

Soundpace Limited

Groveswood Residential Home

Inspection report

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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

We carried out an unannounced inspection of Grovewood Residential Home on 28 February and 7 March 2018.

We had previously inspected the home on 26 and 30 October 2017 when we found breaches of Regulations 11, 12, 15, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an improvement action plan to tell us how they planned to address the breaches of regulations. We did not receive an improvement plan. In January 2018 we received information of concern from the relative of a person who had been accommodated at the home. These concerns were investigated by the local authority and found to be substantiated. In February 2018 we received further information of concern from a person who worked at the home.

Grovewood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Grovewood accommodates up to 32 people in one adapted building.

The home is required to have a registered manager. 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. At this inspection, the acting manager informed us that the person registered as manager was no longer employed at the home.

During our inspection in October 2017 we found breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed because the provider had not ensured that robust recruitment procedures were followed including the relevant checks. During this inspection we found that some progress had been made in setting up a personnel file for each member of staff. However, we looked at ten of the personnel files and only two of them contained all of the information needed to ensure that the person was suitable to work with people who may be at risk of neglect or abuse.

During our inspection in October 2017 we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. This was because the premises and equipment were not always maintained in a safe condition; the management of medicines was not safe; people were not adequately protected from the risk of infection.

During this inspection we found that regular in-house health and safety checks, for example checks of water temperatures, had not been recorded recently. When we checked the water temperature in the shower room and bathroom we found it was higher than the safe limit.

During this inspection we found that some parts of the building were unclean and on the first day there was

no hot water supply in ten bedrooms and two toilets. There were eight rooms with either no bin, or a bin without a lid. The bins without a lid included one bin that had a continence pad in it. We found unpleasant smells in five areas. The floor and walls in the laundry room needed attention so that they could be cleaned thoroughly.

The medicines room had no hand washing facilities and had an extractor fan that was very dirty. Two people were prescribed a controlled medication and the quantities recorded in the controlled drugs register were incorrect for both of these.

During our inspection in October 2017 we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing, because staff had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Staff training records had not been maintained since our inspection in 2016 which meant we could not check if everyone's training was up to date. There were no records to show that new staff employed during 2017 had received any induction training. There was a system of staff supervision and appraisals, however records had not been maintained and we found no records of these being done since our inspection in 2016.

During this inspection we found that a programme of staff training was planned and some staff had attended moving and handling training. However, no records of this were available so we could not identify how many staff had this training. The acting manager told us that the providers had carried out staff supervisions but we found only one record of a supervision in the staff files we looked at. Some staff said they had a supervision but others said they had not.

During our inspection in October 2017 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. This had also been identified at the inspection carried out in September 2016.

Six people were sharing a bedroom with someone who was not related to them and we found no evidence that these people had formally consented to sharing a bedroom; that they had the capacity to consent to such a decision; or that a sharing agreement was in place. We were unable to find clear and up to date information about which of the people living at the home had the protection of a Deprivation of Liberty Safeguard (DoLS) or for whom a DoLS application had been made.

During our inspection in October 2017 we found breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment. We saw a number of areas that were not adequately maintained. During this inspection we found that very few improvements had been made. We found maintenance issues in a number of bedrooms, for example nine rooms had poor carpeting, five had damaged furniture, six had damaged radiator valves and six had issues with the call bells.

At our inspection in October 2017 we found that no written information about the service provided was available for people living at the home and their families or for people interested in going to live at the home. The provider said they would make copies available but they had not done this.

During our inspection in October 2017 we looked at the care files for three people who lived at the home. These contained information about the person's needs and preferences and their life histories. The care plans were written in a person-centred style and were sufficient in content to enable staff to look after the person in the way they preferred. At this inspection we saw that the assessments and care plans had not

been reviewed and updated since our last visit. The acting manager was in the process of putting the information onto an electronic system. However, we found that the recording on the electronic system lacked the person centred detail we had seen in the paper files.

During this inspection we found no information, assessments, or plans in place for the care of a person who was living at the home and had been there for a month. The acting manager told us that an assessment of the person's needs had been sent to them by email but during the inspection they were unable to access this information. The staff who were providing care for the person had no information about their care and support needs.

During our inspection in October 2017 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. At this inspection, the acting manager told us that the person registered as manager was no longer employed at the home. We considered that the acting manager, who was previously the deputy manager, was unable to fulfil all of the management and administration tasks that were needed due to the volume of work required. The provider told us they were actively recruiting for an administrator.

We found that record keeping across the service was chaotic. For example, there was no up to date list of people living at the home; there were discrepancies in the personal finance records we looked at for two people.

Staff we spoke with said the acting manager was very approachable and supportive and had created a much more positive atmosphere. However, the acting manager told us she was concerned about staff discipline within the home and had received reports of staff spending time on their phones rather than interacting with the people living at the home.

During the inspection we saw that there were enough staff on duty and people's call bells were answered promptly. The acting manager told us that since our last inspection there was a member of staff allocated to both cleaning and laundry every day.

Staff we spoke with knew about safeguarding and had reported their concerns.

We observed that staff supported people in a friendly, caring way and people we spoke with said the staff treated them well. The service had an activities organiser and people enjoyed the social activities provided.

The home's complaints procedure was displayed and had been updated following our last inspection. The acting manager told us that no complaints had been received since our last inspection.

The overall rating for this registered provider is 'Inadequate'. This means that it has been placed into 'Special Measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

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

the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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.

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.

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.

At our last inspection we found that the required checks had not been carried out before new staff were employed. At this inspection we found that some progress had been made however not all of the required checks were in place.

At our last inspection we found that improvements were needed in some areas of medicines management. At this inspection we found that medicines were still not always well managed.

At our last inspection we found that parts of the premises were not clean. At this inspection we found that some areas were not clean and hot water was not available in some parts of the building.

Risk assessments recorded in people's care files had not been reviewed and updated for several months.

Is the service effective?

Inadequate 

The service was not effective.

At our last inspection we found that staff training and supervision records had not been maintained and there was no evidence that staff had any recent training or supervision. At this inspection we found that training relating to moving and handling had been provided, but further improvements were required.

At our last two inspections we found no records to show that when people shared a double bedroom, this was by choice. At this inspection we found that six people shared double bedrooms with no evidence of consent.

At our last inspection we found that parts of the premises were not well-maintained. At this inspection we found no improvement to the maintenance of the premises and no clear plans in place.

Due to lack of records, we were unable to determine that

Deprivation of Liberty Safeguards had been applied for for everyone who required this protection.

Is the service caring?

The service was not always caring.

The staff employed at the home were kind, caring and good-humoured.

People were not provided with a pleasant environment to live in.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People's care files had not been kept up to date. There were no plans in place for the support of one of the people living at the home.

A varied programme of social activities was provided and people appreciated and enjoyed the activities.

The home's complaints procedure had been updated.

Requires Improvement ●

Is the service well-led?

The service was not well led.

The provider had failed to provide the improvement plan required by CQC following the last inspection.

The registered manager was no longer employed at the home. We considered that the acting manager was unable to fulfil all of the management and administration tasks that were needed due to the volume of work required.

The provider did not have effective quality monitoring systems, and in the absence of a registered manager, we found no evidence of quality monitoring by the provider.

There were discrepancies in the personal finance records we looked at for two people.

Inadequate ●

Groveswood Residential 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.

We undertook an unannounced inspection of Groveswood Residential Home on 28 February and 7 March 2018. The inspection was undertaken by two adult social care inspectors and an assistant inspector.

Before the inspection we contacted Wirral Council Contracts department to ask if they had any concerns and they informed us of concerns that had been raised over the last year. We looked at all of the information that CQC had received about and from, the service since the last inspection. We had concerns that an improvement plan had not been received and we received concerns from a relative and a staff member.

During our inspection we spoke with four people who lived at the home, one relative, the acting manager, and six members of staff. We looked at all except one of the bedrooms, and all of the bath/shower rooms. We looked at a range of records including care records for four people, medication storage and records, staff files and training records, premises records, and records relating to the quality checks undertaken at the service. On the second day of the inspection we spoke with the provider.

Is the service safe?

Our findings

During our inspection in October 2017 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed because the provider had not ensured that robust recruitment procedures were followed including the relevant checks.

During this inspection we found that some progress had been made in setting up a personnel file for each member of staff. However, we looked at ten of the personnel files and only two of them contained all of the information needed to ensure that the person was suitable to work with people who may be at risk of neglect or abuse. This meant that staff may be working in the home who had not been safely recruited and may not be deemed safe to work with vulnerable people.

The acting manager informed us that a member of staff had been dismissed recently but there were no records of any disciplinary process.

These are continued breaches of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

During our inspection in October 2017 we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment. This was because the premises and equipment were not always maintained in a safe condition; the management of medicines was not safe; people were not adequately protected from the risk of infection.

The home did not employ a maintenance person, however the deputy manager told us that a maintenance team was on-call to attend to repairs needed. Up to date certificates were in place for the maintenance of equipment and services. However, regular in-house health and safety checks, for example checks of water temperatures, had not been recorded recently. When we checked the water temperature in the shower room and bathroom we found it was higher than the safe limit.

A member of staff told us "I mention repair needs to the handyman over and over but it takes time to get done. It used to be meticulous and there were for example never any bulbs gone. It's not like that anymore. It can take a long time for things to get done." The cook told us that the dishwasher had been broken for five weeks but was now repaired.

During this inspection we found that some parts of the building were unclean and on the first day there was no hot water supply in ten bedrooms and two toilets. There was no hot water in the hand washing basin in the staff toilet on the second floor. Staff told us that they carried hot water in jugs to the bedrooms of people where there was no supply. On the second day, the manager informed us that a plumber had visited and the hot water supply had been restored.

There were eight rooms with either no bin, or a bin without a lid. The bins without a lid included one bin that had a continence pad in it. We found unpleasant smells in five areas.

The laundry room was in the basement. New washing and drying machines had been provided in 2017 but the floor and walls need attention so that they could be cleaned thoroughly. We observed that staff had thrown un-bagged laundry down the basement stairs and the laundry assistant picked this up without wearing a protective apron.

During our inspection in October 2017 we found that the medicines room had no hand washing facilities and had an extractor fan that was very dirty. At this inspection we saw that the fan had not been cleaned. The acting manager told us that there was not enough space for a hand basin, however there was a large refrigerator in the medication room which was used for the storage of food as well as medication. It is not good practice to store food in the medication room and unauthorised staff had access to people's medication.

Two people were prescribed a controlled medication and the quantities recorded in the controlled drugs register were incorrect for both of these. Staff had continued to sign and countersign the records in the controlled drug register for several days despite the total being incorrect. Also, the pharmacy label had come off a bottle of a prescribed controlled drug in liquid form and this was still being used. The home's medicines audits had not identified these issues.

These are repeat breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risk assessments recorded in people's care files were not up to date. For example, one person had four falls recorded so far in 2018 but no reviews had been recorded in their file. The falls risk assessment for another person had not been reviewed since July 2017.

The home had been inspected by a fire officer in November 2017. No requirements were made but there were a number of recommendations for improvement. We saw records of regular fire drills being held but these had all been done during the day and not for the night staff.

During the inspection we saw that there were enough staff on duty and people's call bells were answered promptly. The acting manager told us that since our last inspection there was a member of staff allocated to both cleaning and laundry every day.

Staff we spoke with knew about safeguarding and had reported their concerns.

Is the service effective?

Our findings

During our inspection in October 2017 we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing, because staff had not received appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

Staff training records had not been maintained since our inspection in 2016 which meant we could not check if everyone's training was up to date. There were no records to show that the new staff employed during 2017 had received any induction training. There was a system of staff supervision and appraisals, however records had not been maintained and we found no records of these being done since our inspection in 2016.

During this inspection we found that a programme of staff training was planned and some staff had attended moving and handling training. However, no records of this were available so we could not identify how many staff had this training. A training provider who was visiting the home told us that 11 staff were signed up for the Care Certificate. There was a risk in the home that staff were not appropriately trained to carry out their job roles and thus a risk to the people that they were caring for.

The acting manager told us that the providers had carried out staff supervisions but we found only one record of a supervision in the staff files we looked at. Some staff said they had a supervision but others said they had not.

This is a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During our inspection in October 2017 we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Need for consent. This had also been identified at the inspection carried out in September 2016.

The home had six bedrooms that could be shared by two people. We found no evidence that people had formally consented to sharing a bedroom; that they had the capacity to consent to such a decision; or that a sharing agreement was in place. The deputy manager told us that people only shared a bedroom by choice, however there were no records to support this. At the time of this inspection, three bedrooms were being shared by people who were not related to each other. Two had privacy screens but the third did not.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we looked at three people's care files and saw that people's mental health and ability to consent decisions had been considered in the planning and delivery of their care, however these had not been kept under review and up to date. In the office there was a list of people living at the home with details of any DoLS in place, however this was not up to date and the manager told us that seven people whose names were shown on the list were no longer living at Grovewood. There was a risk that people living in the home had been deprived of their liberty unlawfully.

These are repeated breaches of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our inspection in October 2017 we found breaches of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment. We saw a number of areas that were not adequately maintained. For example, a broken window blind in a bathroom; a bedroom with no curtains; an en-suite toilet cubicle that was smelly and the extractor fan seemed not to be working; two toilets without seats; poor carpets in some bedrooms; rotting window frames at the back of the property; a bed headboard stored in a bathroom next to the toilet.

During this inspection we found that very few improvements had been made. The bed headboard was still stored in the bathroom. We found maintenance issues in a number of bedrooms, for example nine rooms had poor carpeting, five had damaged furniture, six had damaged radiator valves and six had issues with the call bells. This meant that people were living in a poor and potentially unsafe environment.

This was a repeated breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were generally happy with their meals although one person told us "It's passable if you're hungry." One person's daily notes recorded on 15 January 2018 that "Has lost his appetite over the last couple of weeks. Will monitor." However, the acting manager told us that no food charts were currently in use and we could not see how the person's nutritional intake was being monitored.

Is the service caring?

Our findings

During our inspection in October 2017, all of the visiting relatives we spoke with were happy with the care provided at the home. All of the relatives we spoke with said their family member was treated with dignity and respect. People living at the home also considered that their privacy and dignity were protected when they received personal care. The acting manager told us that since our last inspection one person had been supported to move from a shared bedroom into a single bedroom.

During this inspection we spoke with one relative who told us "My only concern is that my [relative] is staying at the top of the building and that means using three chair lifts. There is no lift. That takes a long time."

People living at the home told us "They've all been very kind and have a laugh and a smile."; "They are a lovely crowd of people. I cannot fault it at all."; "I like them all, the carers. They are kind to me." and "They know me and have known me for a long time." However, one person said they didn't feel listened to. They said that if they raised an issue "It seems to go in one ear and out of the other." Another person said they couldn't have a shower or bath as often as they wanted to.

We observed that staff supported people in a friendly, caring way. There were no restrictions on visiting. People's personal information was kept in locked filing cabinets in the office or on a password protected electronic system.

At our inspection in October 2017 we found that no written information about the service provided was available for people living at the home and their families or for people interested in going to live at the home. The provider said they would make copies available but they had not done this.

Some people did not have a good environment to live in. For example, some people did not have a call bell lead in their bedroom; some mattresses had hard plastic covering which was covered only with a thin sheet; some radiators were not working. In the conservatory, people sat very close together in a row. Part of the quiet lounge was used for storage of items including wheelchairs, cardboard boxes, washing baskets and continence products. This was not homely and did not create a pleasant environment for people to live in.

Is the service responsive?

Our findings

During our inspection in October 2017 we looked at the care files for three people who lived at the home. These contained information about the person's needs and preferences and their life histories. Care records showed that people's care and support needs were assessed before they went to live at the home to ensure that the service would be able to meet their individual needs. The care plans were written in a person-centred style and were sufficient in content to enable staff to look after the person in the way they preferred.

At this inspection we saw that the assessments and care plans had not been reviewed and updated since our last visit. The acting manager was in the process of putting the information onto an electronic system. However, we found that the recording on the electronic system lacked the person centred detail we had seen in the paper files.

During this inspection we found no information, assessments, or plans in place for the care of a person who was living at the home and had been there for a month. The acting manager told us that an assessment of the person's needs had been sent to them by email but during the inspection they were unable to access this information on the computer. The staff who were providing care for the person had no information about their care and support needs. This meant that the person was at risk of receiving inappropriate and unsafe care by staff who did not know how to support them.

At the time of our visit nobody was receiving end of life care but we saw evidence that district nurses had provided support for people living at the home during their final days.

The service employed an activities organiser and people enjoyed the social activities provided. These included group activities such as baking, quizzes and games, and taking people out on a one to one basis for shopping or leisure trips.

The home's complaints procedure was displayed and had been updated following our last inspection. The acting manager told us that no complaints had been received since our last inspection. One of the people living at the home told us "If I have any problems I speak to [acting manager's name] but I can talk to anyone."

Is the service well-led?

Our findings

During our inspection in October 2017 we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance. Before the inspection, the provider had informed us that the registered manager was not currently working at the home pending an investigation. The deputy manager was fulfilling the roles of manager, deputy, and administrator as well as providing hands-on care. We were concerned about the workload of the deputy manager and the volume of record keeping that needed to be brought up to date.

At this inspection, the acting manager told us that the person registered as manager was no longer employed at the home. We considered that the acting manager, who was previously the deputy manager, was unable to fulfil all of the management and administration tasks that were needed due to the volume of work required. The provider told us they were actively recruiting for an administrator.

During the inspection in October 2017, we looked at the provider's development plan for the home. The plan, dated April 2017, was very brief and generalised. Following the inspection, the provider failed to provide an improvement plan as required by CQC. At this inspection we found no evidence of any quality monitoring by the provider, although the acting manager told us they were supportive.

We found that record keeping across the service was chaotic. For example, there was no up to date list of people living at the home; there were discrepancies in the personal finance records we looked at for two people. One had £1 too much and one £5 too little. Whilst trying to locate records, we asked to look in a filing cabinet in the office. In one of the drawers we found a wallet with an old £5 note and some change; medication belonging to two people; a large envelope with money in marked "collection for Pat's retirement"; unopened greetings cards posted to two people who lived at the home. The acting manager told us nobody had looked in the drawer since the manager had been suspended almost six months previously.

Staff we spoke with said the acting manager was very approachable and supportive and had created a much more positive atmosphere. One member of staff said "There has been a massive change with the new manager. She is so much friendlier and gives you guidance rather than just telling you to do things. I used to dread coming into work, now I don't." However, the acting manager told us she was concerned about staff discipline within the home and she had received reports of staff spending time on their phones rather than interacting with the people living at the home. The provider told us they had concerns regarding the competence of senior staff to provide the support the acting manager needed. We saw a record of a staff meeting with the acting manager held in February 2018 during which these issues were raised.

A programme of monthly audits to monitor the quality and safety of the service had previously been carried out by the registered manager. This included audits of care planning, medication, accident and incidents, infection control, and health and safety audits. However, the audits had not identified or addressed concerns that we found during our inspection in October 2017. Some of the audits had been continued, for example monthly medication audits. An infection control self audit scored 97% on 23 January 2018,

however this did not correspond with our findings. Cleaning and laundry daily checks had been recorded during January 2018 up to 26th and on 5 February 2018 but not since. All of the other issues identified in this report had not been recognised by the provider or acting manager and not picked up by the current audit system in place.

These are repeated breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

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 11 HSCA RA Regulations 2014 Need for consent People shared double bedrooms with no evidence of consent. Due to lack of records, we were unable to determine that Deprivation of Liberty Safeguards had been applied for for everyone who required this protection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always well managed. Some areas were not clean and some areas were unsafe. Risk assessments recorded in people's care files had not been reviewed and updated for several months.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Parts of the premises were not well-maintained and did not provide a pleasant environment for people to live in.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Not all of the required checks were in place to show that new staff were of good character.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive the training and supervision required for their role.