spend with people to meet all their needs.
- Most care records we viewed were personalised, detailed and provided staff with information and guidance they needed to care for people safely and in a consistent way that met their preferences. However, we found support plans continued to lack detail of the support people needed to maintain or increase their independence.

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.

- Care records provide detailed guidance to staff on meeting people's communication needs. This included suitable formats to use in giving information.
- Staff demonstrated good awareness of people's individual communications needs, and how to support them.

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

- People told us they had access to activities internally and externally to the service. One person told us, "I don't get involved in activities I am unsociable. Occasionally staff pop in and talk to me. As long as I get my paper every day I am happy."
- The activities co-ordinator told us how they involved people in the activities. They said, "We hold resident meetings every 3 months and discuss activities, trips out. People come to me to suggest things. We did the tea and tales at the Palace theatre. In December we'll be doing evening trips."

Improving care quality in response to complaints or concerns

- We reviewed complaints received since the last inspection, these were recorded and responded to in a timely way.
- People and relatives told us they could raise complaints or concerns but had no reason to complain.

End of life care and support

- At the time of inspection, two people were receiving end of life care support.
- Documents to record the arrangements, choice and wishes people may have for the end of their life were in place to ensure people's final wishes were met. However, staff did not always meet people's care needs at the end of life. This included repositioning to prevent pressure sores and ensuring appropriate fluid intake.
- Despite this, we received positive feedback from families and professionals who were involved in supporting one person's end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate.

The provider has failed to address concerns from previous inspections to improve the rating to at least Good. Since 2014, the service has fluctuated between Requires improvement and inadequate. This demonstrates a lack of understanding of the risks and regulatory requirements and a failure to continuously learn and improve.

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

At our last inspection the provider had failed to ensure the provider's quality and assurance processes to operate effectively and to guarantee compliance with regulatory requirements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The service was not well led. Concerns raised at this inspection, have been raised at previous inspections and have either not been addressed or improvements not sustained.
- Staff and professionals told us a lack of registered manager had impacted the quality of care provided at Fairview house. A staff member told us, "We have no registered manager. The manager was doing okay but is a bit stressed now and the deputy just yells at staff sometimes and doesn't understand dementia. For example, people forget what they have ordered for lunch. People prefer a choice of two options, but the deputy doesn't encourage this." A professional told us, "I think the staff are lovely, but they are struggling without a registered manager. They had a brilliant one at the beginning of the year who really turned things around, but now they don't have that direction."
- The manager lacked regulatory knowledge and understanding of what was expected of them including oversight of what was happening in the service. The manager undertook care hours as well as their management role. This had impacted their role as manager. They said, "Not everything is in place paper wise. I am on the floor caring and doing admin and management. It's meant to be 50/50 split of my time, but I spend more time caring. I like to be meeting with families. If I am doing paperwork and I get interrupted,

then I stop what I am doing."

- Quality assurance processes were ineffective. The lack of robust quality assurance meant people were at risk of receiving poor care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. Medicines audits were completed weekly by senior staff, however issues identified on inspection had not been picked up. We spoke to the manager about auditing within the service who told us he had not yet completed audits fully due to time restraints.

This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and relatives had completed a survey of their views of the service. Since the last inspection, a new survey had not been carried out. However, it was still unclear how the previous survey had been used to improve the quality of the service. At the time of the inspection, a new survey was due to be sent to relatives.
- Staff did not always receive supervision of their performance. We spoke to the manager who told us they had started to complete people's supervisions but did not always have time. One member of staff told us, "Since I joined, I have not had any supervisions."
- Team meeting took place where different issues were discussed between staff and management.

Working in partnership with others

- The staff team worked with other organisations and professionals to ensure people's care and support. However as documented in the effective domain, the service did not follow support in line with best practice guidance.
- The service was part of the 'Red bag scheme.' This is a collaboration between care homes and the NHS to share vital information about people's health and to improve the transition process between services. Staff understood the scheme and their responsibilities for it.

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 manager was aware of their duty to be open and honest when something went wrong. We found systems were in place and had been used after investigating complaints made.

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 18 Registration Regulations 2009 Notifications of other incidents The provider did not notified the Commission of all authorised DoLs assessments
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed in the service. Environmental risks were not safely managed in the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user The provider had failed to ensure the provider's quality and assurance processes to operated effectively to guarantee compliance with regulatory requirements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

staff were not recruited safely.