

Age Concern Liverpool & Sefton Edinburgh Park

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Edinburgh Park is a nursing home that provides personal and/or nursing care for up to 30 people, most of whom are living with dementia. At the time of the inspection 23 people lived at the service. Most people lived there permanently, and some people spent short periods there to provide respite to their main carers.

Medicines were not managed safely and our findings were that the medication procedures were not monitored effectively.

The infection control practices carried out by staff were not effective and there was lack of monitoring the infection control and cleaning practices at the home.

People's experience of using this service:

Four relatives told us they thought they received safe care. Staff were knowledgeable about safeguarding procedures and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce these risks. However, we found that actions were not always taking place by staff or monitored by the management team.

Relatives told us they felt that their family members were safe living in the home due to the support they received from staff. Individual risks to people had been assessed and measures were in place to mitigate those risks. For example, sensor mats were used to alert staff when people were at risk of falling. Appropriate actions had been taken when accidents or incidents occurred. However identified risks that had actions for staff were not always followed.

Feedback from relatives was predominately good. They told us staffing levels were mainly good but at times more staff were required. All said they thought their relatives were receiving good respectful care and their needs were met. All four relatives told us that they were happy with the care.

There were vacancies at the home that were being advertised. We saw sufficient numbers of staff on duty on the two days of the inspection. Safe recruitment practices had been followed, and all records required were in place. The provider used bank staff and agency staff for nursing roles and carers roles.

Staff felt well supported in their role and able to raise any issues with senior staff and the registered manager. Regular training had been completed by staff and they received supervisions. The service had been open for 11 months and the provider told us that an annual appraisal procedure was in place and scheduled to further support staff in their posts.

The food served at the home was of a good standard except for the special diets that were liquidised and did not look appetising. Relatives we spoke with told us that they thought the food was plentiful and good quality. People's nutritional needs were known by staff; however, records of food supplements were not completed, and we were unsure of quantities provided.

The building was in a good state of repair and people and relatives told us they were comfortable. The décor was conducive for people living with dementia and had been decorated so as not to look the same in areas so people walking down corridors could recognise their doors. We spoke with the provider who informed us that there was an agreed plan to use good practice guidelines for decorating the corridors and doors to meet the needs of all people living there. We saw from the plans that these areas had been actioned.

The service worked with other professionals and agencies to help ensure people's needs were met effectively. Advice provided was clearly recorded however at times they were not being followed by staff.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Relatives and people told us staff were kind and caring and that their dignity was protected by staff. This was also reflected within the compliment cards and letters we looked at. Relatives told us the staff knew their family members well and cared and supported them well, including their needs and preferences.

Care plans were clearly recorded. They detailed how people wished and needed to be cared for. They were reviewed and updated as required with changes in care and support. We saw that relatives were involved in supporting staff to understand how people wished to be cared for. There were activities provided at the home and relatives told us their family members enjoyed them.

We looked at the systems to gather feedback from people regarding the service and there was one completed satisfaction survey completed by a relative. The feedback was positive. The systems in place for audits and management oversight were in place however when issues were found they were not always effectively addressed.

Rating at last inspection: This is the first inspection at Edinburgh Park.

Why we inspected: Scheduled/planned inspection.

Enforcement: The service met the characteristics of Inadequate in one key question of safe. Requires Improvement in effective, caring, responsive and well-led. More information will be in the main report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Edinburgh Park

Detailed findings

Background to this 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:

There were two adult social care inspectors and one pharmacist inspector involved in the two-day inspection at Edinburgh Park.

Service and service type:

Edinburgh Park is a care home service with nursing. The service is registered for 30 people. There were 23 people living at the home at the time of this inspection. The service provides care for people living with dementia.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager resigned from the service on the 5 April 2019. The head of services was managing the home in the interim period.

Notice of inspection: This inspection was unannounced.

What we did: We reviewed information we had received about the service since their registration with the CQC. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with eight people and four relatives to ask about their experience of the care provided. We spoke with five members of care staff, the activities coordinator, the cook, three nurses, the maintenance officer, the in-house physiotherapist, the housekeeping manager, a domestic, four laundry staff, the registered manager and the head of services. We also spent time observing the support provided to

people.

We reviewed a range of records. This included five people's care records and medicine records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

After the inspection; we received additional evidence and information for medicines management, Infection control monitoring and a plan for the management and oversight of the service.

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Systems and processes to safeguard people from the risk of abuse

Using medicines safely

Medicines were not managed safely in the home.

- The home did not always have the medicine to give to people as the stock had ran out.
- Quantities of medicines carried forward from the previous month were not recorded by the home so stock could not be fully accounted for.
- Medicines Administration Records (MAR) were not always accurately completed. Some had missing signatures, some had been signed for but the medicine had not been removed from the person's stock indicating it had not been given..
- A high-risk medicine had missing signatures on the MAR and on several occasions, had been signed twice for the same dose, making it unclear if this was a recording error, or that the high risk medicine had been given incorrectly.
- The home did not record when a person's fluid was thickened to reduce the risk of choking, making it unclear if drinks were thickened correctly.
- The home did not always ensure people refusing medicines was reviewed by their doctor, which included high risk medicines.
- Supplements started by the dietician were not always given correctly.
- The above concerns were brought to the attention of the manager and the head of services to address.
- The failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The home had an outbreak of scabies during the inspection and we were concerned that this was not being managed effectively. Advice had been obtained from a GP four days ago during which they said one-persons medication would be delivered that evening and other peoples the following morning. At the time of our inspection no treatment had been received and this had not been followed up by staff at the home. Records of discussions with Public Health and Infection Control were not recorded and communication of these discussions had led to confusion. For example, we were told by a senior member of staff that advice was to wash bedding as normal. Conversely a visiting infection control professional told us their advice is to wash bedding daily. Senior staff had been advised the previous day to order medication for all staff and set a date to treat everybody, none of this advice had been implemented. This meant that everyone living, working or visiting the home remained at risk of contracting scabies and those who had it were left feeling uncomfortable.
- Staff told us that they had been advised to wear protective clothing when supporting people with scabies. However, throughout the inspection we saw use of PPE to be varied. Some staff wore gloves when serving meals others did not. Staff spent a lot of time making physical contact with people and we saw that they did

not use PPE or wash their hands. This increases the risk of the infection spreading.

- We looked for hand gel to clean our hands and found it difficult to locate. Eventually we found two dispensers at the end of corridors and three behind locked doors. This meant that access to hand gel was not immediately available to staff.
- We have concerns about the effectiveness of infection control and cleaning practices at the home. In addition to the outbreak of scabies an outbreak of Norovirus had occurred at the home in December 2018 and a second outbreak in February 2019.
- Cleaning audits had been completed monthly and the home had scored themselves over 95% for the previous three months. However, no action plan was in place where an area was highlighted as requiring attention. It was therefore not possible to establish if action had been taken. Given the fact there has been three outbreaks of infection in five months we are concerned that the audits did not accurately reflect infection control and cleaning practices at the home.
- The above concerns were brought to the attention of the head of services to address immediately.
- The failure to ensure the safe management and prevention of controlling infection was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Safeguarding systems and processes

- Staff were aware of how to report safeguarding concerns.
- Staff had received training on how to protect people from abuse and a policy was in place to guide them. Staff were knowledgeable about safeguarding processes and how to raise any concerns they had.
- The registered manager had not maintained a record of safeguarding concerns; however, we received a record from the head of services informing us of all referrals that had been made to the local authority when required.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.

Assessing risk, safety monitoring and management

- People told us they felt safe living in Edinburgh Park. Relatives informed us this was because they thought they received safe care and could talk to staff if they needed to.
- Risks to people were not always managed in a way that respected individual diverse needs. As recorded above medication practices were not safe, infection control protocols not being adhered to and identified risks in care plans to support people were not being followed. For example, one person required repositioning every two hours due to a pressure area, records looked at informed on the 2 April 2019 that there was a gap of five hours. Another example was that an individual's nutrition and fluid intake was to be recorded as they were losing weight. Staff had not completed records effectively and they had not been checked by the manager.
- The information was shared with the manager and the head of services to address immediately.
- Equipment and utilities were checked regularly to ensure they remained safe for use.
- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency procedure plan.
- The failure to ensure that identified risks to the health and safety and welfare of service users was not responded to appropriately and is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

Recruitment

- We checked recruitment records for four members of staff. These showed that relevant checks and an interview process had been undertaken prior to the person commencing work at the home. This meant that the provider had taken steps to ensure staff were suitable to work with vulnerable people.

- Registered nurse's personal identification numbers (PIN) had been checked to ensure they were registered with the Nursing and Midwifery Council (NMC) as fit to practice.
- Staff were safely recruited by the service. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.

Staffing

- A member of staff told us staffing at nights is adequate and there is a regular team. An example that on 7 April 2019 at night an alert mat failed, staff member rang the head of services who authorised an additional staff member, this meant they could carry out more regular checks and therefore felt people were safe. Two people have 1-1 care, one person is 24 hours per day, the other persons is two hours per day. Rota's looked at and the 1-1 carers were listed, we also saw people receiving their 1-1 care.
- The head of services advised us that recently they had introduced another carer during the day, their role was to work with the satellite and manage the laundry to make sure these run smoothly, however staff member was also a carer so would help with care if required.
- All four carers we spoke with said an additional staff member would be helpful, they said 'hostess' role had helped but staff member goes home at 6. However, they said "Still think extra carer would be beneficial as number of people 1-1 care and sometimes people can be challenging".
- Observations on the two days where that there were sufficient staff to meet people's needs, staff were busy but able to spend time with people also.

Learning lessons when things go wrong

- A system was in place to monitor any incidents or accidents which occurred. The information however was not used to inform of any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment. However, we found that any changes in people's care plans and risk assessments were not always followed by staff and not effectively monitored by the registered manager and senior staff.

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. Regulations may or may not have been met.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutritional and hydration needs and how they were to be met were recorded in their care plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- Records showed that when people required their intake to be monitored, this was not always recorded and it was therefore difficult to know whether people ate or drank sufficient amounts. Systems were not in place to ensure these records were completed accurately and reviewed regularly.
- People told us they had enough to eat and drink. Comments from people and their relatives included, "Food is good, I enjoy it", "The staff will ask my relative and make them something when they feel like it as they sometimes don't want to eat at meal times", "Food is all right, they [staff] do try to provide nice food" and "Food is good, plenty of it, no complaints".
- We saw that people's weights were monitored and early intervention taken if people started to lose weight by contacting the community dieticians and if required the speech and language therapists. However action plans implemented and required by staff to follow were not always completed.
- The above concerns were brought to the attention of the head of services to address immediately.

We found the home to be in breach of Regulation 17 Good Governance of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

Supporting people to live healthier lives, access healthcare services and support

- Where people required supported from healthcare professionals this was arranged. Staff requested visits from other health professionals for example a community nurse was requested to support the needs of a person who was unwell.
- Staff had access to professional guidance relating to people's specific medical conditions. Any support people needed with their healthcare needs were recorded in their care plan.
- Systems were in place to ensure that important information about people's needs was shared when they were admitted to hospital.
- People and relatives told us that staff would always arrange for them to see a doctor if they were unwell.
- Where there had been advice to the staff provided by the dietician and infection control professionals the advice was not always followed or implemented.

MCA / DOLS

- 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 and found that they were.
 - Where people required the protection of a DoLS this had been applied for. A register was maintained of who had a DoLS in place and who had a DoLS applied for. Assessments of people's capacity to make decisions such as agreeing to their care plan had been undertaken. Where people lacked the capacity to make a decision a best interest decision making process had been undertaken.
 - Families and representatives had been involved in this process. People were supported to make everyday decisions for themselves where possible. We saw staff offering people choices throughout the day. We also saw that some people had keypads fitted to the outside of their bedroom door. This enabled them to leave their room but prevented other people entering. Decisions to use these had been discussed and agreed with people and documented within their care plan.
 - Staff had received training in relation to mental capacity and told us they always asked people for their consent before providing support and people we spoke with confirmed this.
- Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Staff had access to best practice guidance, such as NMC Medicine Standards and The National Institute for Health and Care Excellence medicine guidance. Guidance from the local authority was also available, such as safeguarding procedures and thresholds.
 - Care and support was planned and delivered however we found issues where monitoring was not being recorded effectively and as such we were unable to ascertain if the care was being provided in some instances as required in the care plans.
 - Care plans were developed from initial assessments and included input from other health and social care professionals when required.
 - When people had specific medical conditions, information regarding these conditions was held within the care files.

Staff skills, knowledge and experience

- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively. Staff were required to attend onsite training for practical training including moving and safe handling people and health and safety.
- People and their relatives told us they felt staff were adequately trained and able to meet their needs safely.
- New staff had completed an induction which met the governments recommended induction standards. Staff competence was assessed during the induction process.
- Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice. Staff were supported by the providers to register for qualifications in care.
- Staff felt well supported and received regular supervisions and annual appraisal had been scheduled to discuss their roles and any development required.

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

People did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- The head of services told us; "The main focus is the quality of life that the people living here have. We recognise each person is different and endeavour to provide dignified personalised care".
- We were told that people were respected. One relative described the home as; "Very Good" and added that they; "Wouldn't change it for anything. Staff make you feel at home when you visit". One person living at the home told us; "The staff are really good".
- Staff knew people well and people were mostly relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. For example, we observed staff supporting a person who was distressed. Staff remained with the person throughout, they made sure that the environment was calm and communicated through their preferred method to resolve their distress. Another example was a member of staff arrived at the home and we saw one person's demeanour change from being agitated to happy and smiling, their face notably lighting up when they saw the member of staff.
- An Equality and Diversity policy was in place which had been reviewed to reflect current legislation and staff had received training.
- Peoples personal histories and experiences were recorded in the four care plans looked at.

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

- Staff had an understanding of how people communicated. Not all people communicated verbally, and staff communicated using their knowledge of the people. Staff explained how they could recognise how a person was feeling based upon their actions and emotions. Staff were observed to approach people in an appropriate way which was seen to be successful in reducing the people's anxieties.
- Care plans demonstrated that people and their families or advocates were involved in making decisions about their care and the review of any personal outcomes.
- The head of services told us that people had access to advocacy services if required. We saw information displayed on a notice board by the main entrance.
- Preparations for the lunchtime meal were positive in terms of staff interaction with people. Staff asked people what they wanted, where they wanted to sit, did they want an apron etc. Staff consistently talked calmly, reassuring people and making eye contact. We saw that people living at the home approached staff for conversations and felt confident in their company. Staff spent time chatting with people as well as meeting their support needs.
- Although staff were observed to be caring, care plan records and identified risks in place that supported peoples health and wellbeing were not at all times followed. Examples of this people were not provided with the relevant nutritional prescribed drinks they required for their health. Another example was people not being provided with their medication that promoted their health and well being.

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.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected mostly. We spoke with an individual who was sitting in the dining area who clearly required support to have assistance with their personal care who was not mobile. We brought it to the attention of the nurse on duty who concurred that personal care was required. Another example was a person sitting in the dining room with no shoes/slippers on and had health issues with their feet and legs. We brought the person to the attention of staff and a carer went to care for the person. Staff told us how they respected people's privacy and dignity by asking permission before providing care and closing doors. Staff were also knowledgeable around confidentiality and ensured that personal information was securely stored.
- People were supported to maintain their independence. For example, we saw people being supported to go where they wanted too. A member of staff told us; "We support people to do things as much as they can".
- People were supported to maintain relationships with their families. Relatives we spoke with told us that the staff made sure they kept them updated and always communicated any changes in their health and wellbeing.

Personalised care

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and had been reviewed regularly. However, we found that where actions were required for example repositioning people, providing nutritional drinks, using prescribed thickeners, monitoring food and fluid intakes and receiving medication as prescribed had not been followed by staff.
- Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- Relatives told us they were aware of the plans of care in place and were always informed of any changes.
- Staff knew the people they supported including how best to approach people and how to support people if they became agitated or upset.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- Staff completed daily logs to record the care provided and information regarding people's care. However, we found gaps in the recording for different records as reported above.
- A range of activities were available to people within the home and the activities coordinator told us of their plans to go into the local community and bring the community into the home. Staff encouraged people to continue interests they had enjoyed before moving into the home.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and this was on display within the home.

- Most people told us they knew how to make a complaint should they need to and relatives agreed.
- Relatives who had raised concerns were happy with the action taken to address the issues.
- The head of services informed us of three complaints received and records showed they were investigated and responded to appropriately.

End of life care and support

- Although nobody was receiving end of life care at the time of the inspection, nursing staff had undertaken training to enable them to support people effectively at the end of their lives.
- The service was not currently supporting anyone with end of life care. They did however have documentation in care files for people to record any important information where people were able to communicate this.
- The registered manager told us they would work with the community nurses and GP's during these times, to ensure people received appropriate care and support.

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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Provider plans and promotes person-centred, high-quality care and support

- The registered manager was at the home on the first day of the inspection 4 April 2019. We were informed by the head of services that on the 5 April 2019 the registered manager resigned.
- Relatives of people told us they were happy with the support they received.

Continuous learning and improving care

- Record keeping at the home was inadequate and therefore meant information was not always followed up or readily available. For example, we were told a member of staff had spoken to Public Health on 5 April 2019 for advice on the scabies outbreak. However, no record of this conversation was available. Similarly, discussions regarding individuals scabies treatment were not always recorded in their notes and responses to diary entries not always clearly recorded.
- The registered provider did not have effective systems in place to assess and monitor the quality and safety of the service.
- Issues we identified looking at records had not been picked up through the audit system used. They had not addressed the issues to improve the service and reduce the likelihood of the same issue arising again. Examples have been provided throughout the five topic areas in this report.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- CQC had been notified of most incidents that had occurred within the home as required. The head of services and senior staff understood what incidents CQC needs to be notified of.
- The registered manager when we spoke to her on the first day of this inspection told us she understood their roles and responsibilities to the service. Job descriptions were available within staff files and policies and procedures were in place, including disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- The relatives of people living in the home told us they knew who the manager was and would tell them if they had any concerns.
- Relatives told us the service was managed well. Comments included, "[Registered manager] is good at her job", "The manager is approachable and has made positive changes".

Engaging and involving people using the service, the public and staff

- We only saw one feedback from a relative regarding the service. The response was positive. Relatives meetings took place and there was one on the 4 April 2019. We were provided with records of the meetings that had queries and comments from relatives.
- Staff told us that the registered manager was good at sharing information and had good communication.

skills including updating them on new good practice guidelines.

Working in partnership with others

- The registered manager and the head of services manager told us they worked with other agencies to ensure good outcomes for people.
 - When referrals to other services were needed, we saw that these referrals were made in a timely way. However, when actions were required and added to people's care plans they were not always followed by staff.
 - The above concerns were brought to the attention of the head of services to address immediately.
- We found the home to be in breach of Regulation 17 Good Governance of The Health and Social Care Act 2008, Regulated Activities Regulations 2014.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The failure to ensure the safe management of medicines and identified risks to service users health and wellbeing was not being adhered to. The infection control procedures were not effective for service users.

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 systems in place were not effective in assessing, monitoring and ensuring identified risks were mitigated to ensure the health, safety and wellbeing of service users.