Maria Mallaband 12 Limited

Buckingham 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?	Inadequate

Overall summary

Buckingham House is a home that provides nursing and residential care to people. It has been registered with the commission since August 2014.

We carried out an unannounced inspection on 28 September and 2 October 2015. At this time 35 people were living in the home, although the home is registered for 53 people. Accommodation was spread over three floors.

Buckingham House had a registered manager in place. 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. The registered manager had not worked in the service since November 2014. The service had appointed a new manager; they had not yet submitted an application.

Staff were knowledgeable regarding how to recognise abuse and what actions they would take if had concerns highlighted. People were not always protected from avoidable harm as risk assessments for residents were not always completed or reviewed regularly. Incidents

Summary of findings

that had occurred were not always reported by the completion of an incident form. The service relies heavily on agency staff who appear to be very knowledgeable in how to support residents.

All pre-employment checks required were not always completed; Gaps in employment were not always explained and some health checks on staff were not completed. Agency staff had an induction prior to working within the service.

Medicine were not always managed in line with best practice, no clear audit trail of actions taken regarding medicine was recorded, especially in relation to where changes in medication had occurred. This meant that people did not always have medication when needed.

The service regularly maintained equipment used, and undertook regular fire tests.

Staff did not always feel supported, regular meetings between management and staff did not take place.

The service worked in line with the Mental Capacity Act 2005 and where required made appropriate referrals to the local authority for a Deprivation of Liberty Safeguard (DoLS), however they did not always ensure that they had satisfied themselves of the relative's legal authority to act on behalf of people.

People were supported with access to food and fluids, however the service did not actively record what people had eaten, even when concerns were identified.

Staff were knowledgeable of people's needs and spoke with them in a respectful and dignified manner. People had some access to activities; however the activities co-ordinator had recently left the service, and therefore opportunities to engage in activities were limited.

The service gathered information about residents preferences, and strived to complete a 'Me and my life' document. This detailed people's life history their significant relatives and friends.

Some of the relatives we spoke with did not have confidence in the management to deal with issues or complaints.

We found breaches of the Regulations 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 this report.

Summary of findings

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.

Incidents were not always recorded.

Risk assessment covered a wide range of areas but were not reviewed regularly and no actions were identified to mitigate risk.

Medicines were not always managed safely and in line with legislation. This placed people at risk of receiving incorrect medication.

Requires improvement

Is the service effective?
The Service was not always effective.

Staff training was not updated in line with service's own policy. This meant management of the home could not be sure that staff had the skills necessary for their role.

Staff were aware of their roles and responsibilities.

People received effective and compassionate care, from staff who understood people's preferences, likes and dislikes.

Requires improvement

Is the service caring?
The service was not always caring.

People were not always involved in decisions around their care.

Staff were knowledgeable about the people they were supporting and aware of their personal preferences.

People were treated with respect and their privacy and dignity were upheld and promoted. People and their families were consulted with and included in making decisions about their care and support.

Requires improvement

Is the service responsive?
The Service was not always responsive.

The service did not respond to complaints in line with their own policy.

Actions regarding changes in care or treatment were not always recorded. This meant there was not always a consistent and appropriate approach to care.

Requires improvement

Is the service well-led?
The service was not always well-led.

Where audits had been completed, the identified areas requiring improvement were not always acted upon.

Inadequate

Summary of findings

Relative's opinions and views of how to drive forward improvements to the service were obtained in relatives meetings. However, these were not always acted upon.

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

The Inspection took place on the 28 September and 02 October 2015 and was unannounced; this meant that the staff and provider did not know we were visiting. The inspection was planned and the team consisted of three 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.

Prior to the inspection we reviewed information we held about the provider, this included notifications. A notification is information about important events which the provider is required to tell us about by law. The provider completed 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. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people, six relatives, 15 staff, including the manager, quality assurance manager, qualified nursing staff, senior care staff, care staff, domestic staff and agency staff, two health and social care staff who were visiting on the day of inspection. We reviewed eight people's care files and seven staff files. We received information from the Local Authority contract monitoring team.

Requires improvement

Is the service safe?

Our findings

People told us "I like the bright fluorescent lights from the lounge ceiling down the corridor, as I can see where I am walking and this makes me feel safe". Relatives told us that they did not feel people were always safe, One person and their relative informed us that they had two falls recently, another relative told us of about an assault on a person which occurred in front of them and staff were present, we found no evidence of an incident report relating to these events. This meant people were at risk of harm if incidents were not monitored and appropriate preventative action taken.

People who used the service were not always protected from harm, we reviewed risk assessments, we found that risk assessments were completed for falls, manual handling and nutrition; however, they were not reviewed within the provider's stated timeframe. We asked the manager about this and they advised that the service operated a named nurse scheme, and it was their responsibility to undertake reviews. Where risks were identified there were no records related to the actions required to mitigate the risk, this was evident for people at high risk of falls. Incident and risk records were not kept up to date and evidence was not available to assess on going risks.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure that risks were assessed and monitored.

During our inspection we found that staff responded to people's needs and staff were visible throughout the building. We visited whilst the night staff were on duty and found that people we being supported as they required. Some people who used the service, relatives and staff commented on the low staffing levels at weekends and overnight. We reviewed staff rosters and signing in books. The service relied heavily on the use of agency staff. In one week in September 85 % of care staff overnight were supplied by an agency. One member of staff spoke highly of the agency staff who were knowledgeable of the needs of people living at Buckingham House and had helped during their induction period. We observed and staff and relatives confirmed the manager also assisted people with support when required. The manager informed us that they are actively recruiting for new staff.

Some people told us "The staff are kind but there are not enough of them", "There are not enough staff here", "At night time I go to bed and hope that I do not need to call for the night staff as sometimes they are not very helpful." A relative informed us that "Staff do not have the time" and "There are too many agency staff." Following the inspection visit a relative informed us that one evening they could not find any staff and resorted to using their mobile telephone to make contact with the service. Staff we spoke with raised concerns about the lack of staff, comments included "We need more staff" and "Never enough staff" another staff member stated that staffing numbers have improved.

Pre-employment checks were completed for the majority of staff. These included employment history, references, and Disclosure and Baring (DBS) checks. A DBS is a criminal records check. Where qualified staff were appointed appropriate checks were in place to ensure that they were able to practice as a nurse. We found 3 staff records, which did not show all checks required. We found two records did not evidence that the service had made enquiries about the fitness of staff to work with vulnerable people. We found one record where gaps in employment were not explained. This is a requirement for people who carry out a regulated activity. The service did not have an adequate system in place to ensure that all pre-employment checks were routinely completed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure they had made all required pre-employment checks to keep people safe.

Medicines were not always stored safely, we found that medicines had been taken out from the original boxes and stored in an old box. There were discrepancies in the number of medicines that should be stored in a box, for example we found the box labelled to contain five, but we found 16 inside. We asked the manager about safe storage of medicine, they confirmed that they were breaching their own policy.

The manager informed us that they were working towards a person centred method of medicine storage. This meant that each person who was supported with medicines had a labelled box for storage of medicine. On the day of inspection we found one medicine was being stored in the wrong box. This meant that there was a risk someone could be administered someone else's medicine or the wrong medicine.

Requires improvement

Is the service safe?

The service did not follow their own medication policy in particular with reference to as required medicines. The medication policy stated 'it should be established on admission whether the service user is able to request this medication when needed, or if they need to be asked/ prompted if they require it, and this should be included in the care plan. We reviewed records of four people who were prescribed as required medicines. We found no evidence of a medicine care plan or evidence to justify why as required medication was given.

We observed two medicine rounds and we witnessed that people were not routinely asked if they needed as required medicine. On the day of inspection we saw that communication around changes made to medicines was not freely available or recorded. One person had recently had an increase made to a prescription for as required medicine. A clinical decision was made that the as required medicine was needed; however we observed that this medicine was not available. There was no audit trail to identify what actions had been taken to obtain that medicine. This meant that staff did not have the medicine to manage the individual's condition.

We received information from two relatives regarding incidents where they had found people's medicines had not been taken. One relative informed us of two separate days when they had visited and found medicine left in a person's room. Another relative informed us that they had found medicines in a person's room. They advised us that they addressed this with the nurse on duty at the time, but no explanation was given. This placed people at harm of not receiving the required medicines to maintain their health.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure that medicine were stored and administered safely.

Staff were knowledgeable on how to protect people from avoidable harm. The Staff we spoke with had received training on safeguarding people and had the confidence to escalate concerns when they arose. The service had worked with the local authority when a safeguarding investigation was needed.

Equipment within the building was regularly maintained and there was a very clear maintenance programme in place. Records were up to date and demonstrated that routine safety checks were made. The service had an updated fire procedure which was clearly displayed in various areas of the home.

Cleanliness within the home was not always maintained, the service had two domestic support staff, we witnessed cleaning being undertaken and where spillages were made, these were quickly responded too. However, on day one of our inspection we saw an area in the library was unclean; this was still in the same state on the second day of inspection four days later. A relative informed us that they had noted some crumbs on a window ledge and had asked for it to be cleaned, yet when they visited some four days later they were still present. We looked at a cleaning schedule; it clearly stated that each room should be cleaned once a week, however the cleaning records did not demonstrate that this was being undertaken. We spoke with domestic staff and they confirmed that it was not always possible to get around to each room.

Requires improvement

Is the service effective?

Our findings

People and their relatives gave mixed responses in regards to whether they felt staff were experienced and skilled to provide care. One person felt staff carried out their personal care appropriately. One relative said they had to speak with the general practitioner (GP) as staff were not skilled or experienced to meet their family member's health needs. Staff we spoke with commented that they learnt more from face to face training than online training. We spoke with two staff that would prefer to have more in depth training regarding supporting someone with Dementia. The manager told us that plans were in place to commence a more comprehensive Dementia awareness training schedule. The service relied on agency staff to meet its staffing numbers; the manager informed us that they ensure that the agency staff have received appropriate training prior to a booking confirmation. A profile card is sent to the service from the agency which contained information regarding the training completed by the staff member.

We reviewed the supervision policy for staff working at Buckingham house; it stated that there is requirement for six separate supervision sessions every twelve months and an annual appraisal.

Staff felt that they were not always supported in their role; we reviewed staff files and found that there were no regularly recorded one to one meetings held with staff. We saw some evidence of supporting new staff through induction, but this again was not consistent for all staff. In a meeting held with the manager on 14 May 2015 staff were advised that the manager would undertake two monthly one to one sessions with staff. We found no evidence that this had been implemented at the time of our visit. Staff we spoke with stated that they had had at least one meeting with the manager, but were not aware that another meeting was booked. One staff member told us that the manager was very busy and "sometimes didn't want to hear what we (staff) say."

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff did not always receive supervision in line with the service own policy.

Where people lacked the capacity to make their own decisions, care records showed the appropriate mental capacity assessments were undertaken in line with the Mental Capacity Act 2005 (MCA). Documents showed what legal powers those who represented people had. People and their relatives told us consent had been sought before care was delivered. For instance, one person commented, "They (staff) ask for my consent." A relative commented, "I have heard staff seeking consent from X, X has capacity to give consent." We noted care records showed consent to 'care and share' information forms were not signed by people or those who represented them. We found that where signatures by relatives were present this was not supported by relevant legal authority. The service had not satisfied themselves that relatives had appropriate legal authority. Where relatives had told them that they had this, there was no evidence that the home had checked this.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not ensure relatives acting and signing on behalf of resident had the legal authority to do so.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interest or it is necessary to keep them from harm. Providers of care homes are required to submit applications to a 'Supervisory Body' for authorisation when they believe a person's liberty is being restricted. A review of DoLS applications that had been authorised showed the home had complied with the principle of the MCA.

People and their relatives spoke positively about the food. We heard comments such as, "Since X has been here, they have had a healthy balanced diet" and "I get the food I like.", "My favourite food is the roast chicken"; "I enjoyed my tea and toast this morning." We observed relatives joining their loved one for meals.

Staff supported people to meet their eating and drinking needs. An observation of the lunch period showed there was positive interaction between people and the staff who supported them. People were offered a choice of juices; one person had a glass of wine. A staff member explained to a person what food was on offer, they did this in a slow and clear manner. The food was well balanced and served hot. We heard another staff member saying to people, "Be

Requires improvement

Is the service effective?

careful, it's very hot." Throughout the lunch time, people were able to eat as much as they wanted, staff walked around and checked to see if people required any assistance. People who did not eat much were offered alternative meals by staff who were gentle and re-assuring in their approach.

Care records captured people's food preferences and nutritional assessments updated staff on how best to support people. For instance, it was noted one person required their food to be cut into bite size pieces; the type of diet they were on and how staff were to support them. We reviewed the eating care plan for another person. This showed the person was able to make their own food choices and feed themselves. Staff were instructed to monitor the person's weight on a monthly basis and report any changes. We noted where staff were required to monitor changes in weight this did not always happen.

Malnutrition universal screening tools (MUST) were used to identify whether people were at risk of poor nutrition and dehydration. Where people were assessed to be at risk of poor nutrition and dehydration, we saw no evidence of action taken to address this. Food and fluid intake charts used to monitor how much people ate and drank were not available in the care records we reviewed. We spoke with the manager about this and they were unable to say where these records were kept and how the identified risks were being managed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service did not routinely keep records relating to care and treatment.

External practitioner visits were recorded in care records. This showed who visited the home, for what purpose and the outcome of their visits. Relatives spoke positively about health care professionals visiting the home. They however, were not confident in how the home managed people's health care needs. We spoke with healthcare professionals who support residents of Buckingham House. We were advised that some delays in raising healthcare concerns had been noted. Healthcare staff found it difficult to get the help from care staff when they visited. They felt that once treatment plans were in place the staff at Buckingham house followed this plan. The service acknowledged that delays in supporting health care professionals can occur when visits are unannounced and not planned with them.

Requires improvement

Is the service caring?

Our findings

People and their relatives told us staff were caring. People described the staff as, “They don’t rush me and talk to me to find out what I am interested in”, “They are caring and not disrespectful” and “Their approach is excellent with X, they treat X as normal.” People were not always involved in decisions around their care. Care plans were not reviewed regularly by staff. Where they were reviewed we found little evidence of discussions held with people about what support they would like. Daily records did not detail information given to people regarding their care. We spoke with relatives and they have mixed experiences of being involved in people’s care. One relative informed us that when they had asked the service for an update on the person, staff were unable to provide them with a summary of progress. Another relatives said “They (staff) assessed X in hospital. I was not there, the family have not been involved in any formal meeting in regards to my mother’s care” and “No, it was all very rushed. X came straight from hospital as it was too dangerous for them to go home.”

Relatives thought the service met their family member’s communication needs. This was supported by care records which evidenced what people’s communication needs were and the best ways for staff to support them.

People’s privacy was protected and staff carried out care in a respectful way. For example one relative commented, “They (staff) closed the door whilst X was in the bath.”

The service gathered people’s preferences and choices in regards to end of life. This was evidenced in admission assessments. One person was receiving end of life care on the day of inspection, we observed that family were supported and staff we spoke with were knowledgeable of the person’s wishes and preferences. Staff spoke about the person in a sensitive and caring manner.

We observed caring and compassionate interactions between care staff and residents, when the fire alarm was being tested a member of staff was very attentive towards someone who was getting distressed. We also observed a care worker taking someone to lounge; the care worker was explaining to the person what they were doing and gently transferred the person from their wheelchair to another chair. We observed a staff member attentively listening to a person who was reminiscing on their past. The staff were positively engaged, actively listening with interest and asking them more questions.

We spoke with relatives who advised that they felt confident to visit at any time during the day, and no restrictions were in place.

Requires improvement

Is the service responsive?

Our findings

People and their relatives gave mixed responses when considering whether the care delivered was centred on their needs and wishes. For instance, one person was positive and thought it did, whilst a relative expressed dissatisfaction and stated care delivered was not centred on their relative's needs. Those who represented people were not always involved in the planning of care. Relatives said they were not involved in the reviews of care and were not sure when these occurred. This was supported by 'care plan review' documents we reviewed. These gave those who represented people the opportunity to express how often they wanted to be involved in reviews of care plans. We looked at the care plans of all the people we spoke with and found these documents had not been completed.

Care plans and risk assessments were not regularly reviewed and up to date. For instance, one person's care plan was last reviewed on 8 August 2015. The review stated the care plan did not meet the person's needs and noted it needed to be re-evaluated a week later. There was no record of further reviews being undertaken. The person had also been identified as at high risk for falls. It was recorded their last fall was on 25 July 2015. We saw further records of falls on 21 August 2015, 23 September 2015 and 26 September 2015 but no reviews to show what action had been taken to minimise the risk to the person. This showed people could not be confident their care needs would be met.

Pre-admissions assessments were undertaken to identify people's needs and how they were going to be met. This included people's past and present medical history; daily life skills; potential risks; mental health and well-being and communication. Care plans were personalised to people's individual needs and contained a document called, 'Me and my life' record. This helped staff to understand people's family history, past occupations; favourite memories and food preferences.

People said they were supported to maintain their hobbies and interests and had the freedom to participate or not. One relative commented, "They do have social activities but X does not participate." One person commented, "I have my regular exercise classes I am involved in but I don't get involved in all the social activities." Care records stated what people's interests were and how they were to be supported. For example, one social activity care plan instructed staff to ensure one person made their own choices as to whether they wanted to join in activities. Relatives we spoke with were very complementary of the activities co-ordinator, however, we were made aware that they are no longer employed by the service; the relatives stated that this was a great loss. The manager informed us that they will be increasing care hours to support with activities, while they recruit into the vacant post. On the day of inspection we observed an impromptu singing session. However one person chooses to go to external day centre twice weekly.

People said they did not feel they had the opportunity to be able to express their views and had no knowledge of resident's or relative's meetings. One person commented, "There's no mention of resident's meetings. The only way I can give my views is when I am not happy." We reviewed the meetings of two 'residents and relatives meeting' dated 14 April 2015 and 25 July 2015. These showed people's views were gathered. For instance in the minutes of 14 April 2015, one person expressed satisfaction with the service who had acted upon the feedback they had given. We noted some areas discussed in the meetings were not acted upon. For instance in the minutes dated 25 July 2015, the manager had stated they would send newsletters to relatives to ensure everyone is kept up to date and involved in weekly or monthly life at the home. At the time of our visit this had not as yet been actioned. One relative described the meeting as "X talked at us, not drawing breath, and no actions have been taken from the meeting."

Relatives we spoke with had mixed views on raising concerns. People and their relatives knew how to raise concerns and felt comfortable doing so. We heard various comments such as, "I would speak to staff, then my daughter. I made a complaint and I was very impressed with the way it was dealt with." and "I am confident to do this, when I have complained they do respond." Two relatives we spoke with had not had a satisfactory response from complaints raised. We noted that they providers timescale for responding to complaints had lapsed for two complaints raised. Relatives we spoke with did not have confidence in the management that their concerns were resolved.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because complaints were not investigated within the providers own policy timeframe.

Inadequate

Is the service well-led?

Our findings

The majority of staff, relatives, health and social care staff described Buckingham house as disorganised, we were told “It could be effective and efficient”, “It doesn’t seem to be pulled together”, “It has slipped, the need to get upstairs open has taken away from the need of downstairs”, we were made aware that the manager was working on increasing the number of residents in the home. A professional told us “It is disorganised, I have found it difficult to arrange a visit.” Some relatives told us that they felt the manager was not approachable, comments included “I have asked to see X and they are not available”, “I have asked for regular updates from X and these are not forthcoming”. We observed the atmosphere and organisation of the home on our day of inspection. We found that handover meetings commenced prior to all staff being present, and staff supporting people without first receiving a handover. Staff we spoke with advised us that the handover meetings occur between the qualified staff. Some staff advised us that they support people without knowing what had happened

The registered manager was no longer working for the home, the provider had successfully recruited into the position The manager had a good understanding of when certain incidents needed to be reported to the commission, they had completed statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

The manager was visible throughout the day of inspection; we observed them supporting people with meals and drinks, and actively supporting people who were distressed. The manager had a clear vision for the service, which was shared with staff at meetings. Some of the staff we spoke with were aware of the vision for the service but did not feel part supported by the manager as they did not have regular meetings with them.

The manager was supported by the provider’s quality assurance manager. We saw evidence that audits were undertaken in the areas of care plans, medication, complaints however actions from these audits were not always implemented. In an audit conducted on medication on 27 January 2015 a target was set that all residents should have a medication care plan in place by 13 February 2015, at the time of our inspection this had not been implemented. A care plan audit conducted earlier this year stated that every resident was to have a care plan index in their care file and that a ‘me and my life’ document should be complete, both actions had a date for completion of 10 March 2015, on the day of the inspection we found gaps in records, in particular in relation to incidents and risk. The complaints audit did not analyse any trends in complaints received, which if available would have assisted in planning areas for improvement and learning.

A wide range of policies were available, however staff we spoke with were not always aware of them, in particular reference to whistleblowing. The service did not always following its own policies, in particular medication, supervision of staff and risk management policy.

There was a lack of daily quality monitoring; we found gaps in records, in relation to incident forms, remedial action to mitigate risks and monitoring of food and fluid intake. Since the inspection the service has introduced a ‘resident of the day’, the manager advised that this will ensure that each resident care records will be reviewed regularly. Care records did not demonstrate support provided by staff to residents, for instance when supported with toileting or eating. This meant that there was no record of what people had eaten or drank.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records related to the care and treatment provided was not up to date and accurate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The service did not ensure relatives acting and signing on behalf of resident had the legal authority to do so. Regulation 11(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Medicines were not stored safely and no care plans were in place for as required medicine. Regulation 12 (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The service did not investigate complaints in line with their own policy. Regulation 16 (1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The service did not keep up to date records of when care and treatment was provided. Regulation 17 (2).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service did not ensure that staff were receiving appropriate support and supervision. Regulation 18 (2).

This section is primarily information for the provider

Action we have told the provider to take

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The service did not ensure that all required pre-employment checks were undertaken (Health). Regulation 19 (3).