

Four Seasons Homes No.4 Limited

North Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 7 August 2017 and was unannounced. The previous inspection on 24 and 25 January 2017 had highlighted breaches in the safe care of people and good governance. At this inspection we found a degree of progress to show that the service was moving in the right direction, but improvements were still to be made in these two areas.

North Court is located in the centre of Bury St Edmunds and provides accommodation and nursing care for up to 65 people, some of whom are living with dementia. At the time of our inspection there were 46 people living at the service. 23 people living with dementia in their ground floor unit.

The service had a registered manager who was present for the inspection visit. 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.

People spoke highly of this service and told us of staff who were caring and kind. We observed some genuine caring relationships that were mutually valued. The majority of people told us that they experienced a good service and were satisfied. People were supported by sufficient staff that were appropriately trained. People were provided with a range of activities and opportunities facilitated by activity staff. This included daily time spent with individuals who were residing in bed.

The manager was receptive to feedback given on the day and has sent an action plan with plans to address matters raised in this report. Concerns were fed back in relation to healthcare and nursing support within the service. Specifically; diabetes monitoring and response was not always clear in care plans, catheter care was not always safe and the monitoring of people's bowel movements was not effective for clinical intervention and wound care was not always safe. In addition records made of nursing interventions were in some cases illegible and placed people at potential risk.

Risks to individuals were assessed but measures to mitigate risk were not always in place. For example; systematic failure to protect one person from developing further pressure sores. Fire safety was not systematically robust. Also we questioned the effectiveness of the call bell system in place and have requested this be reviewed.

Medicines were not consistently managed in relation to out of date equipment, such as a syringe driver, and the safe use of creams. There were systems in place to respond to concerns and complaints, but these needed to be further developed as an opportunity to learn and improve the service. The Deprivation of Liberty Safeguards (DoLS) was understood by the registered manager. However reviews required in the authorisation were not in place.

The registered manager had quality monitoring processes in place but had not identified the concerns and breaches that we have identified, therefore these processes were not effective and need to be reviewed.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Risks to individuals were assessed but measures to mitigate risk were not always in place. Fire safety was not systematically robust.

Medicines were not consistently managed safely.

There were enough qualified and skilled staff on duty to meet people's needs.

Systems were in place to protect people from abuse, staff knew and followed them.

Requires Improvement ●

Is the service effective?

The service was not effective.

People were not supported to maintain good health based upon good clinical practice.

The Deprivation of Liberty Safeguards (DoLS) was understood by the manager. Reviews required were not in place. People's consent was sought and decision making respected.

Staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

People were supported to maintain relationships that were important to them and people were able to influence the running

Good ●

of the service.

Is the service responsive?

The service was not responsive.

There were systems in place to respond to concerns and complaints, but these needed to be further developed as an opportunity to learn and improve the service.

Most people were supported to follow a lifestyle of their choosing.

People's needs were assessed before coming to the service and formed the basis of care plans.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Management needed to be more responsive to matters arising and to deal with them in a more timely manner.

The manager had systems in place to monitor the quality of the service. Actions were identified, but the systems were not effective as matters in this report were not identified.

Staff told us the management were supportive and moral had improved.

Requires Improvement ●

North Court Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 7 August 2017 and was unannounced.

The membership of the inspection team consisted of two Inspectors, a specialist adviser who was a trained nurse and an expert-by-experience in older people's services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with eight people, four relatives, the registered manager, a manager supporting from another service, six staff, and went on to contact other visiting health and social care professionals. We reviewed six care files, staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

At the last inspection we rated this key question as 'Inadequate'. At this inspection we found that the standard of care had started to improve and so the rating has changed to 'Requires Improvement'.

Risks to the service and individuals were not consistently well managed. There was health and safety checks of hot surfaces, the nurse call systems and window restrictors. The fire system had an overall annual check with weekly checks of fire systems in place, but no fire drills had taken place and the registered manager told us they were, "waiting for fire warden training." When we arrived we heard a fire door retainer alarm sounding. This was reported to the registered manager. However this continued to sound for some hours throughout our visit before being addressed. We also found two other fire doors held open with furniture. Upon the registered manager being informed the furniture was removed. However, later in the day, we found these were twice propped open again. We concluded that fire precautions were not consistently and robustly followed to keep people as safe as they could be.

Additionally we requested the call bell system be reviewed and action taken. We heard the call bell move to the emergency setting on four occasions. Staff were slow to respond. When we asked staff where the emergency was: staff upstairs believed it was downstairs and staff downstairs believed it was upstairs. We observed inertia in relation to the call bell that sounded throughout the building no matter what area this related to. On one occasion in the afternoon the emergency buzzer sounded for an external door. When we asked staff they were not concerned and told us it was probably a member of staff going for a break. The manager had no way of monitoring the system in place, therefore could not sufficiently assure us that the system in place was appropriate.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to individuals were not managed with control measures implemented and were therefore not consistently effective. One person we case tracked had a health professional assessment in place. It stated 'to have snacks, supplementary drinks and weekly weight'. We found the person had been weighed upon arrival, but no further records were available in their personal records or the weight record kept in the nurse's station. They had been resident for two months. Therefore health professional advice was not being taken. The same person was identified at very high risk of developing pressure ulcers. This was because the service had completed a skin integrity risk assessment known as Waterlow. A recent review had stated 'damage skin on the sacrum, grade one. Repositioned four hourly when is in bed.' There was no further information or a body map in the care plan. We read their daily notes that showed this person had been recently incontinent over four days and that skin was sore and that cream had been applied. The folder in the person's room had no topical medication forms. We saw one topical cream/ointment in the room but they were not prescribed it and that they were prescribed three others that they were not being administered. Additionally, the skin integrity care plan had no information about the use of an airwave pressure relieving mattress, or the settings required for it to work effectively. The lack of records relating to repositioning the person whilst in bed and the lack of instruction to do so made us conclude a systematic

failure to protect this person further from pressure ulcers developing beyond the grade one already identified.

We found poor monitoring of another person's nutrition, the care plan stated that they were at high risk, but accurate records of their nutritional status and weight were not being taken. There was no evidence of snacks, evening meals or fluids throughout the day being offered or recorded. Following our visit we spoke to a visiting professional who was reviewing the care of people. They told us, "Looking at fluid charts at this time, there was no 'fluid to be achieved in a day' guidance for staff, on some days only one recording of 200mls was achieved. Although the fluid charts asked staff to record what had been done when fluid intake was poor." Though risk assessments identified measures to minimise risks to people these were not in place consistently for people.

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

People were satisfied with how their medicines were managed. One person said, "I get all tablets at the right time from the nurse who makes sure I take them." A relative told us, "My relative gets all their tablets and they make sure they take them." Another person at the service said, "I get all my medication when I should."

Medicines were in the majority well managed, but improvements on safety needed to be made in relation to out of date equipment and safer use of creams. In the ground floor treatment room we found sterile packets of extension tubing, to attach the syringe driver to the cannula had expired in May 2017. We found the same in the first floor treatment room, but this equipment had expired in December 2016. Having passed the expiry date, the sterility and effectiveness of products cannot be guaranteed. The floor of the ground floor treatment room was dirty with debris and the floor covering was missing in one section where a wall has been removed. This meant the treatment room floor could not be effectively cleaned. We found poor management of creams, the opening and disposal date were not consistently written on creams in use. There was no system in place for tubs and tubes of cream to be disposed of within set guidelines.

Staff had undergone regular medicines training with their competencies checked. Storage was secure and stock balances were well managed. Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. Body maps were used to monitor patches used to administer some types of medicine. Staff were able to tell us about medicines and their side effects and those medicines that were time critical to keep people well. Staff were observed administering medicines appropriately and told us they were confident that people received medicines as they were intended.

The registered manager calculated how many staff were required to support people. People and staff told us that there were enough staff working at the service. One person said, "They are pretty good at turning up when I press my buzzer and I don't have to wait long." Another person said, "Since I came in May I haven't had to use the buzzer. They always pop their head round the door to make sure that I am alright." We viewed the roster for four weeks and saw staffing levels had been maintained. The roster was planned well in advance. We examined records relating to staff recruitment and found that these were appropriate. This meant there were suitable numbers of skilled staff to meet people's needs. There was always a nurse on duty and on occasion this was through an agency. In addition there were volunteers working at the home. Some had been there a number of years. Students were also on placement and liked the opportunities and experiences on offer. In the downstairs lounge diner there was always a staff member present and their role was to ensure people mobilised safely, had personal care needs attended to quickly and ensured people drank frequently and offered snacks.

People told us that they felt safe living at the service. One person told us, "I do feel safe here and I am able to do what I want when I want to." A different person said, "It's just the job for me and I feel very safe here. Everybody is so nice." Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. In addition staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. Information about safeguarding adults and whistleblowing were available for all to see in public areas. When concerns were raised the registered manager notified the local safeguarding authority in line with their policies and procedures and records were available for us to see.

Is the service effective?

Our findings

At the last inspection we rated this key question as 'Requires Improvement'. At this inspection we found that the standard of health care had not improved sufficiently and therefore remains at 'Requires Improvement'.

Feedback from people on the day was positive with comments such as, "I can see the doctor when I need to." Another person said, "I get good access to the GP and the chiropodist, but they have been a little slow in organising the opticians for me because I need my glasses changing." A relative said, "The medical support is good here; the doctor came in to see [my relative] last week."

Although the feedback from people was good, we found that people were not consistently supported to maintain good health. We found that diabetes monitoring and response was not always clear in care plans, catheter care was not always safe and the monitoring of people's bowel movements was not effective for clinical intervention and wound care was not always safe.

Our nurse specialist tracked the care of one person in relation to their catheter care. They found that the catheter had not been changed regularly as needed. It had not been changed for 17 ½ weeks. It should have been changed after 12 weeks, the reason for regular 12 week changes is because the catheter lumen (tube and connection) deteriorates over time and there is a higher risk of poor drainage and leakage around the tube and of complete blockage due to sediment from the bladder. We looked at this person's medication chart and found there was no size or type and no evidence that any catheters having been ordered. It did state in a handwritten entry, 'male catheter? When next due?' The care plan contained no information about the management or care of the catheter, leg bags or night bags. This cumulative inaction placed the person at potential risk and should have been safer.

Wound care management was not consistent and based upon best practice. The system of having a weekly schedule of dressings for the nurse on shift to follow was not always up to date. There was not always a care plan giving the dressings to be used, and frequency has not always been recorded on the weekly schedule. There was a photograph of wounds on toes, it was not named, dated or had a measure in the photograph. The permanent nurses on the unit did not take responsibility to ensure the information was up to date and accurate, therefore new or agency nurses could not look at the folders and be able to provide appropriate, timely wound care. This presented a potential risk to people with wounds.

A relative had told us they had concerns about the effective monitoring and response to their relative's bowel movements. Constipation in older people is more prevalent and for some people needed to be closely monitored for their health. We found that records were not clear or easily accessible to show when people were constipated. The nurse on duty would have been required to read through each person daily notes prior to the medication round to ascertain if people needed their as needed (PRN) prescribed medication to relieve constipation.

We tracked through two people's notes that had diabetes and found systems in place did not safely and effectively manage their condition. There was no guidance concerning blood sugar levels, there was nothing

prescribed for a low blood sugar level, such as Glucagon. There was no protocols in place concerning management if a certain level of blood sugar was found, either to give more insulin or contact the GP. It is not effective care to obtain a blood sugar recording by piercing the skin, twice daily, if no active management is going to be put in place as a result. There was no evidence in the care plan of communication with the diabetic specialist nurse or the GP on this issue. People with diabetes were placed at unnecessary risk.

All of the above health related management concerns contribute to a breach. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they had the training and support they needed to carry out their role effectively. One said, "Yes the training is good. I'm all up to date and they get us to do refresher courses." The registered manager had a training matrix that allowed them to monitor any training updates that were needed, they ensured that the overall compliance of staff training was good. One staff member said, "I have done my care training that includes dementia awareness. Also I have my moving and handling." There were plans for the whole team to commence Dementia Care Framework with workshops already arranged. This included online modules and face to face training. When staff were new they received two days induction, three shadow shifts and then were supernumerary for about one week. We found that no one was currently undertaking the Care Certificate. The registered manager told us, "I need to re-visit as it is company policy to undertake but no one is."

Supervisions have been very infrequent and not in line with the providers' policy. The home's policy was six times a year. The registered manager had recognised this and was taking action to address. We saw evidence of supervisions completed for July 2017. One staff member said, "I feel very supported by management. They always answer the on call phone if needed."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate. We followed up on one authorised DoLS as it had to be frequently reviewed every three months. The registered manager was unable to find evidence of this happening and agreed to action this from now on.

Staff said they understood and demonstrated how the MCA applied to the people they supported. Staff continued to encourage people to make decisions independently based on their ability. We observed that staff knew people well, and this allowed them to support people to make decisions regardless of their method of communication. One person said, "The staff always ask if I am happy for them to do things for me which is really nice." We saw that care records clearly indicated if a person lacked capacity due to living with dementia. One record stated that the person could make day to day decisions even if seen as unwise, but would require support of others to make complex decisions. We saw that records relating to do not attempt cardio pulmonary resuscitation (DNACPR) had been completed and appropriate people consulted.

People were generally happy with the food they were served. One person told us, "The food is quite good and I need help at meal times which they are very good at." Another said, "The food is better now than it was in the past. We always get a choice." Whereas another person commented, "The food can be very good, but has become very samey. I had breakfast this morning, it was porridge and it was not that warm and the cup of coffee was cold. The first hot drink I had was at 10 minutes to eleven."

We spoke to the kitchen staff who were aware of special diets required such as soft, pureed and those people that were lactose intolerant. They explained that a daily sheet was in place to note any changes for people. They said, "We get to know people and ask them – we know how and what people like." The kitchen had a five star rating from Food Hygiene inspectors.

Meal times downstairs were a social event with people supported to eat in the dining room. People upstairs mainly ate in their room and little social interaction was seen. People told us that they enjoyed their meals; they had two choices for lunch and were able to ask for an alternative if they did not want what was on the menu. One person said, "I always have porridge for breakfast. I just love it." We also observed a member of staff with a person in their room. They said, "Would you like a tin of coke now? Cherry or ordinary?" This showed us that the staff member knew the person well and what would tempt them to drink. The service had sought feedback on the catering and had the results in June 2017. Some aspects were negative such as the pureed food being the same at lunch and tea time and that the cakes are often frozen. Therefore the registered manager was aware that more was needed to be done to improve people's experiences relating to food and drink. We feedback to the manager that records relating to food and drink were not effectively filled in as they were not consistent.

Is the service caring?

Our findings

Staff had positive relationships with people. They showed kindness and compassion when speaking with them. Staff took their time to talk with people and showed them that they were important. One person said, "The staff are very caring here and nothing is too much trouble. They are really quite friendly and are always polite when they talk to you." Another person said, "The care is generally good but it can slip occasionally. It is mainly efficient. The staff are polite and respect you as another human. You can share a joke with them." We spent time with one person who remained in their bed. They told us, "I'm settled here because I have friends." We observed genuine care and friendship. The person asked to be kissed and the member of care staff gently held their hand and kissed their forehead.

When staff spoke with people they were polite and courteous. Relatives were complimentary about how staff treated their family members. One relative said, "The care is very good that my [relative] gets and they really understand [my relatives] needs. I have every confidence in the staff. They always treat [my relative] as one of their own." One person when they saw their relative told them, "I love it here." The relative looked at us and said, "It makes my day to hear that when I come."

People's privacy and dignity was respected and promoted. Staff were prompt to recognise and respond to people who needed support to access the toilet. One person said, "My favourite colour is green and look here." They held up their necklace to show us that it was green and matched the earrings and jumper they were wearing. Permanent staff knew people well including their preferences for care and their personal histories. Staff told us that they tried to support people to maintain their independence as much as possible and assessed the level of support people needed all the time. In the unit downstairs this was facilitated by a staff member who was always present in the lounge area.

People were involved about making decisions relating to their care and support. One person said, "They do review my care plan with me to make sure I am happy." Most said that their relatives were the ones who planned their care. One person said, "I've had no involvement in the planning of my care. My son did it and it just carried on from where I was before." A relative told us, "We are all involved in the planning of [our relatives] care and try to make sure that she gets what she wants and needs." There was a system in place called 'resident of the day'. This was used to regularly review a person's care and seek feedback. The registered manager told us of plans to develop it further to make the person feel special. For example giving the person a choice of meal on that day.

Is the service responsive?

Our findings

The manager had obtained information about people before they came to the service. This was in the form of an assessment and in some cases had obtained information from the transferring hospital or from the placing authority that set out a person's previous health needs, lifestyle and circumstances. This enabled them to judge if the service could meet their needs. People spoken with said staff knew and understood their likes and dislikes. One person said, "The staff here do know how I like things done and I am very comfortable here." Another person said, "I think they know what I like and they understand that I need to go out for my cigarette every so often." A relative told us, "I know what [my relative] likes and they always make sure that is what [my relative] gets. Everything has been so nice since we have come here. Everybody is so thoughtful. They do ask me what I think of the home." Care staff told us that they knew the content of care plans and said they referred to them constantly. They were kept secure.

There was a programme of activities in place for people that we were told was based upon what people requested. There was a published range of activities with the morning session being devoted to hairdressing and a bingo session in the afternoon. The bingo session was attended by only three people one of whom left half way through the session. Other organised events were based upon music, arts and crafts and exercise. We saw several people attend the hairdressers. One person told us, "I'm having my hair permed today." They smiled and were visibly happy to be having their hair done. There were two activities staff employed. Both were on shift on the day of our visit. One was solely concentrating on individual visits to people who remained in their bedrooms. The activities person explained that the time was spent chatting, singing songs, manicuring nails or fulfilling any request from the person concerned. They said that for people living with dementia they had a sensory box, music and adult colouring books. A recent event that people liked was tasting fruit from around the world. Many of the events were captured in the monthly colourful newsletter that was available to people. We saw the last four months and many events had been celebrated such as celebrations from VE day, a trip to Felixstowe, visits to garden centres and trips to the local cinema that had dementia friendly screenings. The newsletter kept people informed of visits from religious groups and when the resident and relative meetings were planned.

The service had processes in place to routinely listen to people. Views of people were regularly sought both informally and formally on a regular basis. The registered manager was visible and available to people. There was a complaints process in place that was accessible and some complaints had been received. We had mixed feedback about complaints. The majority of people spoken with said they did not have any complaints. One person said, "I can't remember having any need to complain." Another told us, "If you complain to staff it is often ignored. For example items of personal clothing going missing is a real problem."

We examined the complaints log kept by the registered manager. These records were not well maintained and a consistent process was not followed. There were handwritten notes and complaints, but it was not clear what related to each other. There was a standard form but this was not completed in every case. For example on one form the details of the complaint were clear, but people's views and the learning sections were blank. A different complaint had statements from staff present however no lessons learned or any investigation undertaken was available. There was a stated action to prevent a similar occurrence. The

manager did not use complaints as an opportunity for all staff to learn and improve the service.

Is the service well-led?

Our findings

At the last inspection we rated this key question as 'Good'. However, at this inspection we found that the standard of good governance had not been maintained and so the rating has changed to Requires Improvement.'

The service had a registered manager. Statutory notifications received showed us that the registered manager understood their registration requirements. The registered manager was present throughout our inspection process. They were open and receptive to all feedback given and sent an action plan within days of our visit. Staff told us that the registered manager was approachable. One staff member said, "She is amazing. She tries so hard. She truly has an 'open door' and nothing is too much trouble for her." Our observations showed that the registered manager was known and popular with people using the service. Feedback from other professionals external to the service was that the registered manager did listen to feedback, but action taken was not always as timely as it should be.

Our previous feedback and reports to the service had highlighted similar themes identified within this report. These included risk assessment processes to keep people safe and health care monitoring and records. Whilst we recognised a degree of progress has been made, this has not been timely enough and needs to gather pace to ensure people are safe now and on going. The registered manager had quality monitoring processes in place but had not identified the concerns and breaches that we have identified, therefore the processes need to be reviewed to ascertain how this has come about. Records kept by nurses were of particular concern. Notes made about nurse intervention were on occasion illegible. This was placing people at risk of unsafe treatment and care. The registered manager agreed that this had been discussed previously, but has not been effectively resolved. We also concluded that learning and development from complaints management was not integral to drive improvements within the service. So despite having a complaints process this was not used to best effect.

These lack of effective systems operated effectively have led to a breach. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were positive about the culture of the service and told us that they felt they could approach the manager if they had any problems and that they would listen to their concerns. Supervision meetings were planned for the future and there were regular staff meetings. This enabled staff to exchange ideas and be offered direction by the registered manager. One staff member said, "Things are beginning to improve. It is good at the moment we are on the up." They gave an example of staff moral improving. We observed the morning meeting where all departments came together to discuss people at the service and any developments. This was informative and all staff were able to participate and were given key information about the whole service.

People and their relatives were given the opportunity to voice their views of the service and to make suggestions on how the service could improve. An electronic tablet had been placed at reception for people to access, but there was a temporary issue with accessing data collected. There were regular resident and

relative meetings held. The regular newsletter, produced monthly kept people informed about staff changes, planned changes and encouraged people to get involved. The majority of people we spoke to said that they were satisfied to be in this service. One said, "I am happy here and I think the home is well run." A relative was very satisfied and said, "I am very happy with my [relative] being here. I am relieved for the care that [my relative] gets from the staff. I have such faith in them that I am now able to go on holiday for the first time for a number of years and know that they will be well looked after. I trust them totally."

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected because control measures identified in risk assessments were not consistently in place for people. Health interventions in relation to catheter care, wound management, diabetes and bowel monitoring were not best practice and not always safe and effective.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate systems relating to fire safety and the call bell system.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effective to ensure compliance with good governance.