

Chengun Care Homes Ltd

Beeston Lodge Nursing Home

Inspection report

15-17 Meadow Road
Beeston
Nottingham
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Tel: 01159259014

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Beeston Lodge is a residential care home with nursing and is registered for a maximum of 28 people. At the time of the inspection, there were 25 people living in the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide nursing and personal care for older people, people living with dementia and people living with physical disabilities. The home is a three - storey property (adapted from former semi-detached residential accommodation with a two - storey extension and small garden at the rear). It is located in a busy suburb of Nottinghamshire, on a through road on the outskirts of the town centre; with good access to local amenities, the local train station and wider transport links.

People's experience of using this service:

People told us they felt happy and the service assessed risks to the health and wellbeing of people who use the service and staff.

People felt there were not enough staff to support them safely at night time.

The environment was not fully supportive for people living with dementia and reduced mobility.

Medicines were handled safely by staff who had been assessed as competent to do so, although the provider had not applied all recommendations from a recent medicine's audit.

People felt the service they received helped them to maintain their independence where possible.

People and their relatives said staff were caring and respected their privacy and dignity.

People received care that was designed to meet their individual needs and preferences. Although we found evidence that the provider did not have a robust system of auditing and sharing learning across the staff team.

Rating at last inspection:

The home was previously rated as Good in all domains (Report published 24/10/2018.)

Why we inspected:

This was a comprehensive inspection, which was brought forward due to concerns raised in response to the closure of another home owned by the provider and information we received from the local authority.

Enforcement:

We found a breach of two regulations relating to the environment of the home and compliance with the fundamental standards; and in relation to good governance. We have made recommendations to the provider in relation to these.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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? The service was not always Safe	Requires Improvement ●
Is the service effective? The service was not always Effective	Requires Improvement ●
Is the service caring? The service was Caring	Good ●
Is the service responsive? The service was Responsive	Good ●
Is the service well-led? The service was not always Well-Led	Requires Improvement ●

Beeston Lodge Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

The inspection was prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a current safeguarding investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about other incidents prior to the inspection indicated potential concerns about the management of personal finances of people using the service, not responding in a timely manner to people who are unwell, infection control concerns and medicines management. This inspection examined those risks.□

Inspection team:

This inspection was carried out by three inspectors and an expert by experience on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second (partial) day of the inspection in order to review documentation.

Service and service type:

Beeston Lodge Nursing Home is a care home with nursing. They provide a service for up to 28 people, some

of whom may be 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.

Notice of inspection:

This was an unannounced inspection. This meant the service were not aware we were coming.

What we did:

Before the inspection site visit:

We looked at all the information we had collected about the service since the last inspection report in October 2018. This included previous inspection reports, information received from the relevant Local Authority, Clinical Commissioning Group, The Infection Control Team and Nottinghamshire Fire & Rescue Service. We looked at notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection site visit we spoke with:

Eight people living at the service, two visiting relatives, the registered manager, the providers, a registered nurse, two care staff, the chef, a member of domestic staff, the administrator and two activity co-ordinators.

As part of the inspection we spent time observing what took place in the home during the day.

For example: we observed breakfast and lunch on the day; planned activities and interactions between staff and people living at the service and we carried out a full tour of the premises.

As part of the inspection we looked at a number of documents relating to the running of the service. For example: six people's care plans, daily notes, monitoring records and medication sheets, four staff recruitment files, safeguarding records, the staff training matrix and record of supervisions. We looked at management audits and quality assurance reports, records of accidents and incidents, staff meeting minutes, residents and relatives meeting minutes and records of compliments and concerns.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

- We had mixed responses when we asked people if they felt staff were available when they needed them. The majority of people said there were enough staff and they were not rushed. One person mentioned staff were very patient when they were supporting them to eat as they were very slow. Some people we spoke with felt that staffing could be low at times, especially at weekends and that very busy staff did not always have time to chat with them.
- One person told us, "Staffing can be short at weekends and at night times."
- Despite this no one mentioned having to wait more than a few minutes and a maximum of ten for support when called for. We saw evidence of this when reviewing call bell analysis times.
- During the inspection period, we reviewed information we received from the Local Authority, following a Quality Monitoring visit they had conducted at night, where they had found concerns relating to the number of staff on shift. They found there to be insufficient staff covering the night shift with 25 residents and of those some required two carers for transfers and repositioning. Current night cover included one nurse and two care staff. We recommend the provider reviews their night staffing numbers and dependency levels of people living in the service.
- Staff told us there were usually enough staff to do their job safely and efficiently. One member of staff felt there could be more staff on duty at nights and weekends, but that there were enough staff at other times. One person we spoke with told us that the staff in the home were, "Calm and collected." We observed this to be the case during our inspection.
- Required staff recruitment checks were carried out to ensure people were protected from having staff work with them who were not suitable.

Systems and processes to safeguard people from the risk of abuse

- We found that people's personal finances were not managed safely. On reviewing people's personal money accounts, we found that there were discrepancies and that some people's accounts showed a negative balance. The provider assured us they were addressing this.
- This concern relating to personal finances is also currently being investigated by the Local Authority Safeguarding board.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- Staff knew what actions to take if they felt people were at risk.
- People said they felt safe with the staff.
- Relatives said they felt their family members were safe with the staff. One person told us, "My relative [name] fell twice last year and went to hospital in an ambulance. The home was very helpful, and she now has support to walk. Two staff help her and are very friendly. There are no nasty carers and people are friendly."

Using medicines safely

- The training records confirmed staff had received training in the safe handling of medicines.
- Only staff trained and assessed as competent were allowed to administer medicines.
- Medicines administration record sheets were up to date and had been completed correctly by the staff administering the medicines.
- We observed the medicines round and saw staff were following their training and making sure the correct people, received the correct medicines, at the correct time. One person told us, "They (nurses) give me the medicines and I take them. I'm allergic to penicillin and they know that. I get medicines during the day and something at night to help me relax."
- We asked the provider to ensure that the keys to the drugs dispensing trolley were carried by the person dispensing drugs at all times, as detailed in the internal audit carried out by the home. During the inspection we observed that this was not always being adhered to. We also found that the covert medications risk assessment was further developed to make this clear for all staff who administered medications.

Assessing risk, safety monitoring and management

- Risk assessments and guidance were in place to help reduce the risk of harm to people. These assessments had been reviewed and updated as required. Assessments included the safe use of bedrails, skin integrity, falls and moving and handling. We suggested to the provider that some of these assessments needed updating; by using less 'numeric scoring' tools to make this more meaningful for staff to follow.
- We looked at the fire safety policy and latest fire risk assessment that had been carried out by Nottinghamshire Fire & Rescue Service in November 2018. The updated action plan had made several recommendations to the registered provider and these had all been carried out to improve fire safety.
- Emergency plans were in place to ensure people could be supported in the event of a fire. We saw that firefighting equipment and an Evac-sling was in place and had been serviced. Fire drills had been regularly carried out with staff. Personal emergency evacuation procedures (PEEPS) were in place for people living in the home and were documented in people's individual care plans. These were also duplicate stored centrally, in case of an emergency.

Learning lessons when things go wrong

- Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation. Appropriate action was taken promptly to deal with any incidents. We saw evidence that the registered manager had shared the outcomes of this with the staff team during supervisions and staff meetings to embed learning from incidents.
- The registered manager logged accidents and incidents and analysed them for trends. Appropriate action had been taken following analysis to reduce the risks. We saw evidence that people had been referred to appropriate teams if further support was needed in relation to falls or further dementia assessments. Staff made referrals to external professionals promptly.

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 outcomes or was inconsistent. Regulations may or may not have been met.

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

- We found that the exterior of the property and some parts of the interior needed significant refurbishment; and not safe in parts. We saw that the provider had made a number of adaptations to the interior of the service, including adding hand rails and replacing stairs with ramps, to help people maintain independence when they had reduced mobility or required use of a wheelchair. However; we noted that some of the decoration and lighting used at the service produced a confusing and disorientating environment which could lead to an increased risk of falls, especially for people living with dementia or difficulties with orientation and depth perception.

For example, we saw a corridor on the first floor leading to people's bedrooms, that was poorly lit, had a very steep ramp, with raised threshold strips which was carpeted in a very busy and confusing pattern. Highly patterned carpets are known to increase the risk of falls, particularly for people living with dementia and reduced mobility, as they can be confusing and disorientating.

We asked the provider to take action to make improvements to these areas of the home's environment. We recommend that the provider carries out a comprehensive assessment of the premises in line with current best practice for dementia friendly environments.

The above is a breach of Regulation 15 HSCA RA Regulations 2014 Premises and equipment.

How the regulation was not being met: The registered person had not ensured that the premises were fit for purpose and in line with statutory requirements; and should take account of national best practice.

- People would benefit from these improvements; which we discussed with the provider. We saw how the outside garden area had been much improved, with raised beds to enable access for those people who use wheelchairs to enjoy the garden. Sensory planting had been provided, and considered, following discussions held with the resident's group.
- We saw that positive signage had been added to key areas of the home, to orientate people to place and time, in line with best practice in dementia care.
- Relatives described how they found people were more confident, now that their room doors had been highlighted by a contrasting colour surround; again, in line with best practice in dementia care. We saw that pictorial guides were in place for people around the home, to support and guide them where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support from staff who knew how they liked things done.
- Each care plan was based on an assessment of people's needs and included individual

preferences and choices, demonstrating the person had been involved in drawing up their plan.

- We found the registered managers implementation of a 'resident of the day' review for care plans to be innovative and person centred. This ensured that once a month, each care plan had a clear review and oversight from all members of the staff team.
- The care plans were kept under review and amended when changes in people's conditions were identified.

Staff support: induction, training, skills and experience

- Staff had received induction to the service and training that was suitable for their roles and gave them enough information to carry out their duties in line with the registered provider's policies and procedures.
- We saw the service's training report showed the majority of staff had completed the training required by the registered provider; although some new staff were awaiting their training to be assessed by an external agency. This included, safe moving and handling, safeguarding adults, fire safety, food hygiene, medication, infection control, dementia awareness, the Mental Capacity Act and Deprivation of Liberty Standards.
- The registered manager carried out regular appraisals and supervision was being given to staff to support their development and performance. Staff confirmed they received this and felt well supported by the management team to develop their skills. One person told us, "Most staff have the skills I need. New ones are learning and are accompanied by an experienced worker. New staff are getting educated."

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

- People were supported to receive meals which met their dietary requirements. This included a wide choice of freshly prepared and appealing food.
- The chef was knowledgeable about people's dietary requirements. The kitchen was clean, tidy and food was stored and prepared within health and safety guidelines.
- We observed the breakfast and lunch experience. We saw that staff engaged with people to make mealtimes a sociable and relaxed experience. People were supported to be independent with their meals. For example, one person used a deep bowl to assist them with eating. Staff were observed to be wearing appropriate protective clothing for hygiene to serve and assist during breakfast and lunch time.
- One person we spoke with told us, "The food is very nice, and I get enough. There is a good variety, I like curries and spices. I get a choice. I don't like chips, and I cut up the meat with the tips of the fork. Its already small and its easy food to eat." Another person told us, "Food is not a problem. I get a choice. I can get a snack if I want and can eat what I want."
- Staff completed nutritional assessments to identify people's needs and any risks they may have when eating. We noted that some people's care plans stated that they required a low salt diet, or a soft diet, and that this had not always been communicated or updated effectively to the kitchen staff. We asked the registered manager to ensure that all staff were aware of people's current dietary requirements, and that this was updated in the kitchen listings.
- Staff monitored people's weights and where necessary people had been referred to their GP or to a dietician.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff made referrals to a range of health care professionals when that area of support was required such as the falls team. People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and dietitians. We saw evidence in people's care plans that staff had followed up referrals to other agencies to help make sure people got the treatment they needed. For example, the occupational therapist.
- People told us they could see their GP when they needed to. One person told us, "The home has a record

of my health and care needs. I can get a doctor if needed. I've seen the optician once. I had glasses but had laser treatment and don't need them now. I see the chiropodist and can ask the nurse if I need anything." A relative told us, "When we came here we talked health needs and history through thoroughly with the manager. [Name of person] notes also came from the previous home. We chose this place because we thought it was more caring."

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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.
- The registered manager had procedures for assessing a person's mental capacity in line with the MCA.
- Capacity assessments had been completed for people when decisions had been made in their best interests.
- The registered manager provided evidence that DoLS applications had been submitted in line with individual assessments and any restrictions on the person had been noted in the application and in the person's care plan. There was a system to check if people who used the service had a valid power of attorney. This identified what sort of power of attorney had been registered and if a person had legal authority to make decisions on another individual's behalf. We looked at 'do not attempt cardio pulmonary resuscitation' (DNACPR) records that showed the person with power of attorney had been consulted in the decision.

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 were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw people were treated with kindness and respect and people were positive about the staff's caring attitude. One person we spoke with told us, "Staff are constantly around and are respectful to me. They talk to people and not at them."
- We received feedback from people and relatives which supported this. One person told us, "They [staff] are lovely and caring. Good atmosphere here. Carers know how to approach people and their treatment needs." A visiting relative told us, "Staff are excellent. They are very considerate and caring."
- We looked at the registered provider's arrangements to help ensure equality and diversity was promoted. We saw support was provided for people in maintaining important friendships, family relationships and to follow their own faiths and beliefs. Relatives told us how they could visit at any time and were made to feel welcome. A relative told us, "I come most days and am made very welcome when I arrive." Another person told us, "I'm not religious at all, but the (carers) understand [described medical condition]. A carer will go out with me to the local town. I don't mind having a male or female carer."

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

- People were offered options and supported to make choices over their daily lives at the home.
- People told us they were given choice over their day to day lives and supported to maintain their independence. People's comments reinforced this and included, "My family and I went out to see the tennis and to the weir. I get tired after a couple of hours or less so had to come back." Another person told us, "I can make all my own decisions and they let me do that. I choose when to go to bed and when to get up." All the people we spoke with said they had never been prevented from doing anything they wanted to do.
- Information on advocacy services was available in the home. We saw independent advocacy could be arranged for those who needed assistance in expressing their wishes. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence

- People had personalised their bedrooms reflecting their tastes and interests. There were personal spaces where people could spend time in private if they wished to. One person told us, "I enjoy joining in games and talking to people. Staff respect what I want. I get up early at 5.15am and come down. Staff give me a cup of tea."
- People were treated respectfully. We saw staff always knocked on people's doors and waited for a response before entering the rooms. We observed bedroom and bathroom doors were kept closed during care. One person told us, "Yes I am respected, and staff speak politely with me. They knock on my door first. I close the curtains myself when I wash and dress."

- Staff promoted people's independence and we saw they encouraged people to do things for themselves. During the lunchtime meal we observed staff were encouraging and polite
- Staff made sure that people's confidentiality was maintained, and records were kept safe.
- We found that the provider was compliant with the Data Protection Act and the General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person focused and contained person-centred information about people. One person told us, "Yes, my care plan has been discussed with me and I'm happy with it" then added "I get the care I need and want, all the time. I'm confident to talk to any member of staff." Relatives said they had been fully involved and that they discussed their relatives care plan with staff whenever they needed to. One relative told us, "Yes, I do feel listened to. They have a rotating resident of the day for care plans. The home will give me a phone call to give me feedback and any follow ups. I'm always offered a cup of tea and if I have any concerns I'll just go down to the office."
- Staff were knowledgeable about people and their needs and care plans had been reviewed and updated. Care plans contained personal information and some detailed life stories. Families had also been involved, where appropriate, in bringing together personal information. This background knowledge gave insight into people's experiences and helped staff get to know and understand them better.
- We noted that organised activities were being provided every day. Two part-time activities coordinators provided a consistent activity programme in the home. These activities were being organised by staff and advertised on the activities' boards, such as crafts, singing and bingo. We observed one person doing gentle flexing exercises on a one-to-one basis, which they told us they found very therapeutic. We found in their care plan that these exercises were prescribed by the physiotherapist.
- One person told us, "I am very independently minded and am encouraged to do things myself that are safe." Another person said, "I take activities as they come. I read books, papers, watch TV and have internet in my room."
- Information was available to people in different formats such as pictorial and large print to make the information more accessible to everyone who used the service.
- The manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to talk to if they had concerns and felt the service would take appropriate action. One relative told us, "I made a complaint about one of the nurses who didn't feedback about a hospital visit [name] went to. The carer had told the nurse when he got back to the home. When I complained it was dealt with and I got an apology."
- Staff were aware of the procedure to follow should anyone raise a concern with them.
- The concerns log showed concerns were looked into, actions taken where indicated and any outcome was recorded.

End of life care and support

- People were supported to make decisions regarding their care at the end of their life.
- Some people had expressed their preferences for end of life care. Information regarding resuscitation was indicated in their care plans and the staff were aware of these. A relative told us, "My [relative's] end of life care has been discussed and everything is in place just as they want it."
- Advance care planning was done and was person centred with the person's wishes, including religious needs at the end of their life, which were clearly stated.
- We saw that staff had completed training in End of Life care. Anticipatory medications were in place for those people who required them.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Prior to our inspection, statutory notifications for some incidents had not always been submitted as required by regulation. We had asked the registered provider and manager to act to make improvements in these areas and this action has been completed. These improvements need to be maintained in the long term to show they can be sustained and have been embedded in the systems and culture of the home. Notifications are events that the registered person is required by law to inform us of.
- We found that the previous CQC inspection rating was on display in the home on the day of inspection, but that the link to this report was not correct on the company website, which we asked the provider to correct. They assured us this would be corrected.
- The management team were aware of their responsibilities and accountabilities.
- Records of incidents were up to date and kept confidential where required.

Continuous learning and improving care

- Audits are not well compiled or used effectively. For example, the internal audit produced by staff was used by the visiting pharmacist. However, we found that the provider had not fully embedded the recommendations made in this audit into daily practice. We had concerns that this could lead to potential medication safety incidents, which we asked the manager to ensure they implemented the findings of the audit. We did not see evidence that the provider had a robust auditing process which included the sharing learning across the staff team.

The above is a breach of Regulation 17 HSCA RA Regulations 2014 Good Governance.

How the regulation was not being met: The registered person had not ensured that they would assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity.

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

- People received a service from staff who worked in an open and friendly culture and knew how they liked things done.
- The manager had a good understanding of their responsibilities under the Duty of Candour regulation and followed it whenever it applied.
- Staff said their manager was accessible and approachable and dealt effectively with any concerns they raised.

- Staff said they would feel confident about reporting any concerns or poor practice to the manager.
- A member of staff commented, "It is a stable team and a number of us have been here quite a few years. People are very caring."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt the service was well-led and told us they enjoyed working at the service. One staff member told us, 'They felt it was like a family and everyone got on really well, they had worked there 15 years and said they wouldn't have stayed if they didn't think it was good.'
- People were involved in developing their own activity provision with the two activity coordinators. One activity coordinator told us, "We do a list of activity and participation with each person and it is written up as a personal record of engagement scores. This gives us an overview of what activity each person does each week. We aim to make each day as best as we can and want to make a difference to people."
- Care plans showed that training was put into practice in relation to any equality or cultural needs which were identified; incorporated into care plans and met. We saw good evidence in one care plan we viewed in relation to one person's sexuality preferences; and their wish to identify as transgender, which staff had supported positively and sensitively.
- Staff said the manager asked what they thought about the service and took their views into account.
- The service holds relatives' and residents' meetings. In the minutes of those meetings, and by talking with people, we saw people were asked their opinion of how things are run.
- People had been involved in the recent renovations and improvements to the garden environment. A relative told us, "I have attended residents' meetings when I can. There is one coming up in May. I find them useful. I can find out what is happening and raise ideas for improvement. The meetings are two way things. I suggested ideas for the garden and that's been done."

Working in partnership with others

- The management team and staff were working with other agencies and specialist services to make sure people received joined up treatment and support. Records showed people had access to all healthcare professionals as and when required.

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 15 HSCA RA Regulations 2014 Premises and equipment The environment was not fully supportive for people living with dementia and reduced mobility.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits are not well compiled or used effectively. Lack of evidence that the provider had a robust auditing process which included the sharing learning across the staff team.