

Carebase (Sewardstone) Limited

# Ashbrook Court 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?

Inadequate 

# Summary of findings

## Overall summary

Ashbrook Court is registered to accommodate for 70 older people who require personal or nursing care. People may also have needs associated with dementia. There were 66 people living at the service on the day of our inspection.

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

At our inspection on 28 and 29 July 2015 we found that the provider was not meeting the requirements of the law in relation to the training and support of staff, governance and care planning. At our inspection on 13 and 14 June 2016 we established that while further progression was still needed in some areas, sufficient improvements had been made in others. However, the further improvements and areas of risk was of concern because the management of the service had not used the quality assurance systems effectively to continually improve the service for people and further failings had been identified in areas that were not failing at our July 2015 inspection. There was therefore a continued failing in good governance. Systems were not robust and had not identified risks to people or shortfalls in ensuring people's dignity was upheld.

Improvements were needed to recording aspects of the care and treatment people received, such as their food and fluids intake, repositioning or application of their prescribed creams as well as to guidance for staff on how to support some areas of people's care. Records of the support people received to participate in social activities and meaningful engagement also needed to improve.

Improvements were noted to staff training and support systems as well as to people's opportunities to express their views about the service.

Systems were in place to ensure the management of risks to the environment so as to ensure people's safety. This included the safety of the premises and equipment used. Equipment such as that relating to fire and electrical equipment had been tested and checked to ensure it was safe and in good working order.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. The registered manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so as to ensure their rights were respected and met.

People were supported by sufficient numbers of staff to meet people's needs effectively. Medicines were safely stored, administered and supported in line with current guidance to ensure people received their prescribed medicines to meet their needs. People told us that they received the care and support they required.

Arrangements were in place to support people to gain access to health professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People living and working in the service had the opportunity to say how they felt about the home and the service it provided and be listened to.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

Systems to manage individual risk for people living in the service were not consistently applied.

The provider had systems in place to manage safeguarding concerns. Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service.

There were enough staff to meet people's needs safely. People's medicines were safely managed.

### Is the service effective?

**Requires Improvement** ●

The service was not consistently effective.

While a minority of staff did not use their training effectively, improvements were noted to staff training, supervision and appraisal systems.

Records to demonstrate that people were well supported to eat and drink sufficient amounts needed improvement. People enjoyed their meals.

Guidance was being followed to ensure that people were supported appropriately in regards to their ability to make decisions.

People had access to healthcare professionals when they required them.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

People were not supported to maintain their dignity and staff did not always treat people in a respectful way.

People were involved in making decisions about their care and

the support they received. People's privacy was respected as were their relationships with their friends and relatives.

### Is the service responsive?

The service was not consistently responsive.

Aspects of people's needs had not been clearly planned for so that staff had guidance to follow to provide people with consistent person centred care.

Improvements were required to demonstrate that all people who lived at the service received the opportunity to participate in meaningful activities and social engagement.

People were confident that they could raise any concerns with the staff and that they would be listened to.

**Requires Improvement** ●

### Is the service well-led?

The service was not well led.

The quality assurance system was not effective and had not identified risks to people's safety and well-being or taken action to address this.

Accountability for ensuring continuous improvement was not robustly established and implemented so as to ensure that people's health, safety and welfare were promoted. There was continued failings in governance of the service.

Opportunities were available for people to give feedback, express their views and be listened to.

**Inadequate** ●

# Ashbrook Court Care 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 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 was undertaken by two inspectors on 13 and 14 June 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law. The provider 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.

During the inspection process, we spoke with eight people who received a service, three visiting relatives and a healthcare professional. We also spoke with the registered manager, the deputy manager, the business manager and six staff working in the service.

We looked at 13 people's care and 15 people's medicines records. We looked at records relating to six staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

Risks to individuals were not always identified and plans put in place to guide staff to manage risks safely. Records showed that people became distressed on occasion and that their behaviour had impacted on the safety of others. While we did not see any such events during the inspection, records were not in place to assess the risk and instruct staff on how best to manage this to ensure people's safety and well-being.

Risks relating to the use of bedrails were not managed safely. Although seven people were observed to have bedrails in place and were identified as requiring the use of bedrails, a full risk assessment to determine if the bedrails were suitable for the person or whether alternative equipment was more suitable had not been completed to ensure people's safety. This meant that we could not be assured that safe practices had been put in place to minimise the risk to people.

Some people were assessed as being at high risk of developing pressure ulcers. We checked the settings of pressure relieving mattresses that were in place to help prevent pressure ulcers developing or deteriorating. The mattresses were not always set according to people's weight as required or at the setting stated in their care documentation. Records to show that staff had checked these settings daily were not always consistently or accurately completed which increased the risk to people's safety. One person's record stated that the mattress was to be set at 90Kg, their weight was recorded as 54Kg and the mattress was actually set at 30Kg. Whilst the incorrect use of the mattresses presented an increase to people's risk of developing pressure ulcers, the registered manager confirmed that none of these people currently had a pressure ulcer.

Risks to people's individual healthcare needs were not always documented. One person was noted to have a stoma. This is an opening on the front of the person's stomach which diverts waste products into a pouch on the outside of their body. Although daily care records completed by staff showed and staff confirmed that stoma care was provided, such as changing the stoma bag, a risk assessment was not evident. A risk assessment had not been considered to evidence suitable control measures put in place to mitigate the risk or potential risk of harm for the person using the service, for example, stoma blockage or leakage, irritation or soreness around the stoma site and other complications. There was no evidence to indicate how frequently the stoma pouch required changing. We discussed the latter with the deputy manager and they confirmed that the stoma pouch should be changed twice daily, however evidence available showed this was not happening. Another person's care file identified that they had five significant medical healthcare conditions which could impact on their safety and well-being. No assessments of the risk these posed for the person were in place.

Where risks had been identified and planned for, staff were not always aware of them or actions in place to limit the risks were not always followed. Some people needed help to reposition and reduce pressure on parts of their bodies where they were unable to do so themselves. Staff did not always know how frequently this should be. One staff member was unsure if a person needed repositioning four hourly, two hourly, one hourly and eventually told us that the person was able to reposition themselves independently. We discussed this with the deputy manager who confirmed that the latter was inaccurate and the person should be assisted to be turned at two hourly intervals. Records to demonstrate that people had been

repositioned at regular intervals were not consistently completed placing people at increased risk.

Suitable equipment was not used to keep people safe. We saw one person being moved forward and then backwards in a wheeled chair which did not have leg rests in place to support the person's legs and feet. We saw that the person's feet bobbed up and down off the floor which could place the person's feet and ankles at risk of entrapment or friction injury. The person's care records stated that they were to be moved using specific hoisting equipment and this was confirmed by the deputy manager. Staff were unable to provide a rationale as to why they had failed to use the required equipment. Staff were unaware of the risk they put the person at by not using the equipment to transfer the person into a wheelchair to take the person to their bedroom.

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

The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included fire safety, the environment and dealing with emergencies. Equipment used by people, such as hoists, was tested regularly to make sure it was working properly.

Recruitment processes for agency staff needed improvement. The full name of some agency staff confirmed as recently working in the service was not known. Profiles had not been obtained to confirm the agency staff member's identity and that they had the training and skills to care for people safely. The registered manager had put a system in place to address this by the end of our inspection and the profiles had been obtained. Safe and effective recruitment practices were in place to ensure that permanent staff were of good character and suitable for the roles they performed. Records showed that the required references, criminal record and identification checks were completed before staff were able to start working in the service. This was confirmed by staff.

People were satisfied with the way the service managed their medicines. Medicines were stored safely for the protection of people who used the service. We found that the arrangements for the management of medicines were generally safe. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for 20 of the 66 people who used the service. In general these were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed, with the exception of some emollient and topical creams. In relation to the latter it was difficult to determine if staff had failed to apply the topical cream or solely failed to record the administration as these were incomplete. The topical medicine application record for one person for example, detailed that their topical cream, used to prevent irritation to the person's skin should be applied twice daily. It was not possible to determine if this had always been applied by staff as the records were blank for twelve out of a possible twenty-four entries. We discussed this with the deputy manager and they confirmed that suitable arrangements would be put in place to monitor this more closely. We observed staff administering people's medicines and saw this was done safely and with respect. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly medication audits were carried out to ensure safe management of medicines.

People confirmed they felt safe living in the service. One person told us this was because there were always staff available when they needed them and that staff treated them well. Another person told us they felt safe because no-one bothered them but staff were there when the person needed them. A visitor said, "I always feel [person] is safe as there are always staff around."

The registered manager and staff had a good knowledge of how to keep people safe from the risk of abuse



and had attended training in safeguarding people. The manager had maintained clear and well organised records of any safeguarding matters raised in the service. These showed that the manager had worked with the local authority to ensure people were safeguarded. Staff knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people.

People felt there were enough staff available to meet people's needs safely though they did not always feel that agency staff knew their needs well. One person said, "They always make sure I have my buzzer and they do come if I call." The deputy manager showed us a newly implemented tool to analyse the information from people's monthly dependency assessment, an improvement since the last inspection. This was used to inform staffing levels and the registered manager confirmed that staffing levels would be increased at any time needed and some people now had individual staff hours allocated to meet their individual needs. We found that people were supported by sufficient numbers of staff to meet their needs safely.

Staff confirmed that staffing levels were suitable to meet people's needs and that agency staff were arranged to cover any vacancies. A system of staff allocation was in place which provided staff with instruction as to the tasks they were required to complete each shift and the area of the service they were to work in. We saw that staff were available when people needed them and call bells were answered promptly.

## Is the service effective?

### Our findings

At our inspection of the service in July 2015 we found that the provider had not ensured that staff had received suitable training, ongoing supervision and appraisal to make sure they were competent for their role and that their competence was maintained. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements. We found the improvements they told us they would make had been completed overall.

At this inspection of 13 and 14 June 2016 we found that improvements had been made in the levels of staff training and support provided. However, a limited number of staff did not use their training effectively in practice to support safe, caring and person centred care. Staff told us that they had received regular opportunities for training and updates in a number of relevant areas, including dementia care, since the last inspection. Staff received written reminders from the registered manager to ensure they completed their training within required timeframes to maintain their knowledge levels. Records also showed that staff had received more frequent supervision which, while not always completed within the provider's own timeframes, had improved since the last inspection. The registered manager told us they also used meetings of staff in different roles as a form of group supervision. Staff told us they felt well supported in their role. We looked at the records of four staff who had worked at the service for some time. Each file showed that the staff member had had an appraisal of their competence and opportunity to set goals for development since our last inspection of the service.

Records provided by the registered manager showed that staff had received induction training when they started working in the service. Staff told us this had included completion of training in a number of key areas relevant to the needs of people they supported before they started working in the service as well as an orientation induction to the service itself. Staff had also worked alongside an experienced staff member for a number of shifts to begin with until they felt confident to complete their role.

Improvements were needed to ensure people's nutrition and hydration needs were effectively met. While people's level of risk in relation to the above was identified and guidance for staff was in place, records were so poorly completed in some cases that we could not be reassured that people always had sufficient food and drinks. Additionally, staff did not always follow instructions to record the food people ate to support effective monitoring to ensure people had sufficient nutritional intake. Records showed long gaps of up to sixteen hours where people had not had a drink. We could not be sure if people had been given drinks, placing them at risk.

All but one person we spoke with told us they enjoyed the food served. People confirmed they had a choice at each meal. One person said, "The food is very nice and very varied. I certainly enjoy it; I loved the ham, egg and chips." Since our last inspection, protected mealtimes had been introduced. Additionally, the registered manager and deputy manager monitored mealtimes and provided feedback to staff on their engagement with people as a way of improving the mealtimes experience for people. Throughout the inspection snacks were easily available to people at all times to encourage food intake. We saw staff offer people two plated

meals to help people to make an informed choice. Staff offered people a choice of drinks and people had the opportunity to have an alcoholic drink such as sherry or wine with their lunch. In some units, tables were set with tablecloths, flowers and condiments. Staff checked on people who ate in their bedrooms or in their bed, asking if they needed assistance or if their position was comfortable. Staff sat with people when providing them with support to eat their meal.

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 MCA. The application procedures for this in care homes and hospitals 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.

Records showed that people's capacity to make decisions was assessed and decisions made in their best interests where needed. Some of this information, such as on emergency medical interventions, showed that relevant people such as relatives had participated in the decision. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a good understanding of MCA and DoLS and when these should be applied. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for authorisation. This meant that the provider had acted in accordance with legal requirements.

People told us their healthcare needs were well supported. People's care records showed that their healthcare needs, appointments and outcomes were recorded to ensure that staff had clear information on meeting people's needs. People told us that staff helped them to gain access to, for example, the GP if they were unwell. People also told us that they were regularly attended to by the visiting chiropodist. A healthcare professional told us that staff monitored people's health, contacted the healthcare professional promptly and carried out their advice.

## Is the service caring?

### Our findings

While some people told us they found the staff to be respectful and caring, we saw that people were not always treated with respect and that their dignity was not promoted. We saw a staff member walk up to a person, whose eyes were closed and who seemed to be sleeping, and wipe the person's clothes with a serviette without speaking to the person. We saw that two people were in their bed wearing only underwear and one other person was naked. The doors to their bedrooms were left open and while people had a sheet on their bed, they were not always aware that they were not covered. Staff passed these bedrooms but did not support people to cover up or attempt some other way to help people manage their dignity.

People were not always treated with consideration. One person requested that we ask staff if the person could have a shave as staff might listen to our request, indicating that staff had not shown due regard to the person's self-image. Staff told us they were going to help another person to manage their facial hair as night staff had not assisted the person with this aspect of their personal care and presentation. There was a lack of clarity as to why some people, who were unable to tell us their wishes verbally, had remained in bed during the day. The lead nurse confirmed there was no clear reason for this and would ensure staff supported those people to get up unless they indicated a preference not to.

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

People and their family members confirmed they were involved in the assessment, planning and reviewing of the care provided. Records showed that family members or, where relevant, an identified advocate, supported people in planning their care and treatment. One person said, "I am aware of the care plan and was involved from the beginning. The plan is tailor made for me." Another person told us, "I have dementia. I was asked about everything before I came, though I am not sure about my care plan." A relative said, "We were involved in the pre-admission assessment. We have seen the care plan routinely and signed consent to agree to it."

People told us that they were able to make decisions and choices about their day to day lives. This included for example, the clothes they wore each day, where they wished to spend their time and whether or not they joined in social events. One person said, "I do know about my care plan but I told them I did not want it in my room so they look after it. I told them I felt tired today so I did not get up. They do listen and do what I wish. There is always a choice of food and drinks; I can have things I like."

People told us their privacy and personal space was respected. One person said, "They take me to the bathroom in my wheelchair. It is nice and relaxed and they do respect my privacy." Another person who was with a visiting relative said, "We do have privacy when in my room and no one comes in to bother us. If they come at other times they always knock and call out and wait." One person told us that they liked their bedroom door to remain open but that sometimes other people in the service came into the person's bedroom uninvited. The person told us that the registered manager had responded to their concern by arranging for an easily retractable screen to be put in place on the bedroom door and that this had solved

the issue satisfactorily.

People and their visitors told us that relationships were positively supported in the service. One visitor said, "I am always made very welcome." People also told us they had positive caring relationships with the permanent staff working in the service. One person said, "On the whole staff are caring and kind." Another person said, "The staff are ever so nice and the care is wonderful."

## Is the service responsive?

### Our findings

At our inspection of the service in July 2015 we found that, while people's needs had been assessed, no plan of care was in place for some people living in the service. Where care plans were in place, people did not always receive care that was responsive to their needs. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements.

At this inspection of 13 and 14 June 2016 we found that each person had a plan of care in place to guide staff on how to meet the person's needs. This is a clear improvement from the last inspection. Care plans varied in the quality of their information and additional improvements were identified as needed to ensure all areas of people's needs and risks were included. This included, for example, detail of what might have triggered people to become anxious and upset, how staff had responded to them at this time or how the staff supported people with their medicines. Care plans had been reviewed to provide staff with up to date guidance on responding to people's current care needs. The care records were in the process of being transferred from a paper system to an electronic system. The registered manager confirmed their understanding of the gaps in the care records and that action would be taken to arrange to have these uploaded as individual care plans and risk assessments for people.

People told us staff were responsive and that the care and treatment provided met their needs. One person said, "All in all they look after me fine. I do not ask for help very often but when I do they give me the help I want." Another person said, "They do what I need and care for me well." A visiting relative said, "I am very happy with the way they look after and help [person]. We are both very happy with the care here."

Most people's care records included detailed personal histories or an 'all about me' form. These gave staff information on the person's interests, experiences and people who mattered to them to better support conversation. Records indicated that people's opportunity for social interaction and meaningful involvement varied. The log of social activities for some people who were unable to tell us their views recorded only that they had watched television over several days or weeks. It was difficult to determine if people had had other social opportunities, which they may have refused and where staff had not maintained clear records to support this. Other people told us that they enjoyed and were satisfied with the activities offered while some people told us they did not wish to participate, preferring for example to watch television in their own bedroom. One person said, "The activities are great. I went out to the RAF museum last week and I am going out this week. I am good at quizzes and we have those and bingo, I enjoy it all." Another person told us, "We are kept abreast of all events, there is a list. I do like the activities and they do take me. Even though they have to hoist me they don't leave me out."

People told us they felt confident to raise any concerns or complaints in the service if they needed to. One person said, "There is not a lot I could complain about really but I could tell staff if there was." People were given information on how to raise any complaints and the provider's complaints policy was displayed. This gave people information on timescales within which they could expect a response so people knew what to expect. The records of complaints received in the service was well organised and clearly showed that

actions were taken in response to people's comments and complaints to the person's satisfaction.

## Is the service well-led?

### Our findings

At our inspection of the service in July 2015 we found that the provider had not ensured that their established systems and processes were operated effectively and evaluated to assess and monitor the quality and safety of the service provided and to ensure continuous improvement. We asked the provider to send us an action plan that outlined the actions to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements.

At this inspection of 13 and 14 June 2016 we found that whilst the improvements the provider told us they would make had been completed in the main, we also identified additional breaches of regulation. The management team could not demonstrate that the service was operated to ensure the safety and benefit of people living and working there. Risks to people's safety and wellbeing had not been identified to protect people and ensure appropriate care and treatment was provided. Failings in staff care practices and a staff culture that did not promote respect for people's dignity had not been recognised and managed. Quality systems had again failed to identify shortcomings in the service and enable effective actions to be taken to improve them.

We also found that further improvement was needed in relation to management of staff accountability in a range of areas identified within this report, to ensure that actions were promptly and effectively implemented. Records showed that, following audit of the care plans the registered manager had reminded staff of the need to complete gaps identified by mid-June 2016, yet we still found gaps in care planning, individual risk assessment and care monitoring records. A recent report of the local authority audit of the service, for example, identified that fluid intake; repositioning and pressure mattress checks were not recorded consistently. The registered manager showed us minutes of recent meetings with staff where staff were clearly reminded of the expectations relating to repositioning people and also on their responsibility to record people's food and fluid charts accurately. While it is positive that this was followed up, the action taken was not sufficiently robust to ensure the required improvements occurred and that the records were consistently maintained.

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

People had opportunity to express their views and be involved in the service. Since our last inspection, meetings had been introduced for people using the service, their relatives and for staff. Resident and relatives meetings included discussion on people's preferences for outings and social activities. They were also used as a way to share information with people, for example on the proposed refurbishment of the environment. The most recent survey of people using the service and their relatives showed that all of the 22 people who replied found the service responsive to their needs and judged the quality of the care provided as good through to excellent. The registered manager told us that relatives had been invited to attend staff dementia awareness training days to help relatives have a better understanding of their family member's condition. The provider had systems in place to retain and reward staff working in the service. Staff had opportunity to be part of the provider's recent 'carer's week' where staff had opportunity to have a takeaway



meal provided while on duty, or a pamper session. The provider also operated an annual 'Hearts of Gold' scheme where staff could be nominated with substantial prizes awarded.

The registered manager demonstrated they were open to working with other organisations to improve the safety and quality of the service people received. The registered manager told us that since our last inspection, the service had begun working towards implementing a training programme widely used in care services to support people as they neared the end of their lives. The service had also become part of a project to improve safety and reduce harm such as from falls, pressure ulcers and infections. The registered manager confirmed an improvement in these outcomes for people using the service.

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 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The registered provider had not ensured that people were treated with respect and their dignity promoted.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had not protected people against the risks of inappropriate care and treatment.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had not operated effective systems to protect people against the risks of inappropriate or unsafe care as robust arrangements were not in place to assess, monitor and improve the quality of the service provided.