Parkcare Homes Limited

Claremount House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Claremount House on 10 December 2015 and the visit was unannounced.

Our last inspection took place on 20 January 2014 and, at that time, we found the regulations we looked at were being met.

Claremount House is registered to provide accommodation, nursing and personal care for up to 25 people with mental health needs. The accommodation is arranged over two floors there are two lounge/dining rooms and a quiet lounge on the ground floor and all of the bedrooms are single occupancy. At the time of our visit there were 24 people using the service.

There is a registered manager at the service. 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.

People who used the service told us they felt safe with the care they were provided with. We found there were appropriate systems in place to protect people from risk of harm.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told us they felt supported by the registered manager and that training was on offer.

There were enough staff on duty to make sure people's care needs were met, people told us they liked most the staff and found them kind and caring. However, on our inspection we saw people were not always treated with dignity and respect. Activities and trips out were arranged to keep people occupied.

We found people had access to healthcare services to make sure their health care needs were met. Safe systems were in place to manage medicines so people received their medicines at the right times. We did identify problems with the Pharmacy dispensing medication in a timely way, which the registered manager was going to take up with the Clinical Commissioning Group.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

We found the home was well maintained bedrooms had been personalised and communal areas were comfortably furnished.

People told us if they needed to complain they would speak to the registered manager.

We found the organisation and leadership of the staff on the shift we saw was poor and resulted in people's dignity being compromised.

We found some of the quality assurance systems were working well, but others needed to be improved to ensure people receive a consistent quality service.

We found two breaches of regulations and 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?

Good

The service was safe.

Staff were recruited safely and there were enough staff to meet people's needs and to keep them safe.

The home was comfortable and well maintained.

People's medicines were handled and managed safely by staff at the service.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and
knowledge to meet people's needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS)
were being met.

Records showed people had regular access to healthcare professionals, such as GPs, opticians, district nurses and podiatrists. The menus we saw offered variety and choice.

Is the service caring?

Requires Improvement

The service was not always caring.

We saw people were not always treated with dignity and respect.

Visitors told us they were made to feel welcome by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans were in place but were not always up to date.

Activities and trips out were on offer to keep people occupied and stimulated.

A complaints procedure was in place and people told us they would raise any concerns with the registered manager.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a lack of leadership and organisation of the shift we observed, which impacted on people's dignity.

There were some effective quality systems in place which were identifying and addressing improvements which were required. However Some of the records of people's care and treatment were not up to date.

Claremount House

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 was planned to check 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 10 December 2015 and was unannounced.

The inspection team consisted of two 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.

We spent time observing care in the lounges and dining rooms and used the Short Observational Framework for Inspections (SOFI), which is a way of observing care to help us understand the experience of people using the service who could not express their views to us. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included five people's care records, six staff recruitment records and records relating to the management of the service.

On the day of our inspection we spoke with eight people who lived at Claremount House, six visitors, three care workers, the cook/senior care worker, one activities co-ordinator, a nurse, housekeeper and the registered manager.

Prior to the inspection we received a completed a Provider Information Return (PIR). This 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 reviewed all the information we held about the provider.

Good

Is the service safe?

Our findings

Overall people told us they felt safe at Claremount House. One person said, "We are looked after properly but it is better on a Sunday." A relative told us, "We feel happy he is safe now. He has been in two other places before but this is the best. Better care is taken of him, he is looked after and he is nice and tidy and his clothes are clean."

The three care staff we spoke with were able to demonstrate a good understanding of safeguarding issues and were able to give examples of how they would identify abuse. Staff knew where to source relevant information to allow them to make a safeguarding referral. Staff also knew the principles of whistleblowing and assured us they would make use of whistleblowing if necessary. They were, however, keen to assure us the management team had an open approach and they had confidence that any concerns they had would be dealt with.

The registered manager had sent us notifications appropriately about safeguarding incidents which had occurred in the home. However, we saw one person had a dressing on their hand the nurse on duty told us they had sustained skin tears to their arm and hand but staff did not know how this had happened. We discussed this with the registered manager who told us they were investigating the possible cause, but agreed they needed to send a referral to the safeguarding team so someone external to the service could decide if this was a safeguarding issue.

We saw the provider was employing effective staff recruitment and selection systems which was compliant with their own policy. We saw from the six staff files we looked at there was a clear process that ensured appropriate checks were carried out before staff began work. These checks helped to make sure job applicants were suitable to work in a care setting. Staff told us the recruitment process was thorough. They told us they had to complete an application form, supply two referees and attend an interview. We saw the registered manager had secured photographic identification in the form of either a driving licence or passport and checks had been made to ensure staff were legally entitled to work in the United Kingdom. Care workers reported they received a good induction and had worked alongside more experienced staff until they were confident and competent to care for people on their own.

We asked people using the service if they thought there were enough staff to care for them. One person told us, "There are too many staff but they stand around smoking. The trouble is (name of registered manager) is too easy going with them." One relative we spoke with told us there were always staff around when they visited and there was always a member of staff in the lounges. Staff we spoke with told us there were enough staff on duty to meet people's needs.

We discussed staffing levels with the registered manager and they told us that the required number and skill mix of staff was determined by the needs of the people living in the home. They told us staffing numbers would be increased if people's needs changed.

Our inspection took place during the day and the staffing in place matched that documented within the

staffing rotas. The registered manager and care staff were supported by ancillary staff which included housekeeping staff, catering staff and a maintenance person.

We heard emergency call bells were attended to in a timely way and saw staff were present in the lounge and dining areas throughout our visit.

The registered manager told us they were following the disciplinary process at the time of our visit with two members of staff who were not performing to the required standard. We saw evidence of this from emails which had been sent to the human resources department of the organisation. This meant action was in the process of being taken to address staff who were not performing to the required standard.

We saw guidance documentation to enable staff to effectively deal with common clinical emergencies. Staff showed us the emergency resuscitation equipment and told us they were trained to use it. We saw the equipment was regularly checked to ensure it was fit for purpose at the time of an emergency. An agency care worker told us they had been impressed with the way staff had dealt with someone who was choking. They told us staff responded quickly and dealt with the situation efficiently. This showed staff were able to respond to emergency situations.

We completed a tour of the premises as part of our inspection. We looked at seven people's bedrooms, the laundry, bathrooms, toilets and various communal living spaces. We saw radiators were covered to protect vulnerable people from the risk of injury. Fire-fighting equipment was available, emergency lighting was in place and we found all fire escapes were kept clear of obstructions. We saw that upstairs windows all had opening restrictors in place to comply with the Health and Safety Executive guidance in relation to falls from windows. Floor coverings were appropriate to the environment in which they were used and were of good quality and properly fitted thus ensuring no trip hazards existed. We looked at the environmental risk assessments, fire safety records and maintenance certificates for the premises and found them to be compliant and within date. This meant the premises were comfortable and safe.

Medicines were administered to people by trained nursing staff. We looked at people's medicine administration records (MAR) , reviewed records for the receipt, administration and disposal of medicines and conducted a sample audit of medicines to account for them. The day of our inspection was on the fourth day of a 28 day cycle of medicines largely dispensed into a monitored dosage system. Whilst we found MAR sheets were completed we saw five people had not been dispensed all their medicines at the beginning of the current cycle. This meant these medicines had not been administered for four days. We saw evidence to prove the medicines had been prescribed along with all other medicines yet the documentation supporting the delivery of the medicines showed they had not been received by the homes staff. The registered manager assured us the shortfall had been identified by staff and pursued but the medicines did not arrive until the afternoon of the day of our inspection. The manager told us the matter was to be reported to the Clinical Commissioning Group (CCG) and any repetition would in future be reported as a safeguarding matter.

We asked a registered nurse about the safe handling of medicines to ensure people received the correct medication. Answers given and our observations of nursing practice demonstrated medicines were given in a competent manner by well trained staff.

Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant the medicines for each person for each time of day had been dispensed by the pharmacist into individual trays in separate compartments. The staff maintained records for medication which was not taken and the reasons why, for example, if the person had refused to take it, or had dropped it on the floor.

We looked at medication charts and reviewed records for the receipt, administration and disposal of medicines. We conducted a sample audit of medicines to check their quantity. Whilst all medicines could be accounted for we needed to refer to previous MAR sheets as medicines in stock were not consistently carried over onto the new MAR sheet. The registered manager assured us the matter would be addressed.

One person had their medicines administered covertly. An examination of the person's care records showed correct procedures had been applied to ensure the medicines were administered within current guidelines. We saw meetings had occurred involving the GP, Psychiatrist, care staff with personal knowledge of the individual, family members and a pharmacist. Documents demonstrated a clear treatment aim of covert medication along with the required benefits to the person's health. A qualified person had made a written statement regarding the person's lack of capacity. A review process was in place. Our examination of the process to administer covert medication proved the registered manager had a good understanding of the procedures and knew how to use them for the benefit of people at the home.

Arrangements for the administration of PRN (when needed) medicines protected people from the unnecessary use of medicines. We saw records which demonstrated under what circumstances PRN medicines should be given. The registered nurse demonstrated a good understanding of the protocol.

Some prescription medicines contain drugs that are controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the controlled medicines register and found all medicines were accurately recorded.

We noted the date of opening was recorded on liquids, creams and eye drops that were being used and found the dates were within permitted timescales. Creams and ointments were prescribed and dispensed on an individual basis.

We saw the drug refrigerator and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment room was locked when not in use. Drug refrigerator and storage room temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

Good

Is the service effective?

Our findings

Staff we spoke with told us they received training which was relevant to their role and said they found the registered manager very supportive.

We saw training records in each of the six staff files we looked at and these showed the training staff had received. The records also identified where further training was required. Staff's training needs were determined either as a result of meeting the provider's mandatory training requirements of through the appraisal process. Training covered a range of topics relevant to the needs of the people living at Claremount House, including learning disability, dementia awareness, the Equality Act and infection control and prevention. Training also covered all relevant health and safety topics such as food handling and fire training. New staff had completed nationally recognised common induction standards training. Staff confirmed training was a common and welcomed feature of their employment at Claremount House.

We saw evidence of regular individual and group supervisions. Supervisions on an individual basis were either at the staff's request or as a means of improving observed care. Group supervisions took place to ensure staff were aware of changes to care regimes or to reinforce good practice such as hand-washing. This meant systems were in place to support and develop individual staff members skills.

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 are 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 were being met.

We were told 11 people were subject to DoLS. We looked in detail at five of the authorised DoLS. We saw one person had conditions attached to the authorisation. Care plans demonstrated the condition had been enacted. We saw two people had recently had their authorisations reaffirmed following expiry of the original authorisation. We saw the registered manager had a robust system to trigger a reapplication in sufficient time to ensure no gaps in authorisation occurred.

We spoke with the registered manager about the use of restraint. They were able to demonstrate their knowledge and knew the difference between lawful and unlawful restraint practices. We spoke also about the use of bed-rails. Whilst no bed-rails were currently in use the registered manager demonstrated they knew of the need for robust assessments to be made and where necessary to engage with family members or advocates.

We asked people what they thought of the meals in the home. One person said, "Food's pretty good. You can have meals in your room and plenty of drinks, just sit at a table and someone will make you one." Another person said, "'Food is alright and you get a choice." A third person told us, "The food is ok but it's always the same." One relative said, "Portions are too large and she gets over faced. You don't need so much food when you are older."

We saw the choice of lunchtime meal was written on the blackboard in the dining room. We heard staff asking people which of the two choices of meal they would like. It was difficult for some people to make an informed choice. Staff did not show people the two plates of food on offer, which may have made it easier for people to make a choice. We asked if there were any picture menu's available. The registered manager told us this was something that they were going to introduce.

Some people ate in the dining room or lounge and others in the privacy of their own room. We saw lunch looked hot and appetising and people seemed to enjoy it. Portions were large and extras (yoghurts) were offered after dessert to those who wanted them.

We saw evidence in written records staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. This had included GP's, hospital consultants, community nurses, specialist nurses, speech and language therapists, dieticians and dentists. This helped ensure people's health care needs were being met.

Requires Improvement

Is the service caring?

Our findings

We asked people who used the service about the staff. One person said, "Very supportive and kind. "Another person told us about the support they had received to enable them to visit a sick relative. They told us, "Without the support of [staff member] I do not know how I would have managed." A third person said, "Some are good and polite, some not."

Some people pointed out a care staff member who they told us was very good, they also identified a member of care staff who they thought was not so good and through observations we saw this staff member was 'brusque' in their manner.

We saw practices that showed a lack of respect for people. These were some examples: At breakfast time we saw one person needed full assistance from a member of staff with their food and fluids. We saw the staff member assisting them with their porridge had to break off three times because other people in the dining room required assistance. This member of staff was very busy and did not have time to assist this person with their drink. Another member of staff assisted them with their drink some 30 minutes after they had finished their porridge.

We saw another person sitting at the table trying to eat their porridge with their fingers. They had dropped their spoon on the floor. They had porridge in their lap and in their hair, this had not been noticed by the two members of staff in the dining room. One of the inspectors got them another spoon and they continued to eat for a short time before they put their head on the table. One of the staff members in the dining room did come and wipe this person's hands and put a clothing protector on, however, their clothing was already covered in porridge. A cooked breakfast was then provided, however, the person was struggling to get the bacon, egg and tomatoes onto their fork as they were only using one hand to eat. We asked a member of staff if there was any special crockery available for people to help them eat independently and they told us there was not. However, when we spoke to the senior care worker, who was cooking on the day of the inspection they told us this person should have had a plate guard to make it easier for them to eat.

After this person had finished their cooked breakfast, they were offered toast and asked for marmalade. The toast arrived but did not have any marmalade on it. No explanation or apology was made for the missing marmalade. When we asked staff they told us there was no marmalade.

After breakfast the same person was taken to the lounge in their wheelchair, still with porridge on their clothing and in their hair. Two care workers came, with the hoist, to assist them into an armchair. The two members of staff did not offer any explanation of what they were doing and whilst being hoisted we could see the person's bare thigh and incontinence product was exposed.

We saw one care worker bring another person into the dining room in a wheelchair. They did not speak to the person and just pushed them up to a dining table. Another care worker said, "Hello" to the person and the other care worker said, ""She's not in a good mood this morning," and left the room.

During breakfast we heard one person shouting out over a three minutes period, "Help I want to go home." "Nobody knows, nobody cares." "What the hell do I do, what the hell do I say. Please God help me." This was ignored by the three staff in the dining room.

We saw one person had their shoes on the wrong feet, this was not spotted by staff and they remained on the wrong feet throughout our visit.

The senior care worker, who was cooking on the day of the inspection, told us about 'The resident of the day' scheme. They told us whoever was resident of the day would be offered a bath or shower, have their bed changed and their bedroom thoroughly cleansed and be asked what food they would like that day. We asked them who the resident of the day was as we had not heard any mention of this at the staff handover in the morning. They told us who the person was and we asked them if they had requested any special meals as we had observed breakfast and lunch and the person had been offered the same meals as everyone else. They said they hadn't been specifically asked and this was probably their fault as they should have asked them.

We went to look at this person's bedroom during the afternoon and saw the bed had not been made properly; nor had the bed linen changed. There were 'bits' in the bed, a dirty comb on the side of the en-suite toilet and faeces on the toilet seat.

In another bedroom we also saw the bed had not been remade. There was hair and 'bits' in the bed, the fitted sheet had not been pulled over the mattress and the pillow was lumpy. We asked the registered manager to look at these rooms with us and they agreed the condition of the rooms was not acceptable.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did witness good practice from other members of staff who we could see knew people well and were aware of individuals likes and dislikes.

We saw one person spill a drink over their clothing and saw three care staff all trying different approaches to encourage them to go and get changed, which eventually they did.

Visitors we spoke with told us they were made to feel welcome and told us they found staff patient and kind. One visitor said, "The staff are friendly and we are made to feel welcome anytime. They do their best for them, you can't complain."

Requires Improvement

Is the service responsive?

Our findings

We looked at the care plan for one person who we saw had a low body weight. Their nutritional risk assessment identified they were at 'high risk' of malnutrition. The care plan advised if the person lost more than 2kgs in a month they should be referred to the GP. We looked at their weight records and saw they had lost 4kgs in weight between the end of October and the end of November 2015. However, the review of their care plan at the end of November 2015 stated, "Has lost small amount of weight – risk remains." No referral to the GP had been made and the extent of the weight loss had not been identified. We saw this person had been losing weight since March 2015 and in total had lost 12.2kgs, but this had not been picked up through the care planning and review process.

We asked the nurse on duty if this person's food and fluid intake was being monitored and they told us the care staff did this. We looked at the food and fluid intake records from 30 November 2015 and saw records had not always been fully completed and no one was monitoring these to make an assessment about the adequacy of the person's food and fluid intake on a daily basis.

We saw instructions in the care plan that this person should be offered small frequent meals, finger foods such as sandwiches and would eat chocolate biscuits if they were put in front of her. We observed they were not offered any foods between breakfast and lunch.

We spoke with the registered manager about this and they told us they had picked up the recent weight loss from their audit of people's weights and had contacted the nurse practitioner who had prescribed complan shakes. We saw these supplements arrived on the day of our inspection. However, the registered manager agreed the weight loss should have been identified and steps taken to mitigate the nutritional risk in a more timely way.

Staff told us one person living at the service had suffered a recent bereavement. We looked at their care plan to see what support staff should be offering. However, there was no care plan in place.

We saw care plans were being reviewed every month, however, care plans were not being updated with any changes. This meant to get an up to date picture of someone's current needs staff would need to read through all of the reviews. For example, in one care plan we saw no issues had been identified with the person's continence needs. However, when we read the monthly reviews we saw they had been having episodes of incontinence since September 2015. The care plan gave no information about how the change in needs were to be met.

We also asked care staff when they had last looked at care plans to enable them to deliver appropriate care, they said, "There is not much opportunity to read care plans."

This breached Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

We asked people if there were activities on offer for them. One person told us, "We have had trips out to Blackpool and Bridlington, it was beautiful. (Name) takes us out in the van and we had a party at the working men's club." Another person said, "They are mostly women's activities." A visitor told us, "There are lots of activities and they bring in entertainers. There was a carol service."

The service had two activities co-ordinators in post and a programme of activities was on display in the foyer. The registered manager explained they had increased the hours for the activities staff so more activities and trips out could be organised.

We saw an art and craft session taking place in the lounge. Some people were making lanterns whilst others were drawing. There was very good support and interaction between people and the activities co-ordinators. We also saw a music and exercise class in the other lounge/dining area which people seemed to enjoy. One of the activities co-ordinators was very skilled at engaging with people and involving them in daily life at the home. For example, they asked one person if they wanted to go to the laundry with them, which they did and another person was asked if they wanted to help set the dining tables, which they did. This meant people were being kept occupied and also had the opportunity have trips out.

We looked in the entrance hall to see if the complaints procedure was on display. We found a copy of the Local Authority's complaints procedure but not one for Claremount House. We asked the registered manager about this who said it should be there but one of the people using the service did have a tendency to remove information from this area.

We spoke to some visitors who told us if they had any concerns they would feel able to raise these with the registered manager.

We looked at the complaints log and saw three complaints had been recorded since our last visit in January 2014. These showed what action staff had taken to resolve the complaints and that staff had checked with the complainant that they were happy with the outcome. We found one complaint had been recorded in the individual's care plan but had not been entered in the complaints log. We asked the registered manager if they recorded low level concerns, such as missing laundry. They said they did not as these sort of issues were dealt with as they arose. However, they agreed without recording these it would not be possible to spot any themes or trends.

Requires Improvement

Is the service well-led?

Our findings

On the day of inspection the orgainsation and leadership of the shift was poor. The night nurse handed over information to the day staff in the main lounge. There were three people who used the service in this area who could have overheard the information which was being shared. When the night nurse finished the handover they went into the treatment room with the day nurse to handover the controlled drugs. The four care workers remained in the lounge for five minutes with nothing to do until the day nurse returned to allocate their duties for the day. We asked a member of care staff how people's care needs were prioritised in a morning, they said, "No-one tells us what to do, it's just left to us to decide."

The organisation of the breakfast time meal was very poor. People were not served in a timely way and one care worker did little to engage with people. Mid morning one of the inspectors went into the quiet lounge, where there were no service users, and found all five care workers who were on duty writing in people's care records. Although there was an activities co-ordinator in each lounge, this meant there were no care workers available to assit people.

At lunchtime we saw five carers standing at the serving hatch in the dining room for 5 – 10 minutes waiting for the cook to plate up the lunchtime meal. They did not utilise this time to engage with the people who were in the dining room waiting for their lunch.

We saw the lack of leadership of the shift resulted in people's dignity being compromised.

We saw the last 'resident and relatives meeting' had been held in October 2015 but had only been attended by one person who used the service and their relative. The registered manager told us these meetings were held every three months. One relative we spoke with told us they felt communication with the manager was poor and they said there were no regular meetings. With such poor attendance at the meeting the views of other people using the service and relatives were not being captured and responded to.

The registered manager told us they audited two care files a month and diarised any action that was needed so they could check any updates required had been completed. However, we found care plans were not always being updated as people's needs changed.

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

Staff we spoke with all told us the registered manager was approachable and was very good with the people using the service. One staff member said, "They are always happy and cheerful and are very relaxed with people and (name) helps everyone service users and staff."

We saw the registered manager was completing a range of audits, for example, audits of the environment, people's weights and accidents and incidents. We saw the environmental audits were effective for example, we saw a broken radiator cover and stained bedroom carpet when we looked around. The registered

manager was already aware of these and arrangements had been made to have them replaced.

The registered manager also explained they completed 'out of hours' unannounced checks, for example, at the weekends to see how the service operated in their absence. We saw they had conducted two visits over a weekend and found everything to be in order.

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 did not take formal enforcement action at this stage. 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 10 HSCA RA Regulations 2014 Dignity and respect Service users were not being treated with dignity and respect Regulation 10 (1)

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 Systems and processes were not established or operated effectively to assess, monitor and improve the quality of the services or the experience of service users or to assess, monitor and mitigate risks to service users Accurate, complete and contemporaneous records were not maintained in respect of each service user, including a record of the care and treatment provided to the service user. Regulation 17 (1) (2) (a) (c).