

Jewelglen Limited

Parkview Residential Home

Inspection report

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11 May 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 09 and 11 May 2018. The first day was unannounced. This meant the provider did not know we would be visiting the home on this day. The second day was announced.

Parkview residential home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

At time of this inspection there was a manager employed who had submitted a request to CQC to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was found was found to be meeting the requirements of the regulations at the last inspection which was carried out in December 2016.

At this most recent inspection we found the service in breach of two Regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was in relation to good governance and person centred care.

People were not always receiving care in line with their preferences and people's care files in some cases had not been updated since January 2018.

Cleaning schedules had not been completed for the month of May, Medicines administration records contained gaps and risk assessments were not always completed in full to evidence what risk mitigating action the provider had taken in response. In addition the provider's governance and auditing systems had failed to identify concerns we found throughout the inspection.

You can see what action we told the provider to take at the back of the full version of the report.

Safeguarding policies and procedures were in place to ensure people, staff and visitors were aware how to raise concerns and what abusive practice looks like. Staff received training in this area and a record of safeguarding referrals was kept securely.

Deprivation of Liberty safeguards were in place for people who required them and we saw evidence of a spread sheet kept by the manager in order to track any reviews and new orders.

Safe recruitment procedures were followed and new staff received a period of induction before being assessed as competent in their new role.

Medicines practice was found to require minor improvements, however a visiting medicines professional told us marked improvements had been made in this area and the service continued to work well with the external audit findings.

The service was embarking on a refurbishment plan in order to internally modernise the building and change the interior décor.

Business continuity plans were in place to offer information and guidance in the case of adverse weather or any other unforeseen circumstances which could affect the day to day running of the service. People had personal evacuation plans and fire audits were completed by both external agencies and internally.

Environmental risk assessments were completed for both internal and external areas. Appropriate checks were done by registered external tradespersons on areas such as gas appliances, fire equipment, electrical appliances, hoists and lifts.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People's opinions were routinely sought and acted upon by means of questionnaires and residents meetings and resident committee meetings which enabled people to provide influence to the service they received.

Positive feedback was received from people using the service, their visitors and visiting health professionals. People told us they felt the service had become a better place over the past months under the structure of the new manager and the environment was slowly becoming brighter and well maintained.

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 

Not all aspects of the service were Safe.

Some people's care files lacked evidence around the management of assessed risk.

There was a safe system of recruitment in place to help to ensure people using the service were protected from unsuitable staff.

http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png

There were sufficient staff on duty to meet people's needs.

Staff were trained in safeguarding adults and were aware of how to identify and respond to allegations and signs of abuse. Staff were aware of the whistleblowing (reporting poor practice) policy, and how to raise any concerns.

Is the service effective?

Good 

The service was effective.

Staff working at the home had received all of the relevant training to support them in their role.

Care plans regarding people's mental capacity had not always been completed and in some cases kept under review.

The meal time experience was not a social occasion and we observed people sitting alone. Malnutrition Universal Screening Tools (MUST) had not been completed for each person meaning there was a risk staff would not be aware if people were nutritionally compromised.

A recommendation has been made around people's mealtime experience.

Is the service caring?

Good 

The service was caring.

All the people we spoke with were positive about the staff and

the care and support they received.

The staff and manager knew people well. We saw staff provided support in a caring, patient and unhurried way. They took time to listen and respond to people.

People were treated with dignity and respect by the staff who cared for them.

Is the service responsive?

Not all aspects of the service were Responsive.

People did not always receive care that met their needs and reflected their preferences.

Accurate records were not always maintained regarding people's care.

Appropriate systems were in place to monitor and respond to complaints.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were Well-led.

We found breaches of the regulations meaning this key question can only be rated as Requires Improvement.

Governance systems needed to improve to ensure they identified the concerns we found during the inspection.

Feedback about management and leadership was positive.

Feedback about management and leadership was positive.

Requires Improvement ●

Parkview Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This particular inspection was carried out to ensure people living at the service continued to receive safe and appropriate care due to concerns we had received and intelligence we held about the service in relation to falls management, record keeping, building safety, oversight of staff and medicines management.

On the first day the inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC) and on the second day one adult social care inspector.

As part of our inspection planning we reviewed all the information we held about the home. This included previous inspection reports, action plans, public concerns and any notifications sent to us by the home including safeguarding incidents. This helped us determine if there were any particular areas to pursue during the inspection.

Prior to the inspection the provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were 29 people living at the home. During the day we spoke with the manager, director, four staff members, five people's relatives/visitors, three visiting professionals and seven people living at the service.

We also looked around the building and viewed records relating to the running of the home and the care of people who lived there. This included six care plans and six staff personnel files. Throughout the day we observed how staff cared for and supported people living at the home and observed lunch being served to see if people's nutritional needs were being met.

Is the service safe?

Our findings

All people we spoke with throughout the inspection told us the service was a safe place to live in respect of personal safety. Comments included, "It is safe here. The staff accompany me if I ever want to go out." Another person said, "I feel that the home is safe and secure." Similarly relatives echoed the comments of their loved ones confirming they felt the service was a safe place and had improved somewhat over the past months.

Risk assessments personal to people's own circumstances were not always evident in the care files we saw. We found in one person's file the absence of a risk assessment in relation to smoking. We looked into this in detail during the inspection and assessed that processes were in place to manage this risk and staff were fully aware and managing the situation well, however the service had failed to document these processes in the person's file. On the second day of inspection the manager evidenced that this had now been done.

A choking risk assessment had also not been completed for one person, despite them being deemed to be at risk and needing to avoid hard and lumpy foods. This meant there was a risk staff would not be able to respond accordingly due to not having relevant information available. The manager told us this risk assessment had been completed, however due to people's care files being updated into a new format the staff member had not transferred this information over from the person's old file which at time of inspection had been archived.

Another person's moving and handling assessment stated the person walked with a Zimmer frame; however staff said they were now unable to walk independently due to deterioration in their mobility. Their skin, nails and hair care plan stated they needed to have zero-base cream applied daily and was last updated at the end of March 2018 saying this was still required. We looked at cream charts to determine if this task was being done by staff, however we were told this was no longer a requirement therefore the information needed updating.

We saw further examples of people's care files not being updated since January 2018, this meant people's changing needs and preferences may not have been captured. For example in one person's care file their food and drink and communication care plan had not been reviewed since January 2018 whilst another person's sleeping, emotions and end of life care plan had not been updated since January 2018. We spoke with the registered manager about this who assured us she would look into this as a matter of priority.

Accurate and contemporaneous records were not always being maintained regarding people's care. This meant there had been a breach of regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because there had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user and which arise from the carrying on of the regulated activity.

Safe recruitment practices were followed. We looked at six staff recruitment files and found them to contain appropriate documents to support safe and thorough decision making.

We saw there were processes in place to ensure the home regularly assessed and monitored staffing levels to ensure sufficient staff were available to provide the support people required. People we spoke with, their visitor's staff and visiting professionals supported our observation in relation to appropriate staffing numbers. We observed staff presence at all times in communal areas and staff confirmed this was always the case. One staff member stated, "I feel we are well staffed, there are always days when it's busy but it's manageable."

The provider ensured clear procedures and guidance were in place to inform staff and people using the service including their visitors about safeguarding/abuse matters. Safeguarding concerns were referred to the local authority and CQC where appropriate. Staff we spoke with gave appropriate examples pertaining to safeguarding matters.

Business continuity plans were in place. The aim of the plan was to set out the procedure and strategies to be followed in the event of a significant disruption to the operational practice and management of the business, including failures of utility services and equipment. The provider also had policies to support these procedures.

Processes were in place to maintain a safe internal and external environment. We noted arrangements were in place to identify any hazards and assessments were evident to remove or reduce the risk. We reviewed health, safety and building maintenance records and saw documentation and certificates which demonstrated relevant checks had been carried out in respect of gas and electrical safety, substances hazardous to health (COSHH), risks associated with waterborne viruses and hot water temperature checks. However, during the morning of the first day of our inspection, we observed the upstairs sluice room door was left unlocked. We observed the security of the sluice room doors during the two days of the inspection and found that this was not usual practice. We discussed this with the manager who informed us she would ensure this was addressed stating, "This is not acceptable."

Fire audits were in date and fire safety checks were completed. Appropriate fire signage and extinguishers were seen around both of the units. Staff had been provided with training to deal with emergencies such as fire evacuation. Personal emergency evacuation plans (PEEPs) were in place in people's care files and copies of the plans were kept near the entrance and on the top floor. We reviewed the services latest fire risk assessment which had been carried out by an external agency in February 2018. We saw evidence that work was underway in relation to the recommendations made. We will revisit this at our next inspection.

We looked at how medicines were managed. We noted that medicines were kept securely in portable trolleys and the treatment room was secured by a lock. The manager told us they were to purchase a new fridge to ensure correct temperature readings were obtained. The fridge readings had shown higher than the recommended National Institute for Health and Care Excellence (NICE) guidance for a period of weeks. We will monitor this at our next inspection.

We looked at the medicine administration records for 11 people. Some of these charts contained gaps. However, we were able to ascertain that people had received their medicines and audits had identified these gaps. We also carried out a random stock check of loose medicines and could confirm these counts were accurate.

'As required' protocols were in place and staff were using omissions codes when medicines had been refused.

We spoke with a visiting medicines professional during the inspection who told us medicines practice had

improved over the months and the service was working well with the external audit outcomes and addressing any issues raised.

We looked at topical application records and storage of creams and ointments. Care staff applied these as part of personal care. We saw the home had records including a body map that described where and how often to apply these preparations. Records we sampled were complete and the creams were stored appropriately.

People we spoke with and their relatives told us their personal rooms and communal areas were always kept clean and tidy. Visiting professionals and relatives we spoke with confirmed that people were always clean and presentable when visiting. Our observations supported this view during the inspection. However we noted cleaning schedules were not always in date.

The environment was in the process of refurbishment. The provider supplied us with a full works schedule with timescales for completion. We will monitor the progress of this at our next inspection.

Is the service effective?

Our findings

People we spoke with told us they felt staff were good at their job and were approachable. People also told us they felt staff were trained well. One person said, "The girls really know what they are doing." Whilst a second person said, "Yes, they help me with whatever I struggle with and they know what I like and how to do their jobs." Similarly relatives we spoke with told us they felt the staff were trained to do their jobs well.

An appropriate staff induction was in place. The induction was centred around the care certificate which provides staff with an introduction into working in a care setting. All of the staff we spoke with said they undertook an induction when they first commenced employment which gave them a good understanding about their job role.

We looked at what training staff received to support them in their role and reviewed the homes training matrix. This showed staff had completed appropriate training relevant to their role, including mental capacity/deprivation of liberty safeguards (MCA/DoLS), safeguarding, moving and handling and end of life care.

Staff received supervision and appraisal as part of their on-going professional development. This enabled staff to discuss their work in a confidential setting and receive feedback about their performance. We looked at a sample of supervision records during the inspection and saw topics of discussion included, review of actions from the previous meeting, job responsibilities, concerns, working relationships, team work, personal development and training. A member of staff said, "We do receive supervision and appraisal and they seem to be every few months."

We looked at how staff sought consent from people living at the home. During the inspection we saw staff seeking people's consent with tasks such providing assistance at meal times and asking people if they would like to wear protective clothing to help keep their clothes clean.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The home manager maintained a record of which people were currently subject to DoLS, when the application expired and those that were still being processed by the local authority. We noted one person

had previously absconded from the home and as a result a DoLS had been applied for to ensure this person was not being deprived of their liberty without lawful consent. Paperwork relating to some people's DoLS applications was not available within the home; this was because it had not been returned to them by professionals at Bolton Council following submission.

One person living at the home lacked capacity and had a DoLS in place; however did not have an appropriate capacity care plan in place. This meant staff did not have access to appropriate information about the care they needed to receive. We spoke with the manager about this and they assured us this would be put in place immediately.

Care plans contained written consent forms, covering areas such as having photographs taken, the content of care plans and people having access to their care records. However, people's consent forms were not always being kept under review. For example, one person who lacked capacity and had a DoLS in place had signed their consent form in May 2016 and this had not been updated to check it was still valid. This meant they had not been given the opportunity to provide updated written consent to the care and treatment they received.

People had access to advice and guidance from other healthcare professionals regarding their care, however contact with these services was not always clearly documented within their care plan. For example, one person had lost approximately four kilograms in weight and although they had been referred to the dietician the referral paperwork was not evident in the person's file at time of inspection. This person had also been referred for a podiatry assessment due to having a sore foot and toe and staff said a professional from the podiatry service had been out to treat their foot. None of this referral information had been recorded in the health care professional section of their care plan. This meant it was difficult to establish if people had received treatment from other healthcare professional as necessary because appropriate records had not been maintained.

We looked at how people living at the home were supported to maintain good nutrition and hydration. People had food and drink care plans in place and this provided an overview of people's dietary requirements and any support they needed from staff. For example, one person's care plan described how they required a soft diet and thickened fluids to help them to swallow safely and we saw this was provided for them during the inspection. We looked at a sample of previous food and fluid charts and saw this person had received foods of the correct consistency on a regular basis to ensure they were not being placed at risk of choking. We spent time observing people in the lounge area and saw people had access to drinks to keep them hydrated. We observed several people in their bedrooms and noted drinks were readily available.

People's body weights were kept under review and we saw appropriate action was taken if people had lost weight such as referring them to the dietician service. Malnutrition Universal Screening Tools (MUST) were evident in the care plans we reviewed, however had not been fully completed for each person. This is a document used to help staff determine when people may be nutritionally compromised so that appropriate action can be taken.

We have addressed identified gaps in recording highlighted in this section of the report by identifying a breach of regulations to the provider under the Safe and Well led section of the report.

We spent time observing the lunch time meal on the first day of the inspection. We saw this was not a social occasion, with people sat on their own on tables, not being asked if they would like to sit with others by staff. This meant there were missed opportunities for people to interact and get to know one another better.

We recommend the provider looks at people's mealtime experiences to ensure a person centred and communal atmosphere is created.

Is the service caring?

Our findings

We asked people living at Parkview for their views and opinions about the care they received. One person told us, "It's alright here and I am received good care." Another person said, "Not bad here at all and I really can't complain." A third person added, "Oh its great here. Everything is really good and I am receiving good care."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found the service aimed to embed equality and human rights through the process of person-centred care planning. Support planning documentation used by the service enabled staff to capture information to ensure people from different cultural groups received the appropriate help and support they needed to lead fulfilling lives and meet their individual and cultural needs.

People said they liked the staff and found them to be kind and caring. One person said, "The staff are excellent. I would definitely say they are kind and caring." Another person added, "The staff are alright you know and look after me well."

During the inspection we spent time observing care in both the lounge and dining areas and interactions between staff and people living at the home were seen to be kind and caring. For example, we observed a member of staff asking if one person was okay and touched their face saying that they felt warm. They then put their arms around the person and cuddled them because they said they were feeling cold themselves. We saw staff sitting next to people and holding their hands and offering them re-assurance when they were distressed.

The service ensured people were consulted about their daily living choices. We saw examples over the two days of inspection of staff asking people what they would like to do. Staff gave relevant examples about how to ensure a person was enabled to make their own choices.

People were dressed smartly and we did not see anybody looking unkempt. We saw one person wearing jewellery and staff noticed this and commented how nice they were looking today. Another person had been out to the hairdressers and returned to the home during the lunch time meal. The person was visibly happy with their new haircut, with staff engaging in appropriate conversation with them about how they "Looked like a new man."

Photographs were displayed around the home of residents past and present. This meant that people who had passed away could be remembered.

Staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

Is the service responsive?

Our findings

People told us they felt listened to by staff. We observed people speaking freely and openly with staff about any worries, requests or questions they had.

We found instances where the home had not always been responsive to people's care needs. One person had a personal care preference chart in their care plan which stated they preferred to have a bath instead of a shower. We looked at records for May 2018 and there were no records to indicate this person was receiving a bath in line with their preferred preference. The records indicated they had received a full body wash on certain days, whilst other days indicated they had only received a lower body wash. This meant we could not determine if this person's preferences were being adhered to.

The same person also had a body map in their care plan indicating they had swollen feet and that staff needed to keep them elevated. Daily checks of people's skin for bruises and marks had been completed and indicated their feet had been observed as still being swollen in May 2018. Despite this guidance, we observed this person sitting in a chair at lunch time and in their bedroom early in the morning with their feet on the floor, not elevated.

Whilst looking at a second person's care plan, the food and drink/occupying their day section stated they liked to sit with one of their close friends within the home at meal times. At lunch time we observed this person sitting on their own. We asked staff where this person's friend was and why they weren't sitting together and staff said their friend had passed away some time ago. This could have been taken into account within their emotion care plan.

This meant there had been a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to person centred care. This was because the care provided did not always meet people's needs and reflect their preferences.

Pre-assessments were carried out prior to a new admission being accepted. The pre-assessment covered areas such as the person's wishes and feelings, background, perceived historical and current risks, aims and goals. In some cases the local authority (LA) supplied the service with a support plan which detailed their assessment of the person. The LA support plan was used to influence the services care plans along with the input from the person and their relatives where required.

There was a complaints policy in place and informal complaints were also captured. The manager told us there had been no formal complaints received direct to the service since she had taken position, therefore we were unable to look at how the service managed individual concerns. We did however note a log of informal complaints with actions.

We looked at how people's human rights were being respected and spoke to staff about their understanding of this. We noted people's care files considered people's rights and needs and people told us they felt these were being respected. Staff gave examples of ensuring people were treated fairly and their lifestyle choices

honoured at all times. In addition to this staff displayed suitable knowledge of people's needs and could explain how support was provided to each individual in areas such as those relating to safety, choice and personal preferences in a person centred way.

People's preferred diets and religious beliefs were being respected. We were able to identify the service respected these wishes and ensured people had a private space to pray and separate spaces were available for preparing foods which could not be contaminated with other foods.

Daily reports provided evidence that some people had received care and support in line with their support plan. We viewed a sample of records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any daily changes in a person's well-being. We were able to determine that before each shift started a staff handover was also carried out.

We saw an activity schedule. This highlighted the following month's activities such as; quiz days, coffee mornings, baking, bingo, arm chair aerobics, tai chi and entertainers. The manager also informed the service was now working in partnership with Age UK who would visit the service and engage people in activities.

At the time of inspection there was no person receiving end of life care and support. Parkview is not a nursing home, therefore does not have qualified nurses employed; however they are able to offer care and support to a person nearing the end of their life with the support of the district nurse team and the hospice staff.

Staff we spoke with gave examples of care provided for a person nearing the end of their life and we saw messages of thanks from families around the care of their relatives; one family had asked the manager to speak at their late relative's service.

Is the service well-led?

Our findings

At the time of the inspection, the home did not have a registered manager who was appropriately registered with the Care Quality Commission, however a manager was in post and they had submitted an application to register with us. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Parkview is owned by Jewelglan Ltd who are the registered provider. There was a staffing structure in place with staff reporting directly to the home manager for assistance, help or advice. The work of the home manager was overseen by the provider and this ensured there were clear lines of accountability within the service.

The home manager was actively involved in the running of the home and we observed them taking part in a staff handover during the first day of the inspection. The handover consisted of night staff providing an overview of people's care needs and if there were any concerns day staff needed to be aware of. The home manager was knowledgeable about people at the home and appeared to know their care needs well.

The feedback we received about management and leadership within the home was positive with staff telling us they felt supported and able to raise concerns which were then acted upon. One member of staff said, "The manager is doing a brilliant job and loves all of the people living here."

There were systems in place to monitor the quality of service with audits undertaken of areas such as infection control, care plans, medication and daily record documentation. A service improvement plan was in place and covered a wide range of areas of service and provided a focus on the CQC key lines of enquiry. This detailed any relevant findings, areas for improvement, timescales and staff responsible for completing the work.

The concerns we identified regarding maintaining contemporaneous records and person centred care meant improvements were required to governance systems to ensure these issues were identified and acted upon in a timely manner.

This meant there had been a breach of regulation 17 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regards to good governance. This was because systems to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activity were not always fully effective.

Staff meetings took place and we looked at a sample of the minutes from previous meetings which had taken place amongst both care and senior staff. This provided the opportunity for staff to discuss any concerns and contribute any areas for improvement.

A newsletter was also sent out each month. This provided the opportunity to brief people living at the home,

staff and family members about important events such as upcoming celebrations, birthdays, outings/trips attended, entertainment and an overview of the current staff team. A copy was also sent through to CQC for reference.

The home had links within the local community and we saw art work displayed around the home which had been done by children from a local nursery.

The home had relevant policies and procedures in place; this provided staff with relevant guidance to refer to if they needed to seek advice or guidance about certain aspects of their work. These covered areas such as complaints, safeguarding, health and safety, infection control and medication.

We found confidential information was stored appropriately. For instance, we saw that documentation such as care plans and staff personnel files were stored in secure cupboards and rooms which also had a key pad lock on the door. This meant that people's personal information and details would be kept secure as a result.

As of April 2015, it is now a legal requirement to display performance ratings from the last CQC inspection. We saw this was displayed on a notice board on the ground floor and also in the manager's office. This meant people who used the service, their families and staff knew about the level of care being provided at the home and if there was any concerns.

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 The service did not always ensure they were providing person centred care and treatment appropriate to meet people's needs and personal preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Accurate and contemporaneous records were not always being maintained regarding people's care and governance systems did not ensure issues identified during the inspection were identified and acted upon in a timely manner.