

Premier Nursing Homes Limited

Briarwood Care Home

Inspection report

Normanby Road
Eston
Middlesbrough
North Yorkshire
TS6 9AE

Tel: 01642456222

Website: www.hillcare.net/our-homes/briarwood

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14 July 2022

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Briarwood Care Home is a residential nursing home providing care and support to up to 49 people. The service provides support to older people and people living with a dementia. At the time of our inspection, there were 16 people using the service.

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

There were enough staff to safely support people and provide people with person-centred care. However, appropriate checks on agency staff and agency staff inductions were not always in place. The use of agency staff had significantly reduced now, as recruitment had been successful in recent weeks and was ongoing. There were gaps in staff training, but the provider had a training plan in place and additional training had been booked.

People's medicines management had improved but medicines were still not always safely managed. Guidance and records around covert medicines, creams and lotions, and medicines prescribed on a 'when required' basis were not always robust.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, systems in place for monitoring compliance with the Mental Capacity Act were not robust and records were not always clear or effective.

Although provider oversight had improved, audits had not always identified the issues we found on inspection.

The assessment and management of risks to people had improved. The environment was safe and appropriate safety checks were regularly completed. There were some inconsistencies within people's support plans and we have made a recommendation around reviewing people's care plans.

People told us they felt safe and lessons were learnt when things went wrong. Good improvements had been made to the decoration and cleanliness of the environment.

People were supported to eat and drink enough to maintain a balanced diet. People were given choice at mealtimes and appropriate support. People were supported to access healthcare services and referrals to professionals were made in an appropriate and timely manner.

People were treated with kindness and compassion. Staff were attentive to people's needs and people were given choice. People were supported to be independent where possible and people spoke positively about the staff. People were supported to take part in activities which were meaningful to them. The provider dealt with complaints appropriately and understood their responsibility to support people's individual communication needs.

Engagement with staff, people and relatives had improved. People's feedback was listened to and acted upon. Regular meetings took place and people spoke positively about the new manager. The regional manager and home manager were open throughout the inspection process and were committed to further and ongoing improvements.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 28 April 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made. However, not enough improvement had been made in all areas, and the provider remained in breach of some regulations.

This service has been in Special Measures since 21 March 2022. During this inspection the provider demonstrated that some improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We checked to see whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met.

You can read the report from our last inspection, by selecting the 'all reports' link for Briarwood Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to good governance and staffing at this inspection. We have made a recommendation around ensuring consistency and clarity within people's support plans.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.

Details are in our caring findings below.

Good ●

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 ●

Briarwood 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a pharmacist specialist and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Briarwood Care Home is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Briarwood Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a new manager in post who had submitted an application to become the registered manager.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 July 2022 and ended on 25 July 2022. We visited the location's service on 13 and 14 July 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service and seven relatives about their experience of the care provided. We spoke with 13 members of staff including the nominated individual, the divisional director, the regional manager, the manager, the administration assistant, the cook, one domestic assistant, one nurse, and five care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including training data, policies and quality assurance documents.



Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant 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.

Staffing and recruitment

At our last inspection, the provider failed to ensure enough suitably trained staff were deployed to meet people's needs. Systems were not robust enough to demonstrate agency staff had received appropriate checks and induction to the home to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Systems were still not robust enough around the safe use of agency staff. Although some improvements had been made, we still found some agency staff had not received an appropriate induction before they started working at the service. Appropriate checks were still not in place for all agency staff.

This failure to have robust systems in place around agency inductions and checks was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to safely support people and meet people's needs. Staff had enough time to provide person-centred care in a way which was not rushed. One person told us, "As soon as I press the call bell, someone is here straight away."
- The provider had recently recruited into multiple vacancies and this had significantly reduced the need to rely on agency staff.
- The regional manager and home manager carried out an immediate review of agency staff profiles and inductions after the inspection.
- The provider had safe recruitment procedures and carried out appropriate pre-employment checks.

Using medicines safely

At our last inspection the provider failed to have effective systems for the proper and safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, some issues around medicines records were identified, which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were not always managed safely. Some people were prescribed medicines to be taken on a 'when required' basis or with a variable dose. Guidance for how these medicines should be administered was missing or not sufficiently detailed for some people. Staff recorded why they gave a 'when required' medicine, but this was not always evaluated to see if it was effective.
- Guidance and records were not always in place to support the safe administration of topical medicines including creams and patches. Guidance was contradictory or missing for where creams should be applied and there were gaps in the administration records. Patch application records were not fully completed to ensure that the patches were applied or rotated in line with manufacturers' guidance to reduce the risk of side effects.
- Guidance for the safe administration of covert medicines was not always completed in full.
- The amount of medicines in stock did not always match that recorded on the electronic medicine administration record.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate medicines were always effectively managed. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The storage of medicines and records for returned medicines had improved since our last inspection.
- The provider responded during and after the inspection to address the issues identified.

Assessing risk, safety monitoring and management

At our last inspection the provider failed to have robust systems to assess and mitigate risk to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had improved its assessment, monitoring and management of risk.
- Improvements had been made around environmental and equipment safety checks. The environment was safe and routine safety checks were completed. Robust records were in place and the manager was proactively working with the newly appointed maintenance person to facilitate ongoing improvements.
- Assessments were in place for people around key risks to their health and wellbeing. There was guidance for staff around supporting people's nutritional needs, preventing skin damage or promoting skin healing, and mobility and transfers.
- Some areas in people's support plans were not always consistent or clear. For example, sometimes key information was present in one part of someone's support plan, but not present in other relevant parts of that person's support plan. This created inconsistency and could create uncertainty for staff.

We recommend the provider undertakes a thorough review of all care and support plans to ensure they contain consistent and clear information for staff around people's needs and risks to people's safety.

Learning lessons when things go wrong; systems and processes to safeguard people from the risk of abuse
At our last inspection the provider failed to ensure information was up to date, accurate and properly analysed, and reviewed by people with the appropriate skills and competence to understand its significance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made around properly recording and analysing information

when things go wrong, and this part of the breach of regulation had been met. However, the provider remains in breach of regulation 17 within the safe, effective and well-led key questions.

- The provider had systems in place so lessons could be learnt when things went wrong.
- Accidents were appropriately logged and analysed for trends on a monthly basis. The provider had oversight of incidents and safeguarding concerns and reviewed these on a quarterly basis. Lessons learnt were fed back to staff in regular staff meetings.
- A robust safeguarding policy was in place and staff understood their safeguarding responsibilities. People told us they felt safe. One person told us, "I feel safe living here and I'm looked after all the time."

Preventing and controlling infection

At our last inspection the provider did not have effective systems to prevent and control the spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made significant improvements to the environment and cleanliness of the home. The home was clean and tidy, and parts of the service had been renovated. There was an ongoing renovation plan in place.
- Staff had access to PPE, wore face masks appropriately, and disposed of used PPE safely.
- Visitors were appropriately screened before entering the home. Visiting could take place in line with government guidance and there were no restrictions on family and friends visiting their loved ones.

Is the service effective?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection, the provider failed to ensure systems were robust enough to demonstrate staff had received appropriate training to support people safely. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff did not always have the right support and training to ensure they were suitably competent to support people effectively.
- Agency staff did not always have appropriate inductions before they commenced working at the home.
- Staff had not always received supervisions in line with the provider's policy.
- There were gaps in staff training and not all staff training was up to date.

This failure to ensure staff had appropriate support and training was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager and home manager completed agency staff inductions where appropriate following our feedback.
- The provider had identified the gaps in staff training, had a training plan in place, and had booked additional training for staff.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider failed to ensure people's personal preferences, lifestyle and care choices were met. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10. However, some issues around MCA records and oversight were identified, which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Systems for monitoring DoLS authorisations had improved. However, systems were still not entirely robust or effective.
- One person's DoLS authorisation had expired. This had been identified by the manager and a renewal application had been submitted.
- One person's DoLS conditions had not initially been complied with. Again, this had been identified by the manager and measures were put in place to ensure compliance going forward.
- Information around people's cognition and understanding was not always clear and consistent throughout their support plans.

This failure to have robust systems in place to monitor DoLS authorisations effectively was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were offered choice around how their care needs were met, and people's personal preferences were respected.

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

At our last inspection the provider failed to ensure the nutritional and hydration needs of service users were met. This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to eat and drink enough to maintain a balanced diet. People were given a choice of food at mealtimes and were offered drinks throughout the day. One relative told us, "They always come round with cups of tea and cake and snacks."
- People were given support and encouragement with their meals, in a timely manner, when needed.
- The kitchen staff were knowledgeable about people's dietary needs. People were offered fortified food appropriately and low sugar options were available.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and support. One person told us, "I have seen the GP

and the dentist, and I am just waiting for the optician to come and see me."

- Staff made appropriate and timely referrals to relevant professionals such as the falls team and the dietician. One relative told us, "They always get medical attention when needed. They are very careful with [person] and get them checked over."

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

- Parts of the service had been redecorated and these areas were now more homely and dementia friendly. An ongoing renovation plan was in place to facilitate further improvements.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection the provider failed to ensure people's personal preferences and care choices were met. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Staff were kind and caring. We observed lovely interactions between staff and people. Staff spoke warmly to people and engaged them in meaningful and fun activities.
- Staff were attentive to people's needs and asked people before carrying out any task. Staff consistently offered people choice and enabled people to choose themselves what they would like to do. One person told us, "The staff are smashing, I get on with them all. I feel they treat me with dignity and respect."
- People were well presented. People were clean, dressed appropriately, and had just had their nails done. One relative told us, "[Person] is always clean now, and is well fed and watered. [Person] chats away to the staff who are friendly and knowledgeable."
- One person was supported to help with tasks around the home such as the laundry which they enjoyed, and which promoted their independence.

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

- People were supported where possible to be involved in making decisions about their care. One person had previously expressed an interest in writing their own care plans with the assistance of staff, and the provider was supportive of this.
- The provider had introduced 'Resident of the Day' where that person, and their family where appropriate, were supported to give their views on the food, the decoration, activities and their support.
- Staff knew to consider people's body language as a form of communication and the regional manager had trialled picture cards to help people express their views.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating had stayed the same. This meant people's needs were not always met.

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

At our last inspection, the provider failed to maintain accurate, complete and contemporaneous records in respect of people's care and treatment. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Care plans did not always consistently and accurately reflect people's needs and preferences. Some areas of people's care plans lacked consistency and clarity as to their support needs.
- People's care plans were reviewed monthly, or sooner if needed. However, the reviews lacked information and had not always identified the inconsistencies we found.
- We again found one person was referred to by their non-preferred name throughout their care plan.

This failure to maintain accurate, complete and contemporaneous records in respect of people's care and treatment was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans were in the process of being reviewed by the new manager and improvements had been made. Some areas of the care plans were person-centred and individualised to reflect people's needs, choices and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection the provider failed to ensure people's personal preferences, lifestyle and care choices were met. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were supported to take part in activities which were meaningful for them. Staff engaged with people individually and in group activities. One person, a former amateur footballer, had been supported to attend a football match which they thoroughly enjoyed.

- Staff had arranged events which involved people's families such as an event for the jubilee and a summer barbeque.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood its responsibilities to comply with the Accessible Information Standard.
- Important documents were available in large print or could be translated if needed. The regional manager had trialled using picture cards to help people's understanding and communication.

End of life care and support

- There was no-one receiving end of life care at the time of our inspection.
- Not all staff had completed end of life training, but this training had been booked.
- The provider had appropriate policies in place and end of life care plans were completed where appropriate.

Improving care quality in response to complaints or concerns

- Complaints were dealt with appropriately. Concerns were recorded, investigated, and outcomes were fed back to relevant parties including staff. Key information to promote learning and improving the quality of care was shared with staff at regular team meetings.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection, the provider failed to maintain accurate, complete and contemporaneous records, and failed to have effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made, not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Provider oversight had improved. The regional manager completed regular provider visits and the areas looked at during these visits were comprehensive. A regional manager's action plan was in place which was reviewed monthly.
- Audits were carried out and the home manager sent a monthly report to the regional manager. However, the audits and provider visits had not identified all of the issues we found on inspection, for example, around DoLS, care plan reviews, medicines and agency reviews. Some regional manager reviews had ceased, and issues had reappeared in those areas.

This failure to have effective systems to assess, monitor and improve the quality and safety of the service was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In some areas, the regional manager's audits had effectively highlighted issues which were rectified immediately, and lessons were relayed to staff.
- The new manager had identified areas for improvement within the short time she had been in post and was working with the provider to make further improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Engagement with people, staff and relatives had improved.
- Staff meetings regularly took place with detailed agendas and which covered a wide variety of important topics.

- Residents' meetings had taken place and people had been asked for their views on the food. Staff surveys and surveys for professionals had recently taken place, with 'you said, we did' information circulated.
- Staff and relatives spoke positively about the new manager. Staff and relatives confirmed things had improved, particularly in the last few weeks. Staff and relatives spoke about improvements in the cleanliness and environment, in a more settled staff team, a more positive atmosphere and the presentation of people who use the service. One staff member told us, "There have been major improvements in the home, and we work together as a team now."

Working in partnership with others

- The provider had worked well with professionals and accessed support to help improve the home.
- Referrals to other agencies and healthcare professionals took place appropriately and in a timely manner.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour. When things went wrong, the provider held a meeting with relatives to openly discuss matters, and to answer any questions they had.
- Both the manager and the regional manager were welcoming and open throughout the inspection process. The manager and regional manager were responsive and addressed concerns we raised immediately.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to have robust systems in place to demonstrate medicines were effectively managed.
	The provider failed to have robust systems in place to monitor DoLS effectively.
	The provider failed to maintain accurate, complete and contemporaneous records in respect of people's care and treatment.
	The provider failed to have effective systems to assess, monitor and improve the quality and safety of the service.
	17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to have robust systems in place around agency inductions and checks.
	The provider failed to ensure staff had appropriate support and training.
	18(1)