

## Ryding Care Services Limited

# The Court

### Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

The Court is a care home that provides accommodation for up to 17 people who need help with their personal care. At the time of the inspection 14 people lived in the home. Most of the people living in the home lived with dementia.

### People's experience of using this service

At the last inspection, the provider was rated good. At this inspection, we identified serious concerns with the delivery of people's care and the management of the service. This meant the rating for the service has deteriorated to inadequate.

During the inspection, the registered manager did not demonstrate they had sufficient oversight of the service and the support people received. They did not demonstrate they understood their regulatory and legal requirements with regards to the service.

There were no adequate or effective systems in place to monitor the quality and safety of the service. This resulted in people being exposed to ongoing risks. For example, people's care plans were not sufficiently detailed to ensure people received safe and effective care and records showed they did not always receive appropriate support. Professional advice obtained from other health and social care professionals was not always followed and the management of medication required improvement.

People did not always receive a suitable diet and some people did not eat enough to mitigate the risk of becoming malnourished. Weight monitoring was inconsistent which meant that the registered manager could not be assured people maintained a healthy weight. People told us the food and drink on offer was satisfactory. There were no menus for people to choose from however and people did not always get a choice.

People were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice or the application of the Mental Capacity Act 2005 (MCA).

Staff recruitment was unsafe and did not ensure that only fit and proper persons were employed to work in the home. Staff had not completed sufficient training to do their job role and the competency of some staff members to do their job safely had not been checked for some time.

Accident and incidents were not properly investigated to ensure that staff learned from these events to prevent them from happening again in the future. For example, some people had sustained unexplained bruising but there was no evidence that the cause of this has been investigated.

The home's environment although pleasantly decorated was not dementia friendly to promote people's

independence. There were some activities on offer but on the days we visited, a significant amount of people's time was spent sat in the communal lounge with the radio or TV on. We saw that some people routinely walked around the home asking if they could go home or if they were due a visitor.

The number of staff on duty was sufficient to meet people's needs. People told us they felt safe with staff and said staff were kind and caring. Relatives confirmed this.

People told us the staff were nice and it was clear from our observations that people felt comfortable with the staff team supporting them. Staff spoken with, spoke with genuine warmth about the people they cared for and knew how to safeguard people from the risk of abuse.

The atmosphere at the home was warm and homely and the premises was clean and adequately maintained. The registered manager was open and transparent during our inspection and acknowledged that significant improvements needed to be made. They displayed a positive and committed attitude to making those improvements in a timely manner.

Rating at last inspection and update

The last rating for this service was good (published 02 December 2017). At this inspection it has declined to inadequate. The provider has now completed an action plan to show us what they would do and by when, to improve the service.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service will be placed in special measures. 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

### Is the service effective?

Inadequate ●

The service was not effective.

Details are in our Effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our Caring findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Inadequate ●

The service was not well-led

Details are in our Well-Led findings below.

# The Court

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was undertaken by an inspector 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 service.

#### Service and service type

The Court is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. The registered manager was also the regulated provider. They are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also contacted the local authority to gain their feedback on the service. We used this information to plan our inspection.

The provider had not been required by CQC to submit a Provider Information Return prior to this inspection.

#### During the inspection:

We spoke with six people who lived in home and two relatives. We spoke with the registered manager, the cook, the activities co-ordinator and a senior care assistant.

We reviewed a range of records. This included four people's care records and a sample of medication records. Four staff recruitment files, records relating to staff training and support and records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to inadequate. This meant that people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- Some people had sustained unexplained bruising that had not been investigated by the manager to identify the cause or if any improvements in the delivery of care needed to be made. Unexplained bruising had also not been reported appropriately to the Local Authority or CQC.
- Accident and incidents were documented along with the action taken by staff to support the person's wellbeing and safety at the time the accident or incident occurred. There was little evidence however that the service used this information to learn from and prevent a similar accident or incident from occurring in the future.
- People told us they felt safe in the home and with the staff team.

Assessing risk, safety monitoring and management

- People's risks such as those associated with pressure sores, nutrition, falls and medical conditions were not adequately assessed. Staff lacked sufficient guidance on how to mitigate these risks in the delivery of care.
- For example, one person had been referred to and received professional advice from a dietician in relation to their nutritional risks. The person's care plan had not been properly updated with the professional advice given which meant staff did not have clear and appropriate guidance on how to manage their nutritional needs. Food and drink records showed that they did not receive the diet they needed to keep them safe.
- Two people had skin integrity issues that required additional support from the district nurse team. Despite this, they had no adequate skin integrity care plans in place to advise staff how to care for their skin in order to prevent further skin breakdown.
- Some people did not have an accessible call bell in place to enable them to call for help when they needed it. One person told us they had to shout for help. There no risk management plans in place to show how staff were managing people's safety in the absence of a call bell. The manager told us they would address this without delay.

The above issues were a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation people's care were not assessed or managed appropriately.

- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency.
- The home's electrical and gas installations, moving and handling equipment and fire alarm system were all regularly inspected and safe to use.

### Using medicines safely

- It was not possible to account for all of the medicines received into the home, as records in relation to this had not always been kept appropriately. This made it difficult to tell if the amount of medication in the home was correct.
- There were no adequate 'as and when' required administration plans to advise staff when and how to administer these medications and creams.
- There were no systems in place to assess whether people who were unable to communicate needed pain relief to maintain their comfort.
- Medications to be disposed of were not always kept safe and secure. This placed them at risk of unauthorised use.
- The systems in place to check on the safety of medication management did not capture or identify the issues we found during the inspection. A check on the stock of medication in the home had also not been properly completed since June 2019. This indicated the checks in place were not robust.

Medicines were not managed adequately to ensure people received the medicines they needed. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Staff recruitment procedures did not ensure persons employed were of good character and had the skills and experience to do their job role.
- There were no application forms, job descriptions, previous employer references, contracts of employment, proof of identity or criminal conviction checks relating to the appointment of two staff members who occupied senior roles within the home. This meant there was no evidence that a robust recruitment process had been followed.
- Previous employer references for another staff member had not been verified by the provider as being from an appropriate and reliable source. This was not good practice.
- Some staff members had worked at the home for over 5 years without their criminal conviction check being renewed. This meant there was a risk that this information was out of date.

Staff recruitment was unsafe as it did not ensure fit and proper persons were employed. This was a breach of regulation 19 (Fit and Proper Persons) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our visit, we observed there were enough staff on duty to meet people's needs. We did not hear or see people waiting for staff support. The people and the relatives we spoke with confirmed this.

### Preventing and controlling infection

- The home was clean and staff had access to personal and protective equipment such as gloves, aprons and antibacterial gel in order to prevent the spread of infection. One relative told us the home was "Spotless, always like that".
- There was systems in place to check and manage the risk of legionella bacteria developing in the home's water supply.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as good. At this inspection, this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the MCA was not always followed appropriately when there were concerns about a person's ability to consent to a specific decision relating to their care.
- For example, decisions made in relation DoLS and CPR (cardio pulmonary resuscitation) had been made without application of the MCA or evidence of a best interest process.
- Some people living with dementia in the home shared a bedroom. There was no evidence they had consented to this. No evidence that their capacity to do so had been assessed and no evidence this living arrangement was in either person's best interests.
- Information about people's mental health, communication needs and capacity was limited. This meant staff lacked adequate information on how to support people's mental health.

People's consent was not always legally obtained in accordance with the Mental Capacity Act 2015. This was a breach of Regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs and risks were not properly assessed and their care plans lacked sufficient detail about their needs, preferences and choices.
- Some people's nutritional care did not adhere to the professional recommendations made by other health and social care professionals.
- People's capacity to consent to decisions made in relation to their care had not been obtained in

accordance with the mental capacity legislation.

The quality and safety of the service did not adhere to recognised standards. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home was maintained to an adequate standard throughout and there were pleasant communal areas for people to use. The environment in which people lived however was not dementia friendly.
- For example, the majority of corridor walls and people's bedroom doors were all painted white with no other identifiable feature other than a number. For people living with dementia, trying to find their own bedroom when faced with a number of similar looking doors can be confusing.
- We saw that a small number of people preferred to stay in their bedrooms and this was respected. There were areas of the home however that were not freely accessible at all times.
- For example, people were unable to access the first floor of the home from the ground floor without staff supervision. This restricted people's living space and independence. During our visit some people walked from one side of the home to the other routinely, without much to do in the way of activities or stimulation. This aspect of service design required improvement.

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

- Catering staff had little information people's special dietary requirements. The cook on duty and did not have sufficient knowledge of people's needs neither did the manager. For example, the cook did not know who was diabetic or, the type of diet one person required in order to mitigate the risk of choking.
- We observed lunch. Some people waited for their lunch to be served for over half an hour. Tables were set pleasantly but people did not have any menus to choose from. We saw that staff served people their meal without offering them a choice.
- We spoke with the cook about this. They told us there was an alternative option prepared but during our visit we did not observe anyone being offered this alternative. This was despite some people only picking at their meal.
- Three people needed support from a staff member to eat their meal. We observed one staff member trying to assist all three people as no other staff were present in the dining room. This was not good person centred practice or a positive way to support people's dietary intake.
- People told us they got enough to eat and drink. Some people's food and drink records did not always show this to be case. For example, one person regularly refused their main meals. There was no evidence that this person was offered an alternative meal of their choosing when this happened.
- One person's care plan indicated they preferred finger food at mealtimes. Their food and drink records showed these were not always offered to maximise their dietary intake. This person's intake was often poor and they were at high risk of malnutrition.
- People's weights were not consistently monitored to ensure their diet was sufficient to meet their needs. One person had recently experienced weight loss. The person's weight loss had not been picked up. As a result, a referral to dietetic services had not been made in a timely manner.

Nutritional care was not always provided in safe or effective way to mitigate dietary risks. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff training, supervision and appraisals were not undertaken in accordance with the provider's policy.

The manager was unable to offer a satisfactory explanation in respect of this.

- Gaps were evident in the training, supervision and appraisal of some staff members including two senior staff members responsible for supervising other staff in their day to day duties. For example, some staff had not completed training in safeguarding, moving and handling, fire awareness, food hygiene, health and safety or dementia care.

Staff had not received adequate training or support to do their job role. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People received support from a range of health and social care professionals in respect of their needs. For example, dieticians, speech and language therapy, opticians, chiropody and falls prevention.
- Professional advice given by other health and social care professionals in respect of people's care had also not always been followed to ensure they lived healthier lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 'requires improvement'. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People living in the home were not always supported to express their views about aspects of their care. For example, they were not asked what their preferences were with regards to meal planning. The views of people living in the provider's other home were asked their opinion on menu choices. Their views were used to determine the menu for the people living in The Court. This was not good practice.
- The manager had also decided that as some people living in the home were vegetarian, everyone living in the home would have a 'meat free' Monday because of this. This did not demonstrate that people had a choice or were supported to express their preferences in the support they received.
- A survey of relative's views on the support people received had been undertaken. Five relatives responded to the survey and were pleased with the service. Feedback from people using the service had however not been sought.

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

- People's diverse needs were not always assessed or planned for in the delivery of care. This meant staff did not always have sufficient information on how to ensure people were supported well and their equality and diversity promoted in the provision of their care.
- Daily records and other records relating to the people care did not always show people received the care they needed. For example, some people's food and drink charts showed that people did not always receive appropriate nutritional care or regular repositioning in line with their needs.
- During our visit, we observed staff were kind and patient when provided people with support. It was obvious that people were comfortable with staff. Staff we spoke with spoke with genuine warmth about the people they supported.
- Most of the people we spoke with told us that staff treated them well. Their comments included "Yes, kind and gentle"; "They are good" and "I think they are very good" and "They are kind and considerate I would say". One person said "In the main they are kind, I think they need a little bit more training. I don't think they know how to look after me properly".
- A relative told us that their loved one "Could be themselves" here and another said they were "Happy to leave (Name of person) here, were looked after".

Respecting and promoting people's privacy, dignity and independence.

- We observed staff promoting people's dignity and maintaining their privacy during our visit. People were spoken to respectfully and staff were attentive to people when they needed support.
- People's confidential personal information was kept securely to ensure their right to privacy was

respected.

- People's bedrooms were personalised to them. The family photographs and the keepsakes that were important to them were close at hand. This was important as it showed the service respected people's personal space.

# Is the service responsive?

## Our findings

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

At this inspection this key question was rated as good. At this inspection this key question has deteriorated to 'requires improvement'. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service did not comply with the Accessible Information Standard.
- People's communication needs were not properly identified and explained in their care plans. This meant staff had limited information on the best way to connect, reassure and communicate with them in a way they understood.
- For example, one person sometimes became confused and upset during the delivery of personal care. Despite this, staff had no guidance on how to communicate with the person when they became upset or any guidance on how to alleviate their distress.
- Information about the service was primarily in written format. In some instances there was even an absence of written information.
- For example, there was no printed meal time menus for people to choose from. There were also no alternative formats for example, pictorial aids to share information such as the complaints procedure with people. A relative did tell us however that staff had created some communication cards to help them interact with their loved one.
- Written information about the service was also not always accessible to people living there. For example, the complaints procedures and information about the home's last CQC inspection were displayed in the entrance area to the home which people living in the home could not access independently.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control; End of life care and support

- Care plans did not always identify how to meet people's needs in a personalised way.
- For example, most of the people living in the home lived with dementia. Despite this, their care plans did not contain adequate guidance on the type of dementia the person lived with and how this impacted on their day to day lives.
- People's care plans were reviewed monthly. These reviews were meaningless. They did not show that changes in people's needs were fully considered to ensure the care they received, remained responsive and appropriate.
- People did not have suitable end of life care plans in place to advise staff of their end of life wishes and preferences.
- The provider's mandatory training programme did not ensure staff received training in how to provide end

of life care.

The above issues were a breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care was not always designed to ensure their needs and preferences were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and take part in activities that are socially and culturally relevant to them

- Relatives told us they were free to visit whenever they wanted and that they were always made welcome. This showed that people's important relationships were fostered by the service.
- We saw that some activities were offered but although there was an activity planner, it mostly consisted of music and movie afternoons. On the first day we visited we observed that very little stimulation was provided to people. Some people sat in the dining area or lounge for most of the day listening to music or the TV. Others routinely walked around the home expressing to staff that they wanted to go home or asking if they were family were going to visit.
- On the second day, some people had gone to visit the local church for tea, coffee and bacon sandwiches.
- A relative told us that they had not seen many day to day activities going on but said there were key events such as barbeques and themed meals planned. They also told us that external entertainers visited the home.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. Complaints had been responded to appropriately by the manager.
- People told us they were overall happy with the support provided. People's comments included "Not one (complaint), all good people"; "I like living here" and People are friendly, staff are great". Relatives also had no complaints about the service.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as good. At this inspection, this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The management structure of the service was unclear. There was a registered manager and two other staff members employed in senior roles with no job descriptions or contracts of employment to specify what their duties were. Both staff members were responsible for managerial tasks.
- There was no evidence that either of these two staff members had received adequate training and supervision in their job role. Their competency to fulfil their managerial responsibilities had also not been assessed. This meant the registered manager could not be assured that they had the skills and ability to manage the service, mitigate risks and understand the regulatory requirements of their job roles.
- During discussions with the registered manager, it was clear they themselves did not have sufficient knowledge of their legal and regulatory requirements with regards to managing people's care. They failed to demonstrate adequate oversight of the service and in some respect the job roles of other staff members.
- For example, they did not have access to the payroll system as one of the senior staff members had the password to this. At the time of our inspection, this staff member was on leave and the registered manager was unable to access the system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Working in partnership with others

- The systems in place to monitor the delivery of care were not robust. This meant the concerns we identified during our inspection had not been identified and addressed.
- There were no effective systems in place to monitor the quality and safety of the service. There were also limited systems in place to ensure people's care was provided in accordance with their needs. During our inspection, we found that the delivery of people's care was not always safe, up to appropriate standards or in accordance with their care plan. This impacted on the service's ability to ensure good outcomes for people.
- People's consent to the care they received and any decisions made on their behalf were not always legally obtained in accordance with the Mental Capacity Act 2005.
- Staff recruitment was not robust and staff had not received the appropriate training or competency checks on their practice to ensure they able to provide good care.
- Medication management required improvement and the systems in place to check this were not sufficient.

The governance arrangements in place were ineffective in identifying and driving up improvements to the



service and mitigating risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities).

- During our visit, we found the atmosphere at the home to be pleasant. The manager and the staff team were open and honest throughout the inspection.
- The staff members spoke fondly about the people they cared for and were able to tell us about the support they provided to each person. It was clear they wished to provide people with good care that met their needs.

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

- Relatives views on the service were surveyed using a questionnaire but we found improvements to the way the service engaged and involved people in their own care required improvement.
- The relatives we spoke with told us the registered manager and the staff team engaged with them well. ● Their comments included "Very open interaction"; "If the doctor's called, they will also ring with any update"; the manager is "Very accessible" and another relative when asked if the staff kept them updated about their loved ones progress replied "Absolutely no issues with that".

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's care was not always designed to ensure their needs and preferences were met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's consent was not always legally obtained in accordance with the Mental Capacity Act 2015.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks in relation people's care were not assessed or managed appropriately.  Medicines were not managed adequately to ensure people received the medicines they needed.  Nutritional care was not always provided in safe or effective way to mitigate dietary risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The quality and safety of the service did not adhere to recognised standards.

The governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff recruitment was unsafe as it did not ensure fit and proper persons were employed.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff had not received adequate training or support to do their job role.