

ADR Care Homes Limited

Bethany Francis House

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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

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

Bethany Francis House accommodates up to 34 people in one building and provides accommodation over two floors which is served by a lift. At the time of this inspection 23 people were accommodated.

This unannounced inspection took place on 21 February and 12 March 2018 as concerns had been raised around the care people received, staff training and management of the service

At our previous inspection in December 2016 the home was overall rated good. The service is now rated as requires improvement.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

We found that individual risks to people had not always been identified and appropriately documented and those that were in place did not contain sufficient guidance to staff. There were also risks within the environment that had not been well managed.

Arrangements had not been made to ensure that there were sufficiently trained staff on duty to enable people to receive their medicines as prescribed.

Some parts of the home were not clean and infection control practices were not being followed.

People's dignity and respect was not always upheld and staff did not always spend time with people because their approach was more task led then person centred.

Systems to monitor the service were not effective and many of the shortfalls found during this inspection had not been identified by either the registered manager or registered provider.

Care plans provided limited information about people's history, likes dislikes and care needs. Care plans had not always been updated when people's needs had changed. Not all staff had the required training to adequately support people.

People could not be assured they would receive their medicines as prescribed and in a timely way.

Accidents and incidents had been appropriately recorded and records showed that appropriate action had been taken when an incident had occurred.

People received support in relation to their health conditions in a timely manner. Advice was sought and followed from other health professionals. People's preferences were documented for their wishes at the end of their life.

Visitors were welcome at any time and the service had an effective complaints procedure. People were able to follow hobbies, interests and activities.

There were regular meetings for staff, people who use the service and their relatives. Staff were recruited in a safe manner, they received supervision and support to undertake their role and they felt well supported by the registered manager

As a result of our findings we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 always safe.

Risk assessments did not contain sufficient detail about how to manage risks to people. There was insufficient guidance about how to support people in a safe way and not all risks within the environment had been assessed.

People could not be assured that they would receive their medicines as prescribed and in a timely way.

There were risks in relation to poor infection control measures.

Requires Improvement ●

Is the service effective?

The service was not always effective.

People did not live in a clean and well maintained environment.

Not all staff had received sufficient training to care for the people living in the service.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements.

Whilst people had choice over what they ate, the dining experience was not one that was conducive to enabling people to have a pleasant experience.

People were supported to access all healthcare services they required.

Requires Improvement ●

Is the service caring?

The service was not always caring

People's dignity and respect was not always promoted

People were supported to maintain relationships with their friends and families and visitors were welcome.

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Not all people's care records contained enough information to guide staff on the care and support that they required.

People were able to maintain relationships that were important to them and were supported to avoid isolation. People were also able to follow their individual interests, hobbies and activities.

There was a complaints policy in place and complaints were investigated and dealt with in a timely manner.

People's end of life wishes and preferences were recorded in their care records.

Is the service well-led?

The service was not always well led.

Systems to monitor the quality of the service were not accurate or effective.

Regular meetings were held for people who lived in the home and staff, which provided opportunities to have a say about how the service was run.

The registered manager was aware of the need to notify CQC of any incidents or safeguarding concerns within the service.

Requires Improvement 

Bethany Francis House

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 home, and to provide a rating for the home under the Care Act 2014.

This inspection was unannounced. On 21 February 2018 we inspected the service during the afternoon and evening. This inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 21 March 2018 we visited early in the morning. This visit was carried out by an inspector and an inspection manager. .

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. This included information about incidents that happen in the service which the provider or registered manager must tell us about by law.

We also contacted the local authority contract monitoring and safeguarding teams, the fire safety officer and Healthwatch. We used the information that they provided to assist us with our planning.

During our inspection visits we observed how people were being supported and how staff interacted with them. We met and spoke with 10 people living in the service and one relative. We also spoke with the registered manager, a senior care worker, six care staff, a cook, and a maintenance person.

We looked at five people's care records as well as other records relating to the management of the service. These included records relating to the management of medicines, meeting minutes and audits that had been carried out to check the quality of the service being provided.

Is the service safe?

Our findings

At our last inspection in December 2016, we found the service was safe, and was rated 'Good' in this area. During this inspection we identified shortfalls and this area is now rated as 'Requires Improvement'

Prior to our inspection we had received information that people could not have their prescribed medicines during the night because the night staff had not received training to administer medicines. During our inspection we found that this was the case on some nights. The registered manager told us that there was not a member of staff on duty every night who was able to administer medicines. We asked one member of night staff if they were able to administer medicines, their response was 'No I am not trained.'

We asked staff how people would receive medicines if they needed them during the night. The registered manager told us that staff would contact her if they were not able to administer medication and she would come to the service. She told us that she lived within a few minutes of the service so could attend quite quickly.

On the first day of our inspection we had to step in and prevent the administration of a medicine. This was because the medicine was not being administered in line with the prescribers instructions as it was being administered within too short a timescale of the last dose being administered. We were told that the reason for this being administered early was because there would be no one working at the time that the medicine was required who could administer it. The registered manager told us that they would stay late to administer the person's medicine to allow for an appropriate timed gap between administrations.

Protocols were not in place for all medicines that had been prescribed to be administered as required. One person was receiving their medicine covertly (the person does not know). Although there was written information to say this has been agreed by the nurse practitioner there were no details of how they had reached the decision, when that decision was made and how the medicine should be given to ensure it remained effective.

People could not be assured that risks associated with their care and support would be managed safely. Whilst risk assessments were in place and were reviewed regularly, some were incomplete and did not provide detailed guidance for staff to enable them to minimise risks to people. For example one person's risk assessment provided details of equipment that was to be used when moving and transferring a person. When we spoke with staff they were unable to tell us which pieces of equipment they would use to transfer the person.

Fire risk assessments did not provide sufficient guidance for staff about what to do in the event of a fire. They did not provide the level of assistance that people would require and staff were unclear of the support that people would require. Following the receipt of the draft report the registered manager informed us that personal evacuation plans (PEEPS) are held in the office.

There were risks within the building. Concerns relating to the locks on some of the bedroom doors were

raised by the fire service. This was because there was a hole straight through the door which meant that the door was not as resistant to fire and smoke as it should be.□

The local fire authority had carried out an audit of the service on 12 March 2018 and found that the fire prevention and precaution measures were not satisfactory. They will be returning for a following up visit to check that the provider has complied with their requirements to make the environment and fire procedures safe.

The kitchen was accessible to staff and people using the service. The dishwasher was leaking and there was a large pool of water on the floor which was a slip hazard. The registered manager told us they had reported the leaking dishwasher to the provider. On the second day of the inspection we noted that the lock on the laundry door was broken and as a result the room could not be locked and people were able to enter it freely. The laundry contained hazardous chemicals. We spoke with the maintenance person who replaced the lock immediately. We checked the door half an hour later and found that it was still unlocked.

We identified practices which put people at risk of infection spread by cross contamination. This included waste bins not being emptied in people's bedrooms, debris and dirt on carpets as well as the lack of management of people's continence which resulted in a two people's rooms smelling unpleasant. The yellow bags containing waste products (used continence pads) were on the floor in the laundry room next to the laundry. People's en-suite toilet facilities had not been cleaned. We made regular checks throughout the day, and found that they remained dirty. This posed a serious risk of infection and placed people at risk of harm.□

These matters constituted a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All appropriate recruitment checks had been completed to ensure suitable staff were employed, including a criminal record check (DBS), checks of qualifications, identity and references were obtained.

When we asked people and their relatives about staffing levels they had mixed views. One person said, "Staff are very busy in the morning; I sometimes have to wait a long time [for staff to support them] to get ready for the day. Today it was late, 0930, I rang my bell in the end or they'd have just come when they have finished all the other jobs." Another person told us "Staff are busy in the mornings, so I have to wait sometimes for help" A relative commented, "Staff don't seem rushed but sometimes the bells are ringing for a while. I do see regular staff but also quite a few new faces as I know a lot of staff have left."

We saw that overall there were sufficient numbers of staff to meet the needs of people they supported. Call bells heard on the days of the inspections were answered promptly. The registered manager told us that they had vacancies for two day staff and two night staff. They said that these vacancies were currently being filled by staff working additional hours. They said that agency staff were not used. The registered manager told us that they would be holding interviews within the next month to try and fill the vacancies. Staff told us that they were busy but that there enough staff as they worked extra hours to fill the vacant posts.

Accidents and incidents were recorded. The accident reports were detailed and showed what action was taken immediately after the accident. This included observing people at regular intervals to ensure their safety. The registered manager told us that they completed a weekly analysis of accidents and this was sent to the provider to monitor trends.

One person said, "I feel reasonably safe, the staff are very friendly and helpful" A second person told us, "I

feel safe here the staff look out for me". Staff were aware that a safeguarding policy was in place. This policy supported staff with guidelines to use if any person was at risk of harm or poor care. Staff had received safeguarding training and they told us they were confident of the action to take and who to contact if they had any concerns. Staff was able to tell us who they would report concerns to including external agencies .One member of staff told us, "If there's an incident or I'm concerned about anybody I know it needs to be reported to [manager] straight away. I'm comfortable doing that. We always need to write a statement about what happened and that information gets passed on to safeguarding."

Is the service effective?

Our findings

At our last inspection in December 2016, we found the service was safe, and was rated 'Good' in this area. During this inspection we identified shortfalls and this area is now rated as 'Requires Improvement'

The environment was not well cared for. Some areas of the service were not clean. There were cobwebs in the bathrooms, the dining room and lounges. Paint work in a number of areas including skirting boards was tired and peeling and chandeliers and windows were dirty. There was debris under beds, dust on top of skirting boards and food debris and sticky marks on people's tables. People's mobility aids showed evidence of dust where they had not been cleaned properly. A number of vases contained dead flowers, pictures weren't hung straight and there was adhesive on walls where pictures had been removed.

Bedding was in a poor state and not all beds were suitable for people. One person showed us their badly worn pillow. They said that they had "trouble sleeping on the pillow". We noted that the pillow was very thin and it was actually made up of several pieces of pillow. We checked their bedding and found that this was stained and ill fitting. Their bed was very soft and low and their bed did not have a headboard. The wall above the top of the bed was badly stained. We looked in other bedrooms and found that the bedding was worn, that pillows were stained and soft and that some of the bedding was dirty and ill fitting. We concluded that these environmental factors did not create a cared for and pleasant environment for people to live in. During the inspection we made efforts to try and find them a better pillow. Staff were unable to find one within the service.

These matters constituted a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received information of concern prior to the inspection about the training that staff received. We found that although there was a programme of induction and training in place, only five of the 20 staff that were employed to provide care held current first aid certificates. This meant that there was not a qualified first aider on each shift in case there was an emergency. We also found that only two of the eight staff who had received medication training had had their competency to do this assessed in line with the providers policy. The policy stated that staff should have their competency checked at least annually. Only two staff had had their competency assessed within the last 12 months.

Staff confirmed they received an induction when they started working at the service and had been supernumerary (an extra member of staff) for a period of time. This was until the management team felt the staff member was confident and competent to deliver care. Staff also told us that there was a programme of training in place and they felt that they had the training that they need to provide care to people. They also told us that they received regular supervision from the registered manager. Supervision gives staff the opportunity to discuss their performance and training needs with their manager. A member of staff said "[name of registered manager] is fair but firm. They are approachable to speak to." Another member of staff said, "I feel I can talk to [name of registered manager] about anything."

There were mixed views from people about the meals. One person said, "The cook brings the menu choice round in the morning and you tell them what you want." Another person said, "The foods good but I don't eat hardly anything." Other comments included, "It's usually okay but I'm not sure if we have a choice." and "Foods good and they bring it to my room as I don't go to the dining room. Lots of drinks available and a hot drink round at bedtime." A relative commented, "[Family member's] food is liquidised and they are offered biscuits and drinks. They seem to eat most things"

On arrival on the second day of our inspection some people had already chosen to get up and had been sat for over an hour. Staff had not offered them a drink or anything to eat whilst they waited for the main breakfast to be served.

We observed both a tea time and breakfast experience over the two inspections. We spent time in the dining room we noted that the tables were bare on both occasions; there was no table cloths, place mats, condiments or napkins. No effort had been made to create a pleasant dining environment. People who chose to remain in the lounges to eat were not provided with napkins, place mats or condiments. At teatime staff took round a trolley and asked people what they would like from the selection of sandwiches or soup. If people had soup they were given bread and butter and were not then offered sandwiches. People were then given their sandwiches, cake and fruit on a small tea plate. Some people found this a struggle and at times their food fell onto the table and they picked it up to eat it. People were given the opportunity to serve themselves with fruit and cake. Staff provided people with assistance as appropriate. Kitchen staff were aware of those people with specific dietary needs. For example they provided soft diets. We spoke with the registered manager about the laying of the tables, they told us that the tables were always made up at lunchtime but there wasn't enough table cloths available or time to get them washed and dried to be used for the next mealtime. We concluded that mealtimes were not a pleasurable experience.

Appropriate and timely referrals were made to relevant healthcare professionals. We saw from people's care records that health professionals such as the GP, district nurses and occupational therapists were involved in people's care where necessary. Staff knew how to report any concerns relating to people's health or wellbeing and who to contact for advice. Guidance from healthcare professionals was followed. For example, when people required there food and fluid intake to be monitored charts were in place which had been completed appropriately.

The staff ensured that any equipment people required would be put in place to enable them to remain as independent as possible. This included hoists and other equipment used to assist people to move safely.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that the service had made applications to lawfully restrict some people of their liberty.

The service held an appropriate MCA policy and staff had been provided with training in this legislation. One member of staff said, "MCA is to protect people who can't make their own decisions."

Is the service caring?

Our findings

At our last inspection in December 2016, we found the service was safe, and was rated 'Good' in this area. During this inspection we identified shortfalls and this area is now rated as 'Requires Improvement'

Prior to our inspection we had received several concerns relating to poor personal care being provided at the service. These concerns included staff not supporting people to wash and change their clothes, and people being left in urine soaked bedding.

During this inspection we found that people did not consistently receive a good standard of care and that staff did not do everything that they could to promote peoples dignity.

On the second day of our inspection we found that two people had been left in their beds soaked in urine. This reflected the information we had received prior to the inspection. When we discussed this with the registered manager she told us that those people 'refuse' to get up. There was no information in their care plans to provide staff with the information of how they needed to manage and support these people with their personal care. Staff we spoke with told us they had been in once on that morning to ask the people if they would like to get.

We noted that some staff missed opportunities to speak and interact with people. Their approach was very task led rather than being person-centred. We observed little staff interaction with the people in the dining room at breakfast time, other than asking what they wanted to eat or drink. We saw that whilst staff spoke with people they did not always stop what they were doing to make time to listen to them.

Some of the terminology used in people's records was of concern. We noted that on many occasions staff had written that people had refused to do things, such as have a bath, to take part in activities and to go to bed. People should have a choice of what they do and when they do it, and we were concerned by this terminology and therefore the attitude of the staff.

These concerns constituted a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us that staff respected their right to privacy. The staff we spoke with were able to describe how they respected people's privacy and dignity. Staff told us they would protect people's privacy and dignity by always knocking on their door before entering the room and ensuring the person was suitably covered when carrying out personal care. We observed that this happened throughout our inspection but noted some occasions when staff entered a room without knocking or waiting for a reply.

There were no restrictions on when people's friends and relatives could visit them.

Staff told us they aimed to promote peoples independence. One said, "We try to encourage them to be as independent as possible." A second staff member told us how they had supported a person to go shopping

for gifts for their family.

Information about local advocacy services was available to support people if they required assistance. Staff told us that there was no one in the service who currently required support from an advocate. Advocates are people who are independent of the service and who support people to raise and communicate their wishes.

Is the service responsive?

Our findings

At our last inspection in December 2016, we found the service was responsive, and was rated 'Good' in this area. During this inspection we identified shortfalls and this area is now rated as 'Requires Improvement'

Although some care plans were person-centred and outlined people's preferences, interests and wishes others were not. The quality of the information varied. Some contained full information to show how people were to be supported and cared for whilst others contained very brief information. Care plans contained a document entitled "My Life". This was where information about people's life history was to be recorded. In two of the three care plans we looked at this document was blank. Some information in care plans was not accurate. A person had recently had their risk assessment reviewed and this stated that their health condition had changed and the person should be encouraged to get out of bed earlier in the morning. However the persons care plan had not been updated and staff told us they were not aware of the changes to the person's needs. Another person used a wheelchair. This information wasn't included in their care plan. The registered manager informed us after the first day of the inspection that care plans will be reviewed to ensure that they contain more detail.

An activity person was employed during weekdays. People were participating in a quiz in the lounge on the first day of inspection. Whilst some people were engaged and answering the questions, many were asleep. There were books and jigsaw puzzles available for people to use. One member of staff was supporting a person to have a go at a puzzle. Several people stayed in their rooms throughout the inspection. There was a sensory room which was also used as a cinema room. A large screen and a choice of films was available. Two people were watching a film during our inspection. One person said, "I watch a lot of films in the cinema room. I find that room helpful for me. I like to feel that I am part of the community in the home." The relative told us, "[Family member] tries to join in all sorts of things. They have helped them and they now enjoy adult colouring." Several ladies told us they enjoyed it when the hairdresser visited and often had manicures too. We were informed that choirs visited the service on a regular basis and that an Easter Fayre was being organised.

The provider had a clear complaints policy which made sure all complaints and concerns were fully investigated and responded to. The policy was displayed within the service and people received a copy when they moved in. Where complaints had been made the registered manager told us they would meet with the complainant to make sure they fully understood their concerns. The records showed that complaints were dealt with in line with the provider's policy. One person told us, "I've not had any complaints but I would talk to the [registered] manager." Another person said, "The [registered] manager is always walking around trying to sort things out. I see." A third person said, "I can speak to the [registered] manager at any time if I'm worried."

People's end of life wishes had been recorded where people were happy to discuss these. The registered manager said that a full end of life care plan is written once a person is nearing the end of their life. This plan would be written in conjunction with the person using the service, their relatives and health care professionals. We noted that some people had forms in place to show that they did not wish for

resuscitation to be attempted in the event of a cardiac arrest. The registered manager told us that people were able to stay at the service in their final days if this was their wish. They also told us that they received support from district nurses when people were nearing the end of their life they would ensure people remained in the service where possible as they headed towards end of life care. One member of staff told us, "It's nice that we can look after people at the end of their life, we get full support from the district nurses". They went on to say that there had been a few occasions when people who were in hospital had chosen to return to the home to spend their final days. No one at the time of this inspection was receiving end of life care

Is the service well-led?

Our findings

At our last inspection in December 2016, we found the service was not well led and was rated 'Requires Improvement' in this area. During this inspection we found that it remained as 'Requires Improvement' and further improvements were needed.

Audits were completed by the registered manager and provider on a monthly basis but had not identified the issues we found during this inspection. The audit completed in February 2018 stated that care plans were updated monthly. We found that although care plans were updated they were not always accurate. The infection control audit completed in January 2018 found that the lighting was clean, that the furniture was clean and that the carpet was clean. This was not the case when we visited. The audit did not include information about people's bedrooms. The provider's monthly audit which was completed by the registered manager in February 2018, did not highlight any issues with the environment.

In August 2016 Cambridgeshire Fire and Rescue Service found serious breaches of the Regulatory Reform (Fire Safety) Order 2005 (FSO). They found significant failures in the fire safety preventive and protective measures required under the FSO. At our inspection in December 2016, the provider's representative told us they had completed all the required actions and they were now fully compliant with the FSO.

The Cambridgeshire Fire and Rescue Service carried out a further visit on 12 March 2018 and found a further three deficiencies of the FSO. They will make a further visit in May 2018 to ensure compliance with the deficiencies.

We concluded that systems and processes used for the monitoring the quality of the service were ineffective. This was because of the numerous shortfalls and concerns we found during this inspection had not been identified and improvements had not been sustained.

These concerns constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. 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.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and all members of staff understood what was expected of them. People made positive comments about the registered manager. One person said, "She comes and chats, even brings my paper and post to me. Another person told us, "The boss is always around, busy making sure everything's in order" The relative said, "Its well organised here, the [registered] manager makes sure the staff know what they are doing."

Staff said that the registered manager was approachable. One member of staff said, "the manager is very approachable and we can speak with her at any time". Another member of staff said that they thought the manager was very good and that she supports them well.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were meetings held throughout the year for them to attend and there was an opportunity to complete a survey. The relative said, "A survey has come through the post asking my opinions on the home, I'm happy with everything in general."

Staff meetings were also held regularly. We saw from the records of the meetings that any changes were discussed as to how the service was run. These meetings gave staff the chance to put forward any suggestions about what they could do to improve the service. Handovers occurred at the beginning of each shift. We sat in on one of the morning handovers and noted that comprehensive updates about each person were provided.

The registered manager worked in partnership with other organisations to make sure they were following current practice. These included social services, district nurses, GP's and other healthcare professionals.

The service had on display in the reception area of the service their last CQC rating, where people who visited the service could see it. This is a legal requirement from 01 April 2015.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People's continence needs were not met leading to a lack of respect to people's dignity. Peoples care was not always provided according to their preferences and choices.</p> <p>Regulation 10 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk to people were not always adequately assessed and mitigated.</p> <p>The lack of maintenance to the building meant that people were at risk</p> <p>People were at risk of not receiving their prescribed medicines in a timely manner.</p> <p>Infection control practices were poor.</p> <p>Regulation 12 (1) (2) (a) (b) (d) (g) and (h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>People did not live in a clean environment.</p> <p>Regulation 15 (1) (a)</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

Systems and processes to assess monitor and improve the service were not effective.

Regulation 17 (1) (2) (a) & (b)