Copper Beeches Limited

Copper Beeches

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

About the service: Copper Beeches is a care home that provides personal care for up to 20 people in one adapted building. It is registered to provide a service to older people who may be living with dementia or physical disability. At the time of the inspection 15 people lived at the home.

People's experience of using this service: Risks associated with people's care and support were not always managed safely. Improvements were needed to ensure people received their medicines as required. There were not always enough staff to meet people's needs. Improvements were required to ensure the home was clean and well maintained. People felt safe and there were systems and processes in place to minimise the risk of abuse. Accidents and incidents were reviewed and analysed to try to prevent future incidents. Safe recruitment practices were followed.

Further work was needed to ensure people's rights under the Mental Capacity Act 2015 were protected. Staff required more training to enable them to provide safe and effective. Mealtimes were positive experiences and risks were managed. People had access to a range of health care professionals, but care plans required more information about people's health to ensure consistent support. Overall, the home was adapted to meet people's needs, but some areas were in a poor state of repair.

Although staff were kind and caring this was based upon the approach of individual staff and not promoted by the culture of the organisation. People were supported to be as independent as possible. People had access to advocacy services if they required this.

People did not consistently receive personalised care that met their needs. People were not always provided with opportunity for meaningful activity. There were systems in place to respond to complaints.

The service did not have a clear vision. Swift action had not always been taken to address risks to people's safety. Records of care and support were not accurate or up to date. The new service manager had been proactive in identifying areas for improvements at the home. Improvements were underway to develop auditing systems and work had started to better involve people who used the service and staff in the running of the home.

The service met the characteristics of requires improvement in most areas we inspected. More information is in the detailed findings below.
Rating at last inspection: Inadequate (report published 20 November 2018)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found that work was underway to make improvements to the safety and quality of the service. However, further work was needed to ensure these improvements continued and were sustained.

Enforcement: We identified five breaches of the Health and Social Care Act (Regulated Activities) Regulations

2014 around safety, staffing, the environment, care and governance. Details of action we have asked the provider to take can be found at the end of this report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up: During our inspection we requested an action plan and evidence of improvements made in in relation to staffing and fire safety. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The overall rating for this service is 'Requires improvement'. However, we are keeping the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any key question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures."

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 always safe

Details are in our Safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate

The service not well-led

Details are in our Well-Led findings below.

Copper Beeches

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: This inspection was carried out by an inspector, an inspection manager and an expert by experience who had personal experience of caring for someone who uses services that support people with dementia.

Service and service type: Copper Beeches is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left the home in September 2017. This meant the provider was the only registered person, so was solely responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection we reviewed any notifications we had received from the service and information we had received from external agencies such as the local authority.

During our inspection we spoke with eight people, one relative, four staff, the deputy manager, the service manager and provider. We also reviewed records related to the care of six people. We looked at records of accidents and incidents, audits and quality assurance reports, complaints, three staff files and the staff duty rota for the previous month. We also looked at documentation related to the safety and suitability of the service. We spent time observing interactions between staff and people within the communal areas of the home.

After the inspection we requested further information from the provider. This had not been provided at the

time of writing this report.

Requires Improvement

Is the service safe?

Our findings

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

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. Some legal regulations were not met.

Assessing risk, safety monitoring and management; Using medicines safely;
• At our October 2018 inspection, risks were not managed safely. This was a breach of the legal regulations. During this inspection, improvements were underway, but further work was needed to ensure safety.
• Risks associated with people's care and support were not always managed safely. Care plans and risk assessments were confusing and contained contradictory information. For example, some people had been assessed as being at high risk falls, but there was no guidance in place about how to reduce the risk. Although most staff had adequate knowledge of risks there was potential for inconsistent and unsafe support.
• Safe moving and handling practices were not always followed. For example, staff were observed to fit a sling incorrectly. They noticed this but continued with the intervention. This could have caused injury to the person.
• People were not always protected from environmental risks. The management team had limited knowledge of the emergency evacuation procedure detailing what should be done to ensure people's safety in the event of a fire. Staff did not always think about people's safety. We found hot pans were left on the cooker unattended and accessible to people. This placed people at risk of harm.
• Some electrical equipment was not well maintained or safe. For example, an epilepsy sensor alarm had broken and had not been mended or replaced. This meant staff may not identify if the person had a seizure. This placed the person at risk of harm.
• At our October 2018 inspection we found people were at risk of not receiving their medicines as prescribed. At this inspection we found improvements were underway but further work was needed to ensure consistently good practice.
• There was a risk people may not receive 'as required' medicines as needed. Protocols for the use of these medicines were not easily accessible and records did not always evidence these medicines were given appropriately. This could have had a negative impact upon people's health.
• Topical creams were not always applied as prescribed. This could have had a negative impact on people's skin integrity.

This was an ongoing breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Other than the above, records showed people received their medicines as prescribed. People's feedback was positive. One person told us, "Staff bring (medicines) to me every morning before breakfast. They make sure I've taken them." Since our last inspection the provider had implemented an electronic medicines system. This had had a positive impact on the management of medicines. Systems were organised and showed most people were receiving their medicines when they should.

• The service manager told us they would address the above issues to ensure people received their medicines as needed.

Preventing and controlling infection
• At our October 2018 inspection we found the home was not sufficiently clean. This was a breach of the legal regulations. This was a continued issue at this inspection.
• The home was not clean in all areas and hygienic practices were not always followed. Although there had been an increase in domestic staff hours, there were still areas which were not sufficiently clean. Some pressure mats were very sticky and some mobility equipment was not clean.
• Some areas of the home were not properly maintained, this did not promote good hygiene and increased the risk of infection. For example, some bathrooms were poorly maintained, a hand towel dispenser had been mended using tape and drain covers were damaged and rusty.
• There were limited facilities for the hygienic disposal of continence waste. Consequently, some normal bins had been used to dispose of continence waste. This was not hygienic practice and increased the risk of infection spreading.

This was an ongoing breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing
• At our October 2018 inspection there were not enough staff to meet people's needs and ensure their safety. This was a breach of the legal regulations. At this inspection we found ongoing concerns about staffing levels.
• There were not enough staff deployed at night to ensure people's safety. Night staffing levels were based upon people's needs, but did not take the layout of the home into account. This meant there were times at night when there may have been no staff available to respond to an emergency. This placed people at risk of harm.
• Staff worked long shifts without sufficient breaks. For example, some staff worked 14 hour shifts with only a nine hour break before returning to work for a second 14 hour shift. This was against the Working Time Regulations 1998. This posed a risk that staff may become exhausted compromising the safety of the service.

This was an ongoing breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Despite the above, people told us staffing levels had improved during the day and commented they were usually able to get support from staff when they needed it.

Systems and processes to safeguard people from the risk of abuse
• At our October 2018 inspection, people were not protected from abuse. This was a breach of the legal regulations. At this inspection improvements had been made in this area.
• People told us they felt safe. One person told us, "Yes (I feel safe) the carers pop their head round the door and say are you alright?" Staff knew how to recognise and report abuse. The service manager had reported abuse to the local authority safeguarding team when it was identified.

Learning lessons when things go wrong
• At our October 2018 inspection we found that lessons were not always learned when things went wrong. At this inspection we found improvements had been made in this area.
• There were effective systems to learn from accidents and incidents to reduce future risk. A system had been

implemented to review and respond incidents to try to prevent the same from happening again. For example, one person had experienced a high number of falls, this was identified, expert advice was sought and measures were put in place to reduce this risk.

Recruitment

• At our October 2018 inspection we found that safe recruitment practices were not always followed. At this inspection we found improvements had been made in this area.

• Safe recruitment practices were followed. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal record checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

Requires Improvement

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.
• At our June 2018 inspection we found that people's rights under the MCA were not always protected. This was a breach of the legal regulations. At this inspection we found improvements were underway to ensure people had maximum choice and control over their lives.
• Work had started to complete assessments when people lacked capacity to make specific decisions. The new assessments were good quality and clearly evidenced how decisions had been made in people's best interests when needed.
• Other improvements had been made to respect people's rights. At our last inspection we found people had not consented to the use of CCTV in communal areas. At this inspection we were told the CCTV was no longer used.
• Further work was needed to ensure staff had sufficient knowledge of the MCA and DoLS. Staff knowledge in this area was variable and staff we spoke with were not sure who had a DoLS in place. This posed a risk people's rights may not be upheld. The service manager told us they were planning further training in this area.
• DoLS authorisations were in place as required and the management team were working towards compliance with the conditions.

Staff support: induction, training, skills and experience
• At our June 2018 inspection people were not always supported by staff who had the skills and knowledge to provide safe and effective care and support. This was a breach of the legal regulations. At this inspection we found further work was needed to embed learning into practice.
• Records showed most staff had received recent training in areas such as end of life care, diabetes and epilepsy. However, this had not always resulted in staff competency. For example, we found some staff had limited knowledge about people's health conditions. The service manager was aware of this and planned to address this through further training and coaching.

• Staff had not had regular supervision of their work. This meant opportunities to monitor staff performance may have been missed. The service manager had identified this and had started a programme of supervision. Staff told us they had get informal support from the service manager.

Supporting people to eat and drink enough to maintain a balanced diet
• People had enough to eat and drink. People we spoke with told us they liked the home cooked food. Mealtimes were sociable occasions with lots of conversation and laughter. Staff provided timely assistance to people when needed. People were offered choices and dietary preferences were catered for.
• Risks associated with eating and drinking were identified and addressed. Some people required modified texture diets to reduce the risk of them choking and we saw this was provided. When people were at risk of losing weight, staff monitored their weight regularly and made referrals to specialist health professionals as needed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• At our June 2018 inspection we found risks associated with people's health were not managed safely. This was a breach of the legal regulations. At this inspection we found further work was needed to ensure people received consistent support with their health.
• Staff did not always have a good knowledge of people's health conditions. Some staff did not have a good knowledge of conditions such as diabetes or epilepsy. In addition, care plans did not contain clear, personalised information about people's health conditions. The service manager was aware of this and was in the process of arranging training and redeveloping care plans.
• People told us they were supported with their day to day health needs. Records showed staff sought advice from external professionals when people's health and support needs changed. Referrals were made to external physical and mental health specialist teams when advice and support was needed. The service manager had identified work was needed to ensure information was shared when people moved between them. They had started work to develop quick reference sheets to share information when people moved into hospital.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Work was underway to implement nationally recognised risk assessments. The service manager had started to implement new risk assessments in areas such as nutritional risk, skin integrity and choking. Further work was needed to ensure these tools were fully implemented and understood by staff.

Adapting service, design, decoration to meet people's needs
• The home was adapted to meet people's needs. However, it was not well maintained in some areas, for example, some areas of the home were cold and we found some windows were draughty and in a poor state of repair.
• There was a large garden; however, this had not been maintained and was overgrown and uneven. There was disused furniture and other items stored in external areas.
• Consideration had been given to people's needs in the design and decoration of the building. There were several communal living area which meant people had space to spend time socialising. Dementia friendly signage was in used in some parts of the building. People's bedrooms were homely and personalised.

Requires Improvement

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

Ensuring people are well treated and supported; equality and diversity
• Although staff were kind and caring this was based upon the approach of individual staff. For example, the provider did not provide staff to accompany people to hospital. This meant people living with dementia, who did not have any family to support them to hospital were sent on their own.
• Throughout our inspection we saw staff treated people with kindness and compassion. We received feedback from people and relatives which supported this. One person told us, "Yes all of (the staff are kind), yes. I can't say anything against any of them."
• We observed warm interactions and comfort was provided when people appeared upset or anxious. Records showed the incidence of people experiencing anxiety or agitation had decreased.
• People told us staff knew them well. However, care plans lacked information about what was important to people. This placed people at risk of inconsistent support. The service manager had identified this and was working on improving person centred information in care plans.

Supporting people to express their views and be involved in making decisions about their care
• People told us they felt listened to and said they were supported to make day to day choices. One person told us, "Oh yes, I have my breakfast in bed. I get up and have my shower. It's hair day today, so I've been and had my hair done."
• Staff demonstrated a good understanding of how people communicated. The management team had started work on developing visual resources to help people to make choices.
• Further work was needed to ensure care plans contained clear information about how to communicate with people and how to involve them in decision making.
• People had access to an advocate if they wished to use one. Advocates are trained professionals who support, enable and empower people to speak up. No one was using an advocate at the time of our inspection.

Respecting and promoting people's privacy, dignity and independence
• People were treated with respect and staff upheld people's rights to be treated with dignity.
• People's privacy was respected. For example, staff were discreet when asking people if they required personal support.
• People were supported to maintain and develop relationships with those close to them. People's relatives and friends were welcome to visit anytime and told us they felt welcome.
• Staff promoted people's independence. Staff explained how they enabled people to be independent with aspects of their care. However, care plans did not clearly reflect what support people needed in this area. This posed a risk that people may get inconsistent support.

Requires Improvement

Is the service responsive?

Our findings

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

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
• At our June 2018 inspection there was a risk people's needs may not be met because staff did not have access to clear, detailed, up to date information. This was a breach of the legal regulations. At this inspection we found continued concerns in this area.
• People remained at risk of inconsistent support as care plans were confusing, contradictory and not up to date. For example, records showed one person regularly become anxious. There was no guidance about how staff should support them in this area. Staff did not always use care plans to inform their support.
• People were not always provided with the care they required. For example, records did not always evidence people were offered regular showers and some people told us they would like to shower more regularly. But this was not offered. This did not meet people's needs
• Activities were not based upon people's interests and there were limited opportunities available to people. This was reflected in people's comments, one person told us, "There's nothing to do. I used to play (games) but I got a bit fed up. The activities coordinator met with each person to find out what they enjoyed, but, this was not used to inform activities. Activities were limited, for example, dominoes was played every afternoon. There were no activities at weekends, and a relative told us people were largely unoccupied at weekends.
• People's diverse needs were not always met. Activities did not cater for people's disability related needs. For example, one person had a visual impairment, we saw that no attempt was made to involve them an activity. This did not meet their needs.

This was an ongoing breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support
• At our June 2018 inspection we found the quality of care for people who were in their last few months of life was poor. At this inspection we found improvements were underway but further work was needed.
• The service manager had recently worked with the family of a person who was coming towards the end of their life to develop a clear and person-centred plan of care.
• Further work was needed to ensure other people were given an opportunity to discuss their wishes for the end of their lives. People's care plans contained limited information about their end of life wishes, this posed a risk their wishes may not be met. The service manager was aware of this and was planning work in this area.

Improving care quality in response to complaints or concerns
• At our October 2018 inspection we found complaints were not always handled appropriately. At this inspection we found improvements had been made.
• People felt comfortable raising any complaints or concerns. Staff knew how to respond to complaints if

they arose and were aware of their responsibility to report concerns.
• There was a complaints procedure on display informing people how they could make a complaint.
Complaints had been investigated and responded to in an appropriate and timely manner.

Inadequate

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;
• In our June and October 2018 inspections we found significant concerns about the governance and leadership of the service. This was a breach of the legal regulations. At this inspection there had been some improvements, but further work was needed to ensure safety and sustainability.
• Swift action had not always been taken to address risks to people's safety. For example, a fire risk assessment conducted in June 2018 had identified a fire exit route was unsafe. Action was underway on the day of our inspection to address this which was eight months after it had been identified. This failure to address risks placed people at prolonged risk of harm.
• The service did not have a clear and well-developed vision. Although the management team wanted to develop the home the provider was not willing to support some aspects this. This impacted on the quality and safety of the home.
• The pace of improvement at the home was slow. For example, there had been longstanding issues with the quality of care planning and risk assessment, dating back to 2016. However, effective action had only started to address this with the employment of the new manager in December 2018. This failure to quickly address issues exposed people to the prolonged risk of inconsistent and unsafe care.
• Records of care and support were not always accurate or up to date. This increased the risk of error and meant we were unable to identify if people had received the care they needed.
• Given the service's history of non-compliance with legal requirements, the slow pace of improvement and the continued issues identified in relation to quality and safety we were not assured of the long-term sustainability of the improvements or the ability of the provider to ensure consistently good practice over time.

This was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• There was no registered manager at Copper Beeches. At the time of our inspection, the service manager had been in post for approximately six weeks, they had not applied to register with us. The service manager was supported by a new deputy manager. The management team had started to have a positive impact on the quality and safety of the home. New care plans and risk assessments were of better quality and the overall atmosphere of the home had improved. People and staff seemed happier.
• Staff were very positive about the impact of new manager and said they were approachable, professional and supportive. One member of staff told us, "I feel the home is a lot better. [The management team] have

more knowledge about how the home should be run."
• It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The provider had displayed their most recent rating in the home but not on their website. We raised this with the provider who took action to address this.
• There had been a failure to notify CQC of some events within the service, which the provider is required to by law. We had not received any DoLS notifications from Copper Beeches since it's registration in November 2016. The new service manager identified this when they started in post and had notified us of all events in retrospect.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• At our October 2018 inspection we found improvements were required to engage with people living at the home and staff. This was a breach of the legal regulations. At this inspection we found improvements were underway.
• People and their families had been invited to attend a meeting about the home. Plans were in place for further meetings throughout 2019. A satisfaction survey had recently been distributed to gather feedback from people and their families.
• Work was underway to better involve staff in the running of the home. The new management team had started to give staff more opportunities to get involved. Some staff had lead roles in areas such as medicines management and staff were given the opportunity to contribute to people's care plans. There had also been a recent meeting for the staff team.
• The new management team promoted equality and diversity in the workforce. The support needs of individual staff members had been identified and catered for.

Continuous learning and improving care
• At our October 2018 inspection we found audit and quality assurance systems were not effective. This was a breach of the legal regulations. At this inspection improvements were underway.
• The new management team had implemented a range of new governance systems; including, audits of weight loss, complaints and pressure ulcers. These had been effective in identifying and addressing areas of concern. A system to review and learn from patterns and trends of incidents such as falls had also been implemented. This had led to action being taken.
• The management team had limited opportunities to keep up to date with best practice. The service manager was a registered nurse and had a good knowledge of national good practice guidance. However, due to the volume of work required at Copper Beeches they had not had the opportunity for any professional development since being in post. The provider was in the process of implementing a new quality and compliance system. We will assess the impact of this at our next inspection.

Working in partnership with others
• The approach to partnership working was varied. Feedback from external professionals had improved since the appointment of the new manager. However, where professionals had visited the home, timely action was not always taken in response to concerns identified. This meant there were delays to addressing areas for concern.

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 were not always provided with person centred support that met their needs and reflected their preferences. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks associated with people's care and support were not always managed safely. People were not always protected from environmental risks. Regulation 12 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The environment and equipment was not always clean or well maintained. Regulation 15 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have a clear vision. Swift

	action had not always been taken to address risks to people's safety. Records of care and support were not accurate or up to date. Regulation 17 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not always enough staff to ensure people's safety. Regulation 18(1)