

Cornwallis Care Services Ltd

Trecarrel 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 responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Trecarrel Care Home provides care for primarily older people, some of whom have a form of dementia. The home can accommodate up to a maximum of 44 people. On the day of the inspection 39 people were living at the service. Some of the people at the time of our inspection had physical health needs and some mental frailty due to a diagnosis of dementia.

Two inspectors carried out this unannounced focused inspection on the 10 May 2016. At this visit we checked what action the provider had taken in relation to concerns raised during our last inspection in October 2015. At that time we found breaches of legal requirements in respect of the following areas: a lack of infection control measures were in place: a lack of training and supervision for staff: care plans were not up to date and auditing systems were ineffective.

This report only covers our findings in relation to the 'Safe', 'Effective', 'Responsive' and 'Well Led' questions covered in this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Trecarrel on our website at www.cqc.org.uk

The service is required to have a registered manager and at the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run. The provider had appointed a new manager January 2016. The manager had not yet submitted their registered manager application to the Commission but reassured us this was in process.

We had received anonymous concerns about how people were cared for at Trecarrel Care Home. At this visit we looked at the anonymous concerns raised. They related to a lack of individualised detail in people's care plans to ensure their needs were met, concerns in relation to medicines, staffing levels, staff support and the changes that had occurred at the service since the appointment of the new manager.

We found new processes and systems had been introduced. For example, infection control processes were now in place and being followed. Staffing levels had been reviewed which had led to the introduction of an additional member of staff on the newly introduced 'twilight shift'. Staff supervision was now in place.

We noted that further work was needed in certain areas of the service. For example, a new care plan format had been introduced and a review of people's care needs was commencing. The care plan formats needed to be developed further to include areas of care around medicines and mental capacity. Currently staff had reviewed four people's plan of care and aimed to have reviewed every person living at Trecarrel within a three month timescale. We also noted that a training matrix had been developed. From this it was evident that there were gaps in staff training which need to be addressed so that staff skills remained up to date.

We had received anonymous concerns about the new systems that the manager had introduced. Staff t

stated that initially it was difficult to acknowledge or accept that changes were needed. They were now able to see the positive impact of some of the changes that have been implemented. Staff sickness had lowered and staff said they felt morale had improved. Some comments from staff included; "We've needed this for a while", "All the changes are good. Some staff haven't been ok with the changes but we need a leader" and "It's going in the right direction."

It was acknowledged from the manager and from all staff at the service that a lot of changes had been needed and some of these changes were difficult to acknowledge or accept. However work in continuing to improve communication within the Trecarrel staff team is still needed. This would provide staff with sufficient information to understand the rationale around why change is needed so that staff can understand the reasoning. Meetings with staff, relatives and people are now in progress so that there is opportunity for all to share their views of the service and be involved in its development.

From this inspection we concluded that work in the areas of care planning, undertaking reviews, staff training, induction, and gaining feedback from other parties regarding the service remains on-going. Whilst we appreciate that changes are in progress the systems currently in place are not able to evidence their effectiveness over time. A longer term track record of consistent good practice is needed before we can be confident that the changes made are demonstrating that the service is running effectively.

At this inspection we found the recruitment process was not robust. We found that one person was working on shift with no Disclosure and Barring Service check being completed and insufficient references had been obtained for two newly recruited staff. Due to this issue being raised at the previous inspection, this meant that recruitment processes were not robust and could place people at risk of harm. We therefore issued an additional breach of Regulation in this regard.

We saw staff providing care to people in a calm and sensitive manner and at the person's pace. When staff talked with us about individuals in the service they spoke about them in a caring and compassionate manner. Staff demonstrated a good knowledge of the people they supported. We saw many examples of kindness, patience and empathy from staff to people who lived at the service.

We saw the service's complaints procedure which provided staff and people with information on how to make a complaint.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the end 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 always safe. Staff recruitment processes were not robust.

Some medicines records were not completed accurately .

Appropriate infection control measures were in place.

Requires Improvement ●

Is the service effective?

The service was not effective. Staff did not receive appropriate induction and training so they had the up to date skills and knowledge to provide effective care.

Requires Improvement ●

Is the service responsive?

The service was not responsive. We found people's care needs were not always assessed to enable staff to deliver appropriate care. The service failed to respond to people's changing needs by ensuring amended plans of care were put in place.

The level of activities provided needed to be reviewed to ensure they were meaningful to people.

People and staff told us they knew how to complain and would be happy to speak with managers if they had any concerns

Requires Improvement ●

Is the service well-led?

The service was not well-led. There was no registered manager in post. A registered manager must be employed and registered with the CQC to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service's quality assurance processes were not operated effectively as these systems had failed to identify areas of significant concern.

Opportunities for staff to discuss the running of the service were being developed.

Requires Improvement ●

Trecarrel 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 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 inspection took place on 10 May. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. The inspection team consisted of two inspectors.

The inspection was planned to check if the service had met specific needs identified following the last inspection in October 2015. We had also received anonymous concerns about how people were cared for at Trecarrel care home and the level of staff support. Before the inspection we reviewed the action plan provided by the service following the last inspection, previous inspection reports and other information we held about the home. We also looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we spoke with six people who were able to express their views of living in the service and two visiting relatives. We looked around the premises and observed care practices. We spoke with a health care professional during our inspection visit. We used the Short Observational Framework Inspection (SOFI) over the visit which included observations at meal times and when people were seated in the communal lounge throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with eighteen staff who worked as care staff, senior carers, domestic and catering staff, plus the deputy manager and the manager. Following the inspection we spoke with the head of operations. We looked at five records relating to the care of individuals, staff recruitment files, staff duty rosters, staff training records and records relating to the running of the home.

Is the service safe?

Our findings

At the last inspection we had concerns that infection control procedures were not being followed at the service. There was no named responsible person to ensure that infection control guidance was being followed. There was a case of Methicillin Resistant Staphylococcus Aureus (MRSA) and we noted staff were not following recommended infection control procedures as they had no access to gel, were not wearing or using aprons or gloves and were not using red bags to remove and isolate the individuals washing. This did not protect other people living at the service or staff from the risk of infection. We also saw unnamed continence pads and toiletries. This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the deputy manager was the named responsible person to ensure infection control guidance was being followed at the service. We saw staff wore appropriate personal protective equipment. Staff told us they had attended infection control training recently and were aware of their responsibilities in this area. This was confirmed in the training records.

At this focused inspection we found that the provider had met the shortfalls in relation to the requirements of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 as described above.

At the previous inspection we reviewed two staff members' files. Both had recently been recruited to the service. We noted Disclosure and Barring (DBS) checks had been made to help ensure that the staff were safe to work with vulnerable people. Staff files included application forms. However, in both cases references were provided by the operations manager and there were no independent references gained to provide an independent view of their suitability for the role. The head of operations acknowledged that this was not sufficient and gave reassurance this would not occur again.

At this inspection we reviewed two newly recruited staff files. We found that one person was working on shift with no DBS. A criminal record check is part of the information specified as required in Schedule 3(2) of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. In both cases we found that insufficient references had been obtained. This was contrary to the providers own policy and meant they did not have satisfactory evidence of conduct in previous employment. This meant that recruitment processes were not robust and could place people at risk of harm.

This is in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received anonymous concerns that there were insufficient staff on duty to meet people's needs. Since the inspection the manager had reviewed staffing levels. From this review they identified the need for a change to how the rota was operated. A new shift was introduced from 12 midday to midnight to; "provide better continuity from the afternoon to the evening shift." Staff were positive about this change and felt they had more time to support people with their lunch, tea and getting ready for bed. Staff felt they were able to

respond to requests for support, for example when people needed assistance to move around rather than to; 'fit in with when we are free.'" Duties for domestic staff had also been reviewed so that they had the task of changing and making beds, which previously care staff undertook. This meant that care staff had more opportunity to undertake care tasks and spend time with people.

Staff and the manager felt the change to the shift pattern and clarity on staffing roles and responsibilities had a positive impact as they had "More time to be with people. We don't need to rush as much as we did," and "When they (people) ask us for anything we can respond more quickly."

The rota for the service showed the staff on duty during the daytime hours for the whole service consisted of six care staff and two senior carers. They were deployed across the two lounge areas, as were the two domestics on duty. The deputy manager and manager were also on duty. The service was supported by kitchen and maintenance staff. Night time staffing arrangements had not been altered. Staff in all areas of the service told us they felt that the new rota had taken; "Some getting used to" but they felt with the reallocation of roles they knew what was expected of them and felt they had the time to provide the support as needed.

Staff commented that when the rota was adhered to then staffing levels were sufficient. However when there was staff sickness, or sudden absences this created difficulties and could impact on the service. The manager told us that sickness levels in the last two months had reduced but she was aware of the problems and was looking at how to address these.

We received anonymous concerns that medicines were not being administered safely. We observed a medicines round and found that medicines were stored and administered correctly. Paperwork to record the receipt of and administering of medicines was accurate. We found that where medicines sheets had been handwritten they were now witnessed by two staff members. This practice is recommended under the pharmaceutical guidelines to ensure that the medicines are recorded accurately, so that the correct medicine and dosage is administered to the person. Photographs of people were not present on all peoples Medicine Administration Records (MAR) sheets. This would help staff identify people to ensure correct medicines are given to the right person.

We reviewed the controlled drugs, which required stricter controls by law of storage and record keeping, and found they were in line with pharmaceutical guidance. However we noted that where people needed to have pain relief patches placed on them, body maps to show where the most recent pain relieving medicines had been applied were not being completed. This is best practise as it would show when medication had been administered to a particular area of the body and when it was in need of removal. The deputy manager agreed to address this immediately.

Since the previous inspection the manager had introduced a daily checklist for senior staff to complete to ensure that all medicines kept in the service were accounted for. The first audit was completed by night staff the previous evening. Senior staff were aware of this new system. The aim of this was to ensure that the medicine system was more robust so that medicine errors were minimised and staff took more accountability in this area of care.

At the previous inspection we raised a concern with the deputy manager that we observed some staff did not follow current guidance when transferring people, which placed both people and the staff at risk. At this inspection we observed people being supported safely in all their transfers. Some staff had also received updated training in this area of care.

Is the service effective?

Our findings

At the last inspection we found staff had not received regular training or support to provide them with the knowledge and skills to carry out their roles safely. Supervision sessions with the management team had not occurred. This meant staff did not receive effective support and any on-going training needs or personal development requests may not have been acted upon.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The services policy was that new staff were to complete an induction when they started to work at the service. An induction checklist was to be filled out by the staff member and their supervisor. The manager was aware of the new Care Certificate induction guidelines which commenced on the 1 April 2015 for all staff new to care and this was now commencing. A new member of staff told us they had worked with a more experienced member of staff for the first week to enable them to get to know people and see how best to support them prior to working alone. This helped ensure that staff met people's needs in a consistent manner. However this new to care staff member had not had the appropriate recruitment checks undertaken, had received no training and had no uniform. Therefore they had not developed this level of skill in delivering care.

The deputy manager was now the lead person responsible for the overview of staff training. They acknowledged that there were 'large gaps' in some areas of training. A training matrix had now been developed so that the deputy manager could have a clearer oversight of what training was needed, which staff had completed specific training, and when it would need to be refreshed. Staff told us they had completed some training such as moving and handling and infection control but there were a large number of courses still to complete, for example mental capacity, Deprivation of Liberty Safeguards, equality and diversity and dementia awareness. Therefore staff skills needed to be developed and remained ongoing.

Health and social care colleagues told us they felt communication between the management team and staff had improved recently. However they remained concerned that staff did not always make appropriate referrals to them. For example a health professional had been called out that day to review a person who staff had identified had pressure damage to a skin area. On reviewing the person their skin was intact. The health professional stated more training in the awareness of pressure area and skin integrity was needed. This was fed back to the manager who agreed to address this and liaise further with the health team.

The manager told us, as confirmed by records that supervision had commenced, and was planned to occur four times a year plus an annual appraisal. Staff told us supervision was now occurring and they found these sessions beneficial. At these meetings staff discussed how they provided support to people to ensure they met people's needs. It also provided an opportunity to review their aims, objectives and any professional development plans. Records also confirmed this. Staff told us they felt well supported and said; "Things have improved." One staff member said; "I've worked here for six years and this is the first time I've ever had an appraisal. Supervisions have increased too." Staff felt able to approach the manager or deputy manager

at other times if they needed to. Staff meetings were held regularly where staff had an opportunity to discuss working practices and development of the service

While improvements were in evidence, continued progress was needed in the areas of induction and training. Therefore there was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted at the previous inspection that there were no care plans about how to support people with behaviours that may challenge. Staff had not been provided with appropriate guidance on how to support this person when they exhibited behaviours that challenged others. This meant staff had not been given clear strategies about how this behaviour could be prevented or instructions for staff on how they should respond when it occurred. We reviewed this at this inspection and found that some work in this area had commenced but further progress needed to be made. This contributed to the breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014, please refer to responsive section of this report for further details.

We used our Short Observational Framework for Inspection tool (SOFI) in communal areas during our visit. This helped us record how people spent their time, the type of support they received and whether they had positive experiences. Staff told us people ate in the dining area, and that there was no real choice as to where people wanted to have their meals. Over the lunch period we saw that where people needed assistance with their meals, in the main staff provided sensitive prompting and encouragement. We did also observe a staff member standing up and feeding a person with little interaction. This did not respect the dignity of this person.

Staff confirmed that the timings of meals had altered slightly and this was a positive change for people at the service and staff. One member of staff commented; "They (people) can say when they want to get up; they can have a bit longer lie in if they want too now. We don't feel rushed anymore, we have more time."

Is the service responsive?

Our findings

At the last inspection we found that care plans were out of date. We found that whilst people's care plans identified their needs they did not direct inform or guide in how they were to provide support to the person to meet their particular care needs. This meant that people may not receive care from staff in a consistent manner. We also noted that care plans had not been regularly reviewed and did not reflect people's current care needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we saw that the format for care plans had been reviewed. The manager had identified a senior carer to review every person in the service and from this to complete a care plan on the new template. Four people out of 39 had been reviewed so far. The manager said it was the aim that every person would have an in-depth review of their care needs within three months. We spoke with the senior carer who was reviewing people's care needs and transferring the information to the new care plan format. They told us the care plans were more detailed and gave a better overview of the person's physical, social and emotional needs. Care staff said they found the new care plan provided them with more information but commented; "We need time to read them though."

We looked at the four care plans where the new template had been used. The new care plan format was well laid out and contained a comprehensive amount of information covering particular aspects of people's care needs. The care plans were detailed and gave a good synopsis of the person's social, emotional and physical care needs. This meant staff now had a clearer understanding of what support was to be provided to people. However there were areas of the care plan that had been omitted, i.e. mental capacity and medicines. The manager said this would be added into the care plan.

We reviewed one older style care plan and found that it had not been altered since the last inspection. Therefore the care plan did not inform, direct or guide staff sufficiently to ensure they could meet people's current care needs. For example at the previous inspection we found that care plans about how to support people with behaviours that may challenge were not completed in sufficient detail. At this inspection, as care plans had not all yet been reviewed we saw this remained the case. Therefore staff had not been provided with appropriate guidance on how to support people when they exhibited behaviours that challenged others. This meant staff had not been given clear strategies about how this behaviour could be prevented or instructions for staff on how they should respond when it occurred. Due to the implementation of the new care plan format, people's care needs had not yet been reviewed in sufficient detail.

The manager informed us she was introducing that evening a new system to review people's care needs. The manager had arranged monthly meetings with senior carers to discuss and review 10 people in the service on a 'rolling rota'. The review would then be incorporated into the person's care plan.

Staff had worked with other professionals to develop different ways of working so appropriate measures

could be put in place to minimise risks to people. Risk assessments were being reviewed alongside the new care plan format. We found staff identified people's risks but further guidance in how to prevent or minimise future risks needed to be developed further so that staff could approach this in a consistent way. The manager also acknowledged this as an area of further development.

Whilst improvements were in evidence this was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection we recommended that the service seek support from a reputable resource in order that meaningful activities were provided to people. The deputy manager confirmed there was no activities coordinator in post. They had hoped that a volunteer would provide some activities but this was no longer possible due to the volunteer's circumstances. Staff all said that an improvement to the service was for people to have more opportunities and access to activities. This recommendation had not been acted upon. Therefore this also contributes to a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

The new care plans did identify a person's interests and how they wished to spend their time. But unfortunately there did not appear to be the resources in place to provide this aspect of care. However we saw staff spend time with people and attempt to meet some of their leisure needs. For example by asking what music they would like to listen to and talking about the news. One person liked football and staff were developing a 'fixtures' calendar so that the person knew when matches were on if they wanted to watch them. The manager and deputy manager acknowledged that the level of activities provided needed to be reviewed to ensure that they were meaningful to people.

Due to the anonymous concerns we had received from a variety of sources, we reviewed the services complaints procedure. The service's complaints procedure provided staff and people with information on how to make a complaint. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the ombudsman so people were able to take their grievance further if they wished. We reviewed the service complaints log which outlined when complaints had been raised to the service. The complaints log identified the issues and how the issue was investigated. However it did not specify what the outcome of the complaint was and what action, if any, was taken.

We asked relatives, if they would be comfortable making a complaint. They told us that since the new manager had been in post there had been positive changes to the service and they felt able to raise issues with the manager.

We spoke with the majority of staff either at the inspection or following the inspection by phone. The overall view from staff was that there had been a lot of changes to the service. Staff told us that with the changes it had "been tough" but they were now seeing that the changes were making a positive difference. For example the increase in staffing, change of staff shifts and how this meant that they got more time to spend with people. People said they felt able to raise concerns or issues with the deputy manager and as they got to know the manager they felt they could now approach her. Staff felt that communication had improved between the management team and the staff and this was helping to build more positive relationships.

Is the service well-led?

Our findings

At our previous inspection we found systems were not being operated effectively to assess and monitor the quality of the service provided. This meant the service's quality assurance processes were not operated effectively as these systems had failed to identify the areas of significant concern detailed in the last inspection report. These included concerns around infection control and care plans were not up to date. Staff files were not complete, nor were supervision or training records. We also found that policies and procedure were not up to date.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service is required to have a registered manager. There had been no registered manager in post since June 2015. Since the previous inspection a manager was appointed in January 2016. The manager has not yet submitted her registered manager application but assured us this was in progress.

Since the new managers arrival there had been many changes to the service. The management structure had changed with their arrival. The roles of the staff had been reviewed with designated leads for certain areas of the running of the service. For example the manager is responsible for quality assurance, recruitment and introducing new systems and processes in the service. The deputy manager is now the infection control lead and is responsible for staff training. The senior carers take on a more active role, including undertaking some quality audit checks and reviewing care plans. The manager told us; "The more I touch the deeper I find things. I know it's not complete yet."

We found there had been significant improvements as new systems and processes had been or were planned to be put in place. This meant that there would be clear processes for staff to follow so that the running of the service would be more effective. These systems are new and therefore have not had time to embed for the service to be able to analyse if they are effective or not at this time.

Some of the new procedures that the manager had introduced, such as, infection control processes are now in place and are being followed. Care plan formats had been reviewed and they had begun to review people's care needs, the information from which will then be transferred to the new care plan template. Staffing levels had been reviewed which had led to the introduction of an additional member of staff on the newly introduced 'twilight shift'. Staff supervision was now in place and gaps in training were being addressed.

We had received anonymous concerns about the new systems that the manager had introduced. From discussion with staff they stated that initially it was difficult to acknowledge or accept that changes were needed. They were now able to see the positive impact of some of the changes that have been implemented. Staff sickness had lowered and staff said they felt morale had improved. Some comments from staff included; "We've needed this for a while"; "All the changes are good. Some staff haven't been ok with the changes but we need a leader", "(Managers name) has been a breath of fresh air," "I now love going

to work, for a while I didn't," "Changes on the whole are good" and "It's going in the right direction."

Some staff initially found it difficult to communicate with the manager. However with the manager reviewing her approach in how they pass information to staff, and with staff reviewing how they receive it, has resulted in this area being seen by the manager and staff as improving. It is acknowledged from both sides that a lot of changes had been needed and some of these changes were difficult to acknowledge or accept. However work in continuing to improve communication was still needed. For example in discussion with staff they told us that the lunchtime menu now consisted of a lighter meal, for example soup and sandwiches, and the tea time menu was now a full meal. Catering staff were not aware of the rationale as to why this had changed. This showed that communication between the management team and staff needed further development so that a rationale around why change is needed is understood by staff.

Meetings with staff, relatives and people were now in progress so that there was opportunity for all to share their views of the service and be involved in its development. The manager told us they received support from the operational manager and also the registered managers from the other residential homes that the provider owns.

We were told that the services policies and procedures were being reviewed to reflect current practices within the service.

The manager had commenced a quality assurance survey to gain views from people who use the service, family members and professionals. This remains in progress and the findings from this audit will be analysed and an action plan devised to address any areas for improvement.

The operations manager and manager acknowledged that the lack of an effective management presence had led to certain areas of the service not meeting acceptable standards. Work continues in the area of care planning, undertaking reviews of peoples care needs, recruitment processes, staff training, induction, and gaining feedback from other parties regarding the service. New processes to ensure that staff are clear on their responsibilities were being introduced. Whilst we appreciate that changes are in progress the systems currently in place were not able to evidence their effectiveness over time. A longer term track record of consistent good practice is needed before we can be confident that the changes made are causing the service to run more effectively.

Therefore we concluded there was a continuing breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not taken proper steps to ensure that each person was protected against the risks of receiving care that was inappropriate or unsafe. Care and treatment was not planned and delivered in such a way as to meet people's individual needs. Regulation 9 (1) (b) (c) (3)(a) and (b).</p> <p>The registered person had not proper steps to ensure that meaningful activities were provided to people. Regulation 9 (1) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have an effective system in place to regularly assess and monitor the quality of service provided and identify, assess and manage risks relating to the health, welfare and safety of people who used the service. Regulation 17 (1) (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures must be established and operated effectively.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The service failed to provide staff with sufficient support, training, professional development and appraisal to enable them to meet people's care needs. .