

Okeley Healthcare Limited

Okeley Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Okeley Care Home is a residential care home that is registered to provide support to up to 84 people. The service was providing care to 74 people aged 65 and over at the time of the inspection. The majority of people living at the service were living with dementia.

People's experience of using this service: People told us that they felt safe, however we found medicines were not always being managed safely and we identified shortfalls in how risks were responded to and monitored. People told us they sometimes had to wait for support and we found there were not sufficient numbers of staff deployed to meet people's needs. We observed staff were rushed at times and made observations where this had impacted on people's dignity. We also found improvements were needed to care plans and activities. The auditing and governance at the service had not proactively identified and addressed all the issues found at this inspection.

People spoke positively about the food that was provided for them and we saw evidence of their involvement in this. Whilst care planning was not always consistent, we did see examples that were personalised and where people's individual needs and preferences had been responded to. People spoke positively about the staff and we also observed good practice from staff in response to needs relating to people's dementia.

There had been two changes in management since our last inspection which had led to inconsistent leadership. There was a new manager in post who shared their ideas and vision for the service with us. They had started to implement some new practice with a focus on people's dignity and promoting independence. Staff told us they felt supported and we saw evidence that staff had received training and support for their roles.

Rating at last inspection: Good. Our last inspection was carried out in March 2016 where the service was rated as good and there were no breaches of the legal requirements.

Why we inspected: This was a planned inspection to check if the service was continuing to meet the characteristics of a good rating and to check all legal requirements were still being met.

Enforcement: Action we told provider to take (refer to end of full report)

Follow up: The provider will share an action plan with CQC and we will continue to monitor the service. We will return in line with our policy to check that the concerns we identified have been addressed and that the legal requirements are met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Okeley Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors, one assistant inspector, one directorate support co-ordinator and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Okeley Care Home is a residential care service providing support to older people with needs relating to mobility and medical conditions. The majority of people at the service were living with dementia.

The service had a manager in post who was in the process of registering 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.

What we did:

Before Inspection: We reviewed the information sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all information we held about the service including feedback from relatives and healthcare professionals. We also checked online feedback for the service. We contacted commissioners and placing authorities and reviewed statutory notifications submitted to CQC. Statutory notifications are notifications of events providers are required by law to report to CQC.

During Inspection: We spoke with 14 people and 10 relatives and made observations throughout the day. We

also spoke with the manager, two regional managers, six care staff, two kitchen assistants, one housekeeper and one activities co-ordinator. We looked at care plans for 12 people and records relating to medicines administered to a further 12 people. We reviewed 6 staff files, minutes of meetings, a selection of policies and looked at a variety of audits and checks. We also checked the provider's records of incidents and complaints.

After Inspection: The provider sent further evidence to us related to staff training and activities. We also received updates on actions taken in response to feedback given at the end of the inspection.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection

- People told us they felt safe living at the service. One person said, "I feel much better since coming here, I haven't got to worry about anything." Another person said, "I feel safe and secure, the staff are very good." Despite these comments, we identified shortfalls with the safety of care and the management of medicines.
- Systems for ensuring the safe management of medicines were not operating effectively. The provider told us they had recently changed from a 'blister pack' dispensing system to a 'biodose' system and this had led to some of the issues we identified.
- People had medicines care plans but these did not follow best practice guidance and did not include details of the exact nature of support people needed, or what risks or side effects staff should be aware of when supporting people with specific medicines. This included medicines such as eye drops where the eye requiring treatment was not recorded.
- The provider had not followed best practice guidance on how staff should administer 'as needed' medicines. In some files there was no guidance and in others the guidance was not clear. For example, one person was prescribed sleeping tablets on an 'as needed' basis but the instruction about when to administer it stated only "for sleeping." There was no information about how staff should make the decision to administer this medicine. We also found a lack of information for staff about how and when to apply topical medicines.
- Staff told us they recorded how much medicine was left in medicine boxes in the medicine administration records. However, this was not the case for any of the records viewed. This meant counts were only taking place during formal audits and it would be difficult to identify when and where errors occurred.
- Staff did not always manage and respond to peoples risks safely. One person's frequent risk of harm to themselves and others continued to be managed by staff ineffectively because actions taken in response to incidents were not robust enough to prevent them from reoccurring. Staff documented the same actions after each incident, to monitor and engage with the person despite previous incidents showing these interventions were not always working. Records showed there had been contact with healthcare professionals and funding authorities. However, there was a lack of robust response to risk whilst these actions were pending.
- Two people were at risk of developing pressure sores due to spending time in bed. Care plans stated they were to be repositioned frequently, but daily notes demonstrated this did not always happen. Where one person had an air mattress to reduce pressure on their skin, their care plan stated staff should check it was on the correct setting, but did not detail what the correct setting was.
- The provider kept records about how to support people to evacuate in an emergency, such as a fire. However, these lacked detail about the nature of support people living with dementia would require to evacuate safely. Plans considered people's mobility but did not contain detail on their ability to respond to

an alarm or follow instructions to evacuate.

- People were not always protected against the risk of the spread of infection. We observed two sluice rooms were unlocked during the day which meant people living with dementia could come into contact with contaminated objects. We also found some communal areas did not smell pleasant. However, in other areas of the home we observed the environment to be clean and tidy.

The shortfalls in medicines, risk management and infection control were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- After the inspection, we received an action plan from the provider which showed they had carried out checks of their medicines and risk plans and had started to address the areas where we had identified shortfalls. We received evidence of improved records and audits relating to medicines. We will follow up on the effectiveness of these actions at our next inspection.

Staffing and recruitment

- There were not sufficient numbers of staff deployed to meet people's needs. People told us they did not feel there were enough staff to meet their needs. One person said, "They [staff] often tell me they're short of staff, I feel sorry for them sometimes." A relative told us, "You can see sometimes that they're just too busy."
- Staff were allocated specific duties at certain times of the day and were inflexible in their approach to varying from their allocated tasks. For example, at lunchtime we saw one person was becoming increasingly distressed and repeatedly asking to return to their bedroom. Although three staff were on duty in the area they were all completing tasks related to serving, or clearing away meals. Staff were unable to attend to the person and eventually asked the person to wait 30 minutes despite them having already been waiting for 20 minutes.
- The provider used a dependency tool to calculate staffing numbers and records showed this was not up to date. For example, one person required constant supervision and monitoring due to needs relating to their dementia and was classed as 'high need'. Despite this, they had only been calculated for 4 hours of active care a day. Another person who was in receipt of end of life care, was documented as 'low need' despite requiring two staff for personal care tasks and regular repositioning. As stated above, charts for repositioning were not consistent so we were unable to see that staff were meeting these needs.
- Rotas showed the provider was not always able to fulfil their intended skill mix of staff. The registered manager told us there had been challenges in retaining and recruiting staff and we saw that senior staff were often substituted for care staff to ensure numbers were maintained. There was a process of recruitment ongoing and we will follow up on the effectiveness of this at our next inspection.

The failure to ensure there were sufficient numbers of staff deployed to meet people's needs was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider had carried out appropriate checks on staff to ensure they were suitable for their roles. Staff files contained evidence of references, employment histories, proof of right to work in the UK and a check with the Disclosure & Barring Service (DBS). The DBS carries out criminal record checks and holds a database of staff who would not be suitable to work in social care.

Learning lessons when things go wrong

- The provider kept a record of issues or incidents to document learning and actions taken. This record showed that where an issue had been highlighted about night checks, this had been raised with staff and group supervision took place. Other examples included issues with medicines and equipment being picked up and addressed with a learning approach.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults and were knowledgeable about how to escalate any concerns they had. Records showed that where there had been safeguarding concerns, these had been escalated to the local authority safeguarding team in a timely manner and the provider had worked with social care professionals to respond to concerns.

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

Requires Improvement: □ The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- In most cases the correct legal process was followed. However, we identified one instance where restrictions had been placed upon a person without the correct legal process being followed. One person was living with dementia and had diabetes and their care plan documented they often wanted to access sweet foods that could be detrimental to their health and staff were to restrict access to these. There was no decision specific mental capacity assessment or best interest decision. This restriction had been included in the DoLS application to the local authority which was authorised, however there was a lack of evidence of work with the person to assess their capacity and ensure this was the least restrictive option.
- We told the provider about this at the end of the inspection and they acted to address it. The service will not meet the characteristics of a 'good' rating in Effective until the MCA has been followed consistently.
- In other examples seen people had decision-specific mental capacity assessments for areas such as consenting to their care, medicines and use of equipment.

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

- People received a thorough assessment before moving into the service. Care records contained evidence of an assessment taking place which involved people and relatives with input from healthcare professionals.
- Assessments were holistic and followed a format where individual needs and preferences were captured. For example, one person who had recently come to live at the service had an assessment that documented how they communicated and what foods they liked.
- People's needs were assessed and met in line with best practice. Care plans showed evidence of work undertaken to find out about people's backgrounds and life histories, in line with accepted best practice in

care planning for people living with dementia. The manager was in the process of making changes to the service to further reflect best practice. These included improvements to activities and living spaces and activities for people living with dementia.

- The provider also used recognised tools such as malnutrition universal screening tool to assess nutritional risk and Waterlow, an assessment to assess skin integrity. Whilst we did identify shortfalls in how risks were monitored which we have reported on in Safe, risk assessments followed recognised formats. These were regularly reviewed and showed risks were assessed in a standardised manner and reflected current best practice guidance.

Staff support: induction, training, skills and experience

- Staff told us that they received training and the provider ensured it was regularly updated. One staff member said, "I have told them I want to do my NVQ so I am starting that March." NVQ is a National Vocational Qualification which provides further education courses in social care. Records showed staff received an induction when they started work and they confirmed this. Staff also completed the Care Certificate. The Care Certificate is an agreed set of training standards for working within social care.

- Staff training reflected the needs of the people they supported. Staff had received training in dementia care, including an immersive training course which gave staff practical experience of some of the symptoms of dementia. A staff member said, "People living with dementia don't always know who you are so you have to tell them who you are and what you are doing to make it as easy as possible." Records showed staff had training in dementia which was regularly refreshed as well as training in areas such as the MCA and health and safety.

- Staff told us that they received regular supervision and they found these useful for their roles. Records showed that whilst staff had received appraisals, some staff had not had a recent supervision. The manager was new in post and was in the process of getting supervision meetings up to date. We will follow up on the progress of these improvements at our next inspection.

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

- People told us they liked the food on offer. One person said, "Food is excellent, I always look forward to my meals." A relative told us, "In the afternoon they always give [person] fruit and they always cut it up for him so it's easy to eat, I really like that."

- There was a menu which provided people with a choice and the kitchen could also prepare a variety of alternatives for people. People were regularly asked about the food and made suggestions. For example, one person had recently requested beef stew and dumplings as this was a meal they enjoyed and records showed this was added to the menu.

- Where people had specific dietary needs, these were met. Care records contained details on people's nutritional needs and how to meet them. For example, one person was living with diabetes and their care plan detailed the types of foods they liked and low sugar alternatives which the kitchen prepared. Where people required soft foods, this information was detailed in their care plan and the kitchen maintained records which were regularly reviewed and updated when things changed.

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

- The building was adapted to meet people's needs, with wide corridors and clear signage to support people to find their way around the building.

- Some of the ground floor bedrooms had access to the garden, and we saw bird feeders had been put up to encourage birds that people enjoyed watching from inside the home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's records showed they regularly accessed healthcare professionals. One person was under the care of a psychiatrist and we saw evidence of records of appointments that staff had attended with them. The person's behaviour guidance contained input from the mental health team.
- Where staff noted changes in people's health, records showed they were referred for treatment promptly. Where staff noted an eye problem for one person they were referred to the GP and prescribed eye drops.
- Care files showed regular contact with healthcare professionals. Where changes to one person's needs had been identified we saw evidence of work with their social worker to review their 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

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

Respecting and promoting people's privacy, dignity and independence

- While we saw most people were supported in a way that promoted their dignity, there were occasions when we saw people were not always supported in a way that recognised their emotional needs. For example, we saw one person sitting near the staff desk on one of the units. They were expressing confusion about the time of day and when a relative might be visiting. Although a staff member was sat at the desk, they were not responding to or engaging with the person.
- In Safe, we reported that staffing levels meant people sometimes waited a long time for care and staff were sometimes rushed, which impacted on people's dignity and wellbeing. The service will not meet the characteristics of a 'good' rating in Caring until this is addressed.
- People told us staff were respectful of their privacy and knocked on doors before entering. We observed staff waiting for permission before entering people's rooms and where personal care was delivered, it took place behind closed doors.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were kind, caring and committed to supporting them. One person said, "They're very caring, nice girls, they're so patient and treat me very well." Another person told us, "They'd do anything for you here. They genuinely care I think, they wouldn't want to let us down." A relative said, "I'm very pleased with the staff, they're very helpful, I can't fault the care and kindness they show to [person]."
- Aside from the example above, staff treated people with kindness and compassion. One person was living with dementia and believed they worked at the service. We observed staff interacting with them, asking them to come and support with a care task when they became anxious. Later in the day, staff were observed providing gentle encouragement to a person who was living with dementia to come for lunch. Staff spoke in soft tones and gently took the person's hand, leading them to the table.
- Improvements were underway to ensure people's diverse needs were met. The provider was introducing a new assessment and care plan that provided space for people to express their gender identity. Care plans documented if people followed a particular faith and records showed people had been asked about their sexuality and background. However, we found that information about people's culture and sexuality sometimes lacked detail, such as one person who followed a particular faith and their care plan lacked detail on the support staff would need to give them to enable them to do so. The provider had already identified this and was in the process of addressing it with improved care plan layouts. We will follow up on the impact of these improvements at our next inspection.
- Care was delivered in a way that promoted people's independence. Care plans reflected people's strengths and tasks they could do themselves. For example, one person was living with dementia and was able to carry out most of their personal care themselves. Their care plan detailed how staff could encourage

them by reminding them of the need for personal care as well as supporting their decision making around clothing choices.

- Each unit had its own facilities to prepare snacks and drinks. During this inspection, we observed people making use of these and preparing drinks alongside staff.

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

- People were regularly consulted on their preferences and these were documented. The service had a keyworker system in place, which meant people had allocated staff members who oversaw their care.
- Records showed people had regular reviews where they were asked about their preferences in areas such as food and activities.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- We received mixed feedback about the activities on offer. One person said, "We had a visiting singer recently who was good, he sang all the good old songs from years ago." Another person said, "I don't join in with the activities, but they do tell me about them." Another person told us, "There's not enough going on if you ask me, there's a lot of sitting around waiting."
- Activities were not consistently person-centred. The service employed two activities co-ordinators and there was a timetable of activities each week that included a variety of activities. However, we identified instances where activities were not personalised. One person had told staff that they would like support to paint as part of their activities review. However, the following month this still had not happened.
- The records regarding people's engagement with activities were limited and non-specific. For example, one person's care plan stated the person "Loves to tidy" but did not explain what activities they had engaged with. One person said, "I used to make my own dresses it would be good if we could sew." This showed there had been missed opportunities to engage people in meaningful and personalised activities.
- It was also not clear what activities were offered to people who could not, or did not want to, attend group activities. Reviews noted that people didn't attend, and would continue to be encouraged to attend but did not describe any alternatives that had been offered.
- The provider was in the process of improving activities as they had identified a lack of activities for people at weekends. We also found a lack of evidence of people's involvement in choosing activities. We will require further action from the provider to ensure activities are person-centred.
- People's care plans did not always provide enough personalised information for staff to ensure their needs were met. Whilst we did see detailed guidance around people's behaviour, personal care and backgrounds, it was not always consistent in every care plan. For example, one person was documented as having depression and the care plan did not record how staff should identify low mood or how to improve their wellbeing. Another person had a care plan that stated they preferred male staff but their daily notes showed female staff regularly attended to their personal care.
- People had care plans in place documenting any advanced wishes. However, the level of detail was not always consistent. One person had a condition that meant they may require end of life care soon and there was a care plan in place which recorded that they would like music to play and relatives with them. After the inspection, we also received evidence to show people and relatives had positive experiences of end of life care. However, where people did not have a prognosis that meant end of life care may be required imminently, the level of detail about their advanced wishes was lacking.

The inconsistencies with activities and personalised care planning were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- We also saw a number of positive examples of activities. The activity co-ordinator had been doing some work based on culture following events held to celebrate Chinese New Year. People had also taken part in a large bird spotting initiative that the Royal Society for the Protection of Birds (RSPB) had undertaken. There were bird boxes in the garden to enable this.
- In other instances, care plans contained detailed guidance for staff. Staff told us they found care plans useful and the level of detail within them was sufficient to help them get to know people. One person was living with dementia and a detailed background of their life documented how a bereavement in their past affected them now. There was detailed guidance on what was important to them and how staff should respond if they became anxious or upset.
- After the inspection, we received evidence to show care plans were being updated to reflect people's backgrounds, routines and preferences. We will follow up on these improvements at our next inspection.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was accessible to people and people told us they knew how to complain.
- The provider kept a record of complaints and these were monitored to identify any patterns or trends. Records showed complaints were investigated and responded to in line with the provider's policy. For example, a relative had complained about night staff and this had prompted training with the staff as well as a response to the relative to ensure they were satisfied with the response.

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

Requires Improvement: □ Service management and leadership was inconsistent. The governance framework was not proactively identifying and addressing issues. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were a variety of checks and audits in place but these had not proactively identified and addressed the breaches of the legal requirements that we identified. For example, there was a lack of checks of call bell response times to ensure sufficient staffing levels and there had not been a recent survey of people's care experiences that asked them about response times. Audits of documentation had not identified the shortfalls in records related to risks and care planning.
- Medicines audits were completed by senior care workers who had not identified any of the issues described in the safe domain. The medicines audits stated medicines records were complete and guidance in place but this did not correspond with our findings during the inspection.
- Other audits had identified that risk assessments had not been updated in response to incidents, or lacked detail. However, the actions to address these issues had not been effective as our findings showed they had persisted. It was noted that previous audits had identified issues with equipment and reviews and these had now been addressed.
- Records were not monitored for accuracy. Records relating to risks such as repositioning charts or welfare checks were not documented in a format that could be easily audited. Daily notes did not always accurately reflect the tasks staff had supported people to complete. For example, one person's care plan recorded that they required daily support with oral hygiene. Whilst we could see that this need was being met, the person's daily notes recorded 'personal care needs met' rather than documenting what tasks had been carried out.

The shortfalls in auditing, governance and record keeping were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care; Working in partnership with others

- There was a new manager in post who was in the process of registering with CQC. The manager had a vision for the service and had begun to implement their improvements. These included embedding a culture at the service where people's living spaces were referred to as 'neighbourhoods' and people being referred to as 'family members' by staff to improve the ethos of the service. There was also a focus on dignity and the manager had introduced clothing protectors that looked like smart clothes such as a suit and tie and a memory blanket which relatives sewed items to after people passed away.
- The improvements were in the process of being implemented and the manager was in the process of embedding them. We will follow up on the impact of these changes at our next inspection.

- The management team were open with people, relatives and stakeholders. Relatives told us management were accessible and they were informed of any important changes or incidents at the service. Records showed relatives had been informed where there had been any issues.
- The provider understood the responsibilities of their registration. Records showed that where required, statutory notifications had been sent to CQC. Providers are required by law to notify CQC of incidents such as deaths, injuries and allegations of abuse.
- People's records contained evidence of information being shared with stakeholders to improve people's care. For example, where there had been changes to one person's needs recently we saw records of emails with social workers and the persons mental health practitioner to prompt changes and reviews.

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

- There were meetings that people and relatives could attend and we saw minutes of these. Recent meetings had been used to discuss planned improvements at the service and the manager told us they used these to gather suggestions and ideas.
- A survey was in progress to gather the views of people and relatives in order for them to influence improvements at the service. The provider completed these annually in order to identify and respond to feedback.

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 9 HSCA RA Regulations 2014 Person-centred care People's care was not always planned in a personalised way.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not being managed safely. There were shortfalls in the way risks were monitored and responded to.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance framework had not identified and addressed the issues we found in a proactive manner. We also identified shortfalls with record keeping at the service.