Burlam House Limited

Apple Mews Care Home

Inspection report

113 Burlam Road
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16 October 2017

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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

The inspection took place on 5, 6 and 16 October 2017. The inspection was unannounced.

Apple Mews Care Home is based in a residential area of Middlesbrough. The home provides personal care and nursing care for older people and people living with dementia. The service is situated close to the local amenities and transport links. The service is registered for up to 45 people and on the day of our inspection there were 35 people using the service.

At the time of our inspection the service had a registered manager. The registered manager was an area manager rather than the home manager who had direct responsibility for managing the home. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated regulations about how the service is run.

People were not always supported appropriately with their medicines. We found that medicines were not always administered and managed safely. We found errors that were also not identified by the audits in place and some medicines were not stock checked correctly.

The premises were well presented and clean in most areas. However, we found that carpets on the first floor needed cleaning or replacing and the laundry room needed attention.

People were not always supported by enough staff to meet their needs. We received mixed feedback from relatives and people who used the service regarding staffing levels. The service relied heavily on the use of agency staff and this was impacting on the service people received.
People were supported to make decisions but we found that where best interest decisions were made, these were not recorded appropriately.

We found a quality assurance survey had taken place with stakeholders using questionnaires. There had been little uptake and no action taken to engage more people or to address issues raised in the feedback.

People had care plans in place, however some information in these plans was not recorded correctly including people's food and fluid records. Audits by the home manager did not always pick up on inaccuracies in care records.

There were effective systems in place for continually monitoring the safety of the premises including maintenance checks and fire safety.

Records showed us there were robust recruitment processes in place.

People took part in planned activities and we observed many activities taking place. Throughout the inspection we saw that people who used the service, relatives and staff were comfortable and had a positive rapport with the staff.

People were supported by caring staff. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff communicating with people well.

The atmosphere of the service was busy and welcoming. People who used the service and their relatives told us they felt at home and visitors were always welcomed.

Care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans showed that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, dentist or optician.

Care plans contained individualised information and were person centred. This meant support needs were planned around the person and took into account their preferences.

Records showed staff were supported and able to maintain and develop their skills through training and development opportunities that were accessible at the service. Staff confirmed they attended a range of valuable learning opportunities. Although some were in need of refreshing, courses were already booked for staff to attend.
Staff were supported by regular one to one supervision meetings with their manager and annual appraisals to discuss and monitor their progress and development.

People were encouraged to eat and drink sufficient amounts to meet their needs. They were offered a varied selection of drinks and snacks. The daily menu was reflective of people's likes and dislikes. They were offered varied choices and it was not an issue if people wanted something different.

A complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments we looked at were complimentary of the care staff.

People had their rights respected and could access advocacy services if needed.

People who used the service and their representatives attended regular meetings and were asked for their views about the care and service they received but these were not always acted upon.

The home manager held regular team meetings for staff to attend where they could voice opinions and share good practice.

The home manager ensured the CQC were informed of significant events in a timely way by submitting the required notifications.

The service's fire safety action plan from the local fire authority was in place to address issues and this was effectively managed by the home manager.

We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

relating the management of medicines, staffing levels, suitability and cleanliness of the premises and accuracy of record keeping. 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?

Requires Improvement

This service was not always safe.

Medicines were not always managed safely or audited appropriately.

The service operated safe recruitment and carried out the necessary checks on staff before they began employment.

People had individualised risk assessments in place to support them to take risks safely.

Staffing levels didn't always support meeting people's needs. Agency staffing was heavily used and this impacted on people's care.

Is the service effective?

Requires Improvement

This service was not always effective.

The laundry in the service did not supply hand washing facilities and was not set up appropriately.

Some of the premises were not maintained and cleaned regularly.

The provider supported staff effectively with supervision and appraisals.

Staff training was in place and up to date.

People were offered choices and cultural dietary needs were met.

People were supported to access healthcare professionals.

Is the service caring?

Good

This service was caring.

People were supported by staff who were respectful and caring.

People who required advocacy support were able to access this as and when required.

Choice and independence was encouraged by staff and valued by the people who used the service.

Is the service responsive?

Good

This service was responsive.

People knew how to raise issues and concerns if required.

People and their relatives were encouraged to share their views on the service but these were not always acted upon.

People were supported to take part in a range of regular activities.

Peoples care plans contained person centred information to help support them in the best way possible.

Is the service well-led?

Requires Improvement

This service was not always well led.

The service had a registered manager in place.

Audits did not always identify inaccurate care records

People's records were not always reviewed or up to date.

Some quality assurance feedback took place to collect people's views on the service but this was not always acted upon.

Apple Mews 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 5, 6 and 16 October 2017 and was unannounced. This meant that the provider was not expecting us. The inspection team consisted of two adult social care inspectors, a specialist advisor in nursing and an expert by experience who had experience in caring for older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the inspection we spoke with eight people who used the service, five relatives, the registered manager, the home manager, one agency nurse, one nurse, seven care staff, two kitchen staff, two domestic staff, laundry staff, the maintenance worker, and the activity co-coordinator.

We asked the provider to complete a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before we visited the service we checked the information we held about this location and the service provider. For example we looked at, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service and the local authority commissioners for the service.

Prior to the inspection we contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive

experiences. This included looking at the support that was given by the staff, by observing activities, practices and interactions between staff and people who used the service.

We also reviewed records including; four staff recruitment files, five medicines records, safety certificates, four care plans and records, three staff training records and other records relating to the management of the service such as audits, surveys, minutes of meetings, newsletters and handover records.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe living at Apple Mews Care Home. One person said, "Yes I feel safe. Staff here are pretty good, they get me in and out of bed safely". Another person told us, "Yes I think I am safe here." A third person commented, "They look after me well here. I've got a bad chest at the minute and a GP has been called".

We looked at staffing levels in the home and observed that staff were very busy and stretched for time. They were able to support people with their care needs but were rushed.

The nursing area of the home relied heavily on agency staff and when we asked for feedback about the staffing levels we received a mixed response from people who used the service and their relatives. One relative told us; "Staff are good, but there's not enough. There are too many agency staff."

People felt they were not always supported by sufficient numbers of staff. They told us; "Yes, there are lots of staff. There's not enough for personal support here though"; and, "I think there could be more staff". Another person told us, "Sometimes staff are overstretched. Sometimes there are a lot of agency staff who don't know their way around the home and don't put themselves out much". A second person told us; "At weekends and evenings there aren't enough staff and they are often agency staff who don't know what they are doing and don't know us very well". A third person told us; "Sometimes staff are too busy to sit and talk to me". This showed that there were not enough staff to meet people's care and social needs.

When we spoke with staff they also expressed their concerns regarding the staffing levels for people who required nursing care. They told us; "There are too many agency staff and they don't care and I am fed up of trying to sort the problems they have caused when I come back from my days off". Another staff member told us, "Using agency staff affects our people massively. People can't get used to the new faces especially when administering medicines; they refuse [to take their medicines]."

People who had the greatest care needs and who required nursing care needed two carers to support them with their care. We noted there was only three care staff plus an agency nurse on duty at the time of our inspection. This meant only one person could have two carers at any one time especially at peak times or when nursing staff were administering medicines.

We discussed staffing levels with the management team and they told us they were waiting for new staff to start up in post and were introducing changes to the rota to cope with busy times.

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

We looked at the systems in place for the management of medicines. We found they were stored securely and only appropriate members of staff held the keys to the room where medicines were stored. However, we found keys were not signed for at hand over times when shifts changed. Room and fridge temperatures were

recorded daily and appropriately. We saw that some residents required topical medicines to be applied by care staff. Topical medicines administration records were not in place for all people who needed them. Creams were not all dated on opening to ensure they were used within manufacturers' guidelines so that they remained safe for use. This is not in line with national guidance.

We found that the quantities of medicines in the nursing trolley did not always match with the amounts that had been administered. Medicines records were completed to indicate administration had occurred. However, we found some people's medicines had not been administered to them as they remained in their packets. This meant some people had not received their prescribed medicines. When we spoke with the registered manager regarding this they assured us this would be addressed and medicine audits would be improved.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled 'Safe care and treatment'.

Staff had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse or improper treatment. The service had a notice board dedicated to safeguarding on display for staff and visitors to refer to. We saw records that demonstrated the service had notified the appropriate authorities of any historic safeguarding incidents.

Staff files showed the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, requesting two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates, before they started work.

Peoples' care plans contained individualised risk assessments that were reviewed regularly and enabled people to take risks in their everyday life safely. For example; risks assessments relating to moving and handling, poor nutrition, and getting dressed.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and electrical appliances. We also saw records that equipment such as hoists and scales were checked regularly to ensure they were working safely and records which confirmed that utility supplies had been checked and were safe.

We looked around the home and found that most areas were clean and well presented. However there were issues with the laundry room and the first floor carpets, this is covered in the effective section of this report.

Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when serving food and administering medicines.

Requires Improvement

Is the service effective?

Our findings

The residential area of the home was clean and welcoming. The annex area had been recently refurbished and freshly decorated and the nursing area of the home appeared clean. However, we noted there was a strong mal odour present on all three days of our inspection. We viewed cleaning schedules that were in place and these were sufficient. However, we found there were no cleaning arrangements in place for the carpets. When we spoke with domestic staff they told us, "We are unable to shampoo the carpet ourselves up here (Nursing) as we don't have the time to dry it and this wouldn't be safe for people."

When we asked people about the environment we received mixed feedback. One person told us, "Yes the place is clean and the staff do their best to keep it clean." Another person we spoke with told us, "I need to use that all the time (pointing to air freshener) I expect you've noticed the smell in the corridor up here?" When we spoke with the registered manager about the mal odour they assured us that an industrial carpet cleaner would be arranged and plans would be put in place to replace carpets.

People who used the service were provided with a laundry service and the home employed laundry staff and had a laundry room. When we looked at the room we could see that the room was cramped and didn't provide clear designated clean and soiled areas for laundry coming in and then out. The laundry also did not contain a hand basin for hand washing. When we asked the laundry staff about hand washing they told us; "I have hand gel and gloves. There is a sink in the room next door." When we checked the room next door this was a locked cleaning cupboard without easy access to the sink due to storage in the room. We raised this with the registered manager who agreed it was an issue and would come up with a plan to address the hand washing to provide suitable facilities.

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

The home had some areas with memorabilia on display to capture the attention of people living with Dementia. We observed that some initial work had been carried out to make the environment more dementia friendly, for example different coloured doors and some signage. However, more was required to promote an accessible environment for people living with dementia. When we spoke with the home manager and registered manager they told us that they had further plans to improve in this area and were planning to include better signage throughout the service.

Supervision and appraisals took place with staff regularly to enable them to review their practice. From looking in the supervision files we could see the format gave staff the opportunity to raise any concerns and discuss personal development. Staff told us they were happy with the supervision arrangements and that they received supervisions regularly.

New employees had an induction period and also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of national standards for social care and health workers to work within.

People were supported by a range of community professionals including; social workers, GPs, speech and language therapists and the community nursing team. People were also supported to attend medical appointments when needed.

Staff took part in a wide range of training opportunities. The provider's training matrix showed us the range of training available reflected the needs of the people who used the service. For example staff completed training in; moving and handling, challenging behaviour, dementia awareness and end of life care. We were shown evidence that staff training was due to expire and refresher sessions were planned.

People told us that they thought staff were well trained. They said, "Yes, staff are well trained. I hear staff talk about the training they have had" Another person told us, "Yes they're well trained. They know what their job is".

People were offered a varied diet and choices of meals. We saw there was a menu on the wall offering a choice of food for each meal. Each morning a cooked breakfast option was available along with cereals and toast. People who needed extra support or their food prepared differently were catered for. We spoke with the chef who told us, "We have two people with pureed diets, two who have soft diets and one person has theirs fork-mashed." They also told us, "We do have a Muslim resident and we buy Halal meat for them. We also have a resident who does not eat pork so there is always an alternative for them when pork is on the menu".

We observed people enjoying their food. We received both positive and negative feedback from people and their relatives about the food. One person told us; "There are lots of foods I don't like so I don't always get what I want. Occasionally they will make me something I like". Another told us "The food is good and there's a good choice". One relative told us; "She likes the food. She has it in her room, which is her choice".

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. There were a number of people who used the service with a DoLS in place. Staff had received training on DoLS and some were able to give us examples of who had them in place and why. These were up to date and well monitored by the home manager.

People were asked to give their consent before any treatment or support was provided by staff. People's capacity to make decisions was assessed. Where decisions were taken in people's best interests, staff involved the right professionals including GPs, social workers and community nurses. However, we found that some decisions were not recorded appropriately. For example, if medicines were given covertly (disguised on food or drinks) we found that these were in place but not recorded sufficiently.

Another example we found was where people were using bed rails and this was not recorded as a best interest decision. Risks and preferences had been considered in the decision making process that was made by staff but not recorded appropriately. We asked the home manager about this they were unable to give a

reasonable explanation why these were not recorded appropriately. This was later addressed by the registered manager and the records were updated during our inspection using the correct forms.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were kind and caring. People told us; "This is a hard job and staff have to feed and wash me. It's difficult for them but they do it well." Another told us; "I can do everything for myself except bathing. I ask to be bathed every other day and staff mange to do it really well".

We spent time observing people and noted there was a rushed atmosphere at times within the nursing area, but the residential area was much more relaxed. We saw staff in this area spending time with people on activities and chatting. Relatives told us they were always made to feel welcome by staff. One relative commented; "The staff always involve us in [name's] care and their care plan."

Peoples' care plans contained detailed information regarding their preferences, personal histories and dislikes, to enable staff to build a picture of the person and offer them choices. People told us they were involved in making these care plans and told us; "Yes, I'm involved with decisions about my care. I always tell them if I'm not happy with it".

People who used the service had access to advocacy services but no one was using them at the time of our inspection. Staff were knowledgeable on what advocacy services were available to people and how this could be accessed to support people's rights.

People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit at any time. We saw relatives visited regularly during our inspection and observed that they had a good rapport with staff.

People's dignity was respected by staff; they knocked on bedroom doors before entering and asked for people's permission before administering medicines or carrying out moving and handling. One relative told us; "Staff do respect my sister's dignity when bathing her, they use humour to overcome embarrassment which she likes".

People were supported to maintain their independence wherever possible and we saw this in practice during meal times when people were encouraged to do things for themselves. When we spoke with people and their relatives they were able to give us examples of how their independence had been promoted. One person told us; "I have a zimmer frame and I get around nicely with that. I also wash myself every day". Another person said; "I like showering for myself. Staff do encourage us to do what we can for ourselves". One relative told us; "Staff give my sister the time and support to allow her to do things for herself".

At the time of our inspection no one was in receipt of end of life care. We saw that people were supported to plan for end of life care and some people who wanted them had advanced care plans in place taking into account their preferred arrangements and religious beliefs.

The local churches visited the service regularly to engage with the people who used the service.

Good

Is the service responsive?

Our findings

People were offered a varied range of planned activities and the service had an activities co-ordinator in place, whom people spoke fondly of. During our inspection we saw that there were activities taking place and we also saw photographs of events that had been held. People told us about the activities that took place at the home.

On the day of our visit people were enjoying bingo and there was a quiz that was run by a volunteer who assisted the activities co-ordinator. We also observed a beauty student who regularly visits the service to do manicures.

We spoke with people and their relatives and we received mainly positive feedback regarding the activities. One person told us; "I used to go to the bingo. We do that twice a week and also games like dominoes, hang-man, but I don't like the quizzes though. I like the entertainers that come in". Another person told us; "We don't do the things I like to do, everything is aimed at the older residents with limited ability, I like chess."

We spoke with the activities co-ordinator who told us; "I usually start the morning by helping out with the breakfasts, for those who need assistance to eat. I also go around and ask residents for their menu choices for the day. Sometimes I bring in the newspapers for those who want them. Then the activities we have planned include; hangman/countdown, play your cards right, softball or beachball, a hairdresser once per week, outside entertainers, visits to Preston Park museum and gardens, and church services once per month".

People told us they attended resident and relative meetings and that they valued these meetings. One person told us; "Staff listen to me, I always attend the resident meetings and another told us; "I have been to a couple of residents meetings we get forms too". Although the meetings took place no actions were recorded by the home manager.

We looked at care plans and we found they were person centred and gave in depth details of the person. Person centred care is when the person is central to their support and their preferences are respected. These plans were regularly reviewed and contained comprehensive information about people including their communication needs.

People's needs were assessed before they moved into the service. Care plans were then developed to meet people's assessed daily needs on the basis of their preferences.

People were supported to make everyday choices and we observed this throughout the inspection for example offering food choices at meal times and options during activities as some people chose to do a lone activity.

People who used the service and their relatives knew how to make a complaint or raise issues of concern. Everyone we spoke with was aware of how to raise concerns or make a complaint if they needed to. One

person told us; "I know what to do if I want to complain", and "If I don't like something, I say something." One relative we spoke with told us; "I have made many complaints about [name's] care, but I am now happy that things have improved".

Information was available to show how complaints had been managed, resolved and recorded appropriately.

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. However, the registered manager at Apple Mews was an area manager not based at the service and the home manager running the service was not registered with us. The home manager had left the service by the third day of our inspection and we were introduced to the new manager who was on their induction and who we were told would be registering with us. We addressed the registration issue with the registered manager who assured us the manager in post running the service would become registered.

The home manager ran a programme of audits throughout the service and these were carried out regularly. However, we found that some audits had not addressed accuracy issues that we identified in records. For example, we found medicines recording errors. The medicines audit did not highlight the medicines that had not been administered to people. We also found people's food and fluid charts were completed but not correctly. We saw examples where a person's total fluid intake was not recorded or a recommended total amount to aim for. Where people were supported and best interest decisions were made, these were not recorded in line with the provider's policy and procedure.

People's personal care records were not held in their care plans and were completed at the end of the day by a carer all at once. There was one large red file held in the lounge area and staff told us that was what they were doing at the time. When we raised this with the home manger on the first day of the inspection they assured us that this was not common practice and that records were to be completed after each person received their care. However, we observed this again later in the inspection on day two. This meant that peoples care records may not be accurate and were not completed at the time that care was given. They were not always completed individually and they were recorded in bulk which is not personalised.

We asked the home manager on the first day of our inspection if they carried out any quality assurance with people who used the service, visitors and relatives. They told us, "We don't need to everyone is happy." We raised this with the registered manager on day two of the inspection. They told us they had carried out a survey but there had been a poor return and that the home manager was gathering more surveys in. On day three of the inspection we were given some copies of surveys that had been completed and the extra ones that had been collected could not be presented, as the home manger had not recorded them. There were some concerns raised in the questionnaires that had not been dealt with and the registered manager assured us these would be addressed and an action plan displayed.

People were able to attend relative and resident meetings and we could see that these had taken place, however the home manager didn't have any oversight or include any action plans to address actions or record any actions when completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 entitled 'Good governance'.

People who used the service and their relatives shared their views with us regarding the management of the

service. They also shared some concerns with us about the home manager regarding responding to concerns and issues they had raised. They shared their experiences with us and told us, "We have found out it was best to take issues higher to (the registered manager) to make sure they are acted upon."

The home manager ran regular team meetings and senior staff meetings that were organised to communicate with team members. We could see from the minutes that these were well attended, recorded and valued by staff.

The service had been inspected by the local fire service. The issues highlighted in their report had been addressed and changes had been implemented by the home manager in response to the report. During our inspection work was being carried out on a fire door on the ground floor in response to the visit.

Accidents and incidents were monitored by the home manager. These were audited to look for trends in accidents or patterns in falls. Where people had fallen we saw evidence that the home manager had made referrals to other professionals for support and this was also monitored by the provider.

There were lines of accountability within the service and external management arrangements with the provider. Quality monitoring visits were also carried out by the provider and these visits included staffing, health and safety, premises and facilities. These monitoring visits had previously not addressed the issues we found with the environment of the home.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The home manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

Policies, procedures and practices within the service were regularly reviewed in light of changing legislation to inform good practice and provide advice. All records observed were held securely and were maintained and used in accordance with the Data Protection Act.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always managed or administered safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Some areas of the premises were not always suitable or cleaned effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Records were not always completed correctly or in accordance to the providers policy and procedure.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels were not always appropriate to meet peoples needs.