

Abbey Lawns Ltd

Abbey Lawns Care Home

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 responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Abbey Lawns Care Home is a residential care home providing personal care and nursing care for up to 61 people with a variety of mental and physical health needs. There were 44 people living at the home at the time of this inspection.

People's experience of using this service and what we found

The provider's assessment and management of risk was inadequate, particularly in relation to fire and environmental safety, placing people at risk of harm. Staff did not have an emergency evacuation plan to follow and they were unclear of their roles in the event of an emergency, such as a fire. Staff had not received fire safety training, regular fire drills had not been carried out and people's personal emergency evacuation plans (PEEPs) were not accurate or fit for purpose. There were multiple hazards throughout the home, such as windows without restrictor and trip hazards caused by uneven flooring.

The provider did not use any form of staffing dependency tool to assess people's needs and match staffing levels accordingly. Therefore, the provider was unable to reliably demonstrate staffing levels at the home safely met people's needs. Staff were not always safely recruited by the provider, as appropriate references were not always sought.

People were not always safeguarded from the risk of abuse. The provider did not have effective systems in place to record and analyse accidents and incidents that occurred at the home. This meant staff were not using this data to mitigate the risk of accidents and incidents recurring as effectively as possible. However, people said they felt safe living at the home. One person said, "I'm safe here, I feel happy with the staff."

People were not supported to have maximum choice and control of their lives and 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.

Staff training records had not been accurately maintained which meant it was not possible to confirm what training staff had completed and when. Induction processes were ineffective and potentially put people at risk of harm. Staff were not effectively supported with regular supervisions and appraisals of their performance with senior staff.

Staff regularly reviewed people's health and wellbeing and referrals to other health and social care professionals were made when needed. Staff sought advice and support from other professionals when people became unwell.

People's care plans were not always person-centred and lacked detail. People's individual communication needs were not always considered or explored in depth to empower people to have choice and control over their care and support. There was a lack of awareness and consideration given to alternative

communication formats to effectively support people living with learning disabilities.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. This maximum 61-bed nursing home setting did not maximise people's choice, control and independence. The care setting inhibited people's ability to access their local community and lead inclusive, empowered lives like any other citizen. Staff were unaware of the Right support, right care, right culture guidance. Therefore, this was not considered or featured within care planning processes or the culture amongst staff. Staff had not completed any training on supporting people living with learning disabilities and/or autism. Therefore, staff lacked the knowledge, skills and experience as to how to support and communicate with people with these support needs as safely and effectively as possible.

Shortly after our inspection staff completed training on supporting people with learning disabilities and/or autism. The provider was also working with the relevant local authorities and other health professionals to reassess people's needs and the suitability of their placement.

Systems to assess, monitor and improve the quality and safety of service being provided were inadequate. Quality assurance processes had not been kept up-to-date, nor had they effectively recognised and responded to the significant and widespread issues we identified during this inspection.

The manager had introduced some systems to gather feedback from people living at the home, such as quality questionnaires, a family and friends forum and a complaints, compliments and suggestions box. People living at the home, relatives and staff told us the manager was approachable and had made a positive impact at the home. Staff, including the manager, showed transparency and openness throughout this inspection recognising the significant improvements that were required. The manager and provider also demonstrated positive commitment to delivering the necessary improvements at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 December 2020).

Why we inspected

We received concerns in relation to an outbreak of COVID-19 and infection prevention and control measures at the home. As a result, we undertook a targeted inspection to seek assurance that the service could respond to COVID-19 and other infection outbreaks effectively. Wider concerns were identified, and the inspection was expanded to a focused inspection to review the key questions of safe, effective, responsive and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key question of caring. We therefore did not inspect it. Ratings from previous comprehensive inspections for that key question were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led key questions section of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to environmental safety and risk management, staffing levels, recruitment, deprivation of liberty, consent, training and supervision, person-centred care and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in '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 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.

Abbey Lawns Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, an inspection manager, a medicines inspector and a specialist nursing adviser.

Service and service type

Abbey Lawns Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Abbey Lawns Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. However, a new manager had been appointed and they were in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also gathered feedback about the service from the local authority. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with seven people who lived at the service and two relatives about their experience of the care provided. We spoke with 18 members of staff including the manager, service support manager, nominated individual, nurses, care workers and other staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at five staff files in relation to safe recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider's assessment and management of risk was inadequate, particularly in relation to fire and environmental safety.
- The provider's fire risk assessment had not been reviewed since 2019 and remedial works indicated in that assessment had not been completed.
- The provider did not have an emergency evacuation plan and staff were unclear of their roles in keeping people safe in the event of an emergency, such as a fire.
- Staff had not received fire safety training and regular fire drills had not been carried out.
- People's personal emergency evacuation plans (PEEPs) were not feasible, as they directed staff to use emergency evacuation equipment which was not available and/or there were very few of. Notably staff had not received any training on the use of this equipment.
- Fire doors were not always closed as required and/or operating effectively. For example, the kitchen fire door was left open with no staff present and the automatic closer was not working, leaving the door wide open. A pan of food had been left on the cooker with the gas burner on and the double-section deep fat fryer was also on.
- Multiple windows across the different floors of the home did not have window restrictors fitted.
- There were trip hazard in various places throughout the home caused by uneven flooring and carpet.
- Rodent traps containing poison had been left through the home in communal areas accessible to people living at the home.
- The provider did not have effective systems in place to record and analyse accidents and incidents that occurred at the home. This meant staff were not using this data to mitigate the risk of accidents and incidents recurring as effectively as possible.

Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection taking steps to address the wide-ranging issues identified. For example, an emergency evacuation plan was developed, additional emergency evacuation equipment was purchased, and an external fire safety training contractor was commissioned by the provider.

Staffing and recruitment

- Staffing levels were not adequate to ensure people's needs could be safely met at all times. The provider did not use any form of staffing dependency tool to assess people's needs and match staffing levels

accordingly.

- Staff acknowledged they were not assured staffing levels safely and effectively met people's needs.
- Staff did not have an up-to-date and accurate overview of people's needs to be able to inform any such staffing dependency tool.
- The lack of a needs-based approach to staffing levels put people at risk of harm, particularly in the event of an emergency. The provider could not be assured there were enough staff at the home to safely evacuate people to a place of safety and this undermined both the accuracy and efficacy of people's PEEPs from a staffing perspective.

Systems did not effectively ensure sufficient numbers of staff were deployed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the inspection by reassessing people's needs and implementing a staffing dependency tool to accurately plan staffing levels in line with people's needs. This resulted in increases to staffing levels both in the day and at night.

- Staff were not always safely recruited by the provider.
- The provider had not always sought robust references from staff's most recent employers or references that spanned a meaningful period of their previous employment history. Examples included, references covering a couple of months of the person's employment and a reference from 2009.

Recruitment processes did not ensure only staff of suitable good character, skills and experience were employed. This placed people at risk of harm. This was a breach of regulation 19(1) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Disclosure and Barring Service (DBS) checks had been carried out on staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were not always safeguarded from the risk of abuse.
- Staff training records had not been accurately maintained. As a result, the provider was unable to reliably demonstrate all staff had received safeguarding training.
- Information and guidance about how to raise safeguarding concerns was displayed in various places at the home and there were systems in place to appropriately manage any concerns raised.
- Relevant policies and procedures were in place to help guide staff.
- People said they felt safe living at the home. One person said, "I'm safe here, I feel happy with the staff."

Using medicines safely

- Overall, medicines were safely administered, stored and recorded by suitably qualified staff.
- The provider had systems in place to monitor the safety and quality of medicines administration at the home.
- Guidelines for staff about the administration of medicines prescribed 'when required' for pain relief and assessing the amount of pain a person was experiencing were not robust or detailed.
- Records relating to the application of topical creams were not always completed and the guidance on their application lacked detail.

Preventing and controlling infection

- Some parts of the home were in a poor state of repair and showed significant signs of wear and tear which prevented effective cleaning. For example, some carpets were worn and darkened with ingrained dirt.
- Staff training records had been poorly maintained which meant it was not possible to confirm what training staff had completed when.
- Enhanced cleaning schedules were in place and cleaning products had been reviewed and amended in response to COVID-19.
- Staff followed the relevant guidance in relation to infection prevention and control. Staff wore the required personal protective equipment (PPE) and disposed of used PPE safely.
- The provider had a COVID-19 testing programme in place for people living at the home and staff.
- The provider had systems in place to ensure it was meeting the COVID-19 vaccination requirements for staff and people visiting the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not have effective systems in place to monitor and review people's capacity.
- There was no system in place to monitor, review and reapply for any DoLS.
- Records relating to DoLS were in disarray and the manager was unable to provide accurate information on the status of people's DoLS.

The provider's systems failed to ensure people were only deprived of their liberty for the purpose of receiving care or treatment with lawful authority to do so. This placed people at risk of harm from abuse. This was a breach of regulation 13(5) (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Consent processes relating to people's care were poor and failed to ensure people's rights were protected in line with the MCA. For example, one person had been assessed as lacking capacity and was unable to provide their consent to their care and treatment. Their next of kin was also noted as lacking capacity. There was no evidence of any other options being considered to appropriately obtain consent on behalf of this person, such as an independent advocate.
- CCTV was in operation at the home, but no consent processes had been completed in relation to this. There was no signage to highlight the use of CCTV and its use had not been incorporated into the provider's relevant policies.

- Staff lacked knowledge of the MCA, DoLS and consent and had not received any recent training on this topic.

The provider's systems failed to ensure people's care and treatment was only provided with the consent of the relevant person. This placed people at risk of harm from abuse. This was a breach of regulation 11(1) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff training records had not been accurately maintained which meant it was not possible to confirm what training staff had completed and when.
- Induction processes were ineffective and potentially put people at risk of harm. For example, one new member of staff had not received any information or training about fire safety at the home or their role in keeping people safe in the event of an emergency.
- Staff had not completed any form of training focused on supporting people living with learning disabilities despite there being several people living at the home with these support needs.
- Staff were not effectively supported with regular supervisions and appraisals of their performance with senior staff. The manager told us when they started at the home in August 2021 staff could not recall when they last had a supervision.
- Records relating to supervision and appraisals that had been completed were disorganised and it was not possible to obtain an effective overview of which staff had and had not been supported in this way. The manager explained they planned to implement a more structured and organised approach shortly after our inspection.

The provider had not ensured staff received appropriate induction, training, supervision and appraisal to enable them to carry out their duties safely and effectively. This placed people at risk of harm. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The home had not been adapted in any way to support people living with learning disabilities. For example, there was no signage in accessible formats such as easy-read or pictorial for people to use to help navigate their way around the home.
- Similarly, there were limited other adaptations at the home support people with other mental and physical health needs.
- Parts of the home were in a poor condition and in need of refurbishment and redecoration.

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

- People's care and support needs and choices were regularly reviewed and documented in their care plans. However, given the issues identified with consent processes at the home we could not be assured this information was always accurate or reliable for people who lacked capacity.
- Additional documentation relating to specific individual support needs was in place where needed, such as percutaneous endoscopic gastrostomy (PEG) management and oxygen therapy.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Records showed people received appropriate support with their food and fluid intake.
- Nutrition and hydration was considered as part of the care planning process. People's individual eating and drinking needs were being met, such as if additional guidance and support was needed in relation to weight management.

Supporting people to live healthier lives, access healthcare services and support

- Staff regularly reviewed people's health and wellbeing and referrals to other health and social care professionals were made when needed.
- Staff sought advice and support from other professionals when people became unwell.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had not received any training on supporting people living with learning disabilities despite several people living at the home with these needs. Staff therefore lacked the knowledge, skills and experience as to how to support and communicate with people with these support needs as safely and effectively as possible.
- Policies and guidance were not readily available to people in alternative formats to support their understanding.
- There was a lack of awareness and consideration given to alternative communication formats to effectively support people living with learning disabilities. For example, there was no information or signage presented in an easy-read or pictorial format to assist people's understanding.
- People's individual communication needs were not always considered or explored in depth to empower people to have choice and control over their care and support. For example, staff had not proactively offered to support a person registered as blind to access information in braille format. We noted staff were making efforts to arrange this but only after the person had requested it.
- People's care plans were not always person-centred and lacked detail. For example, people's care plans were not supported with documentation such as 'All about me', 'hospital passport' and 'communication passport'. These types of documentation capture and summarise people's individual background, what's important to them, how best to communicate with them and support professionals in other settings to quickly understand people's individual needs.
- There was a significant lack of detail in people's care plans regarding capacity, consent, best interest decisions and any supporting documentation.

The provider did not always ensure people's care appropriately considered and met their individual needs and preferences. This placed people at risk of harm. This was a breach of regulation 9(1) (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care and support

- None of the people living at the home were in receipt of end of life care at the time of this inspection.

However, where possible, people's wishes had been sought and documented in their care plans.

- Training records were incomplete and poorly maintained which meant we could not be assured staff had received appropriate training on this topic.

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

- Staff organised a range of activities and events for people to take part in, either in a group or individually.
- We observed activities taking place throughout our inspection and people were able to choose if they wanted to get involved or not.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to make a complaint if needed. One person said, "I can talk to the staff if I have any problems."
- The provider had not received any formal complaints since our last inspection. However, a complaints policy and procedure was in place and details about how to make a complaint were clearly displayed at the home.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems to assess, monitor and improve the quality and safety of service being provided were inadequate.
- Quality assurance processes had not been kept up-to-date, nor had they effectively recognised and responded to the significant and widespread issues we identified during this inspection.
- The provider's assessment and management of risk was inadequate and placed people at risk of harm.
- Systems were not in place to identify, learn from and minimise the risk of recurrence of accidents and incidents.
- The provider failed to assess and consider people's individual needs and dependency levels when determining staffing levels.
- Staff were not always supported with necessary induction, training and supervision in their roles.
- The provider had failed to ensure people's rights were always respected in line with relevant guidance, particularly regarding people's capacity and consent.
- The provider was not able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture despite supporting people living with learning disabilities. Staff were unaware of this guidance and therefore this was not considered or featured within care planning processes or the culture amongst staff.
- Staff had not completed any training on supporting people living with learning disabilities and therefore lacked the knowledge, skills and experience to support and communicate with people as safely and effectively as possible.
- During this inspection we have identified the provider was in breach of multiple regulations which put people at risk of harm.

The provider had failed to implement robust and effective systems to assess, monitor and improve the safety and quality of care being provided. This placed people at risk of harm. This placed people at risk of harm. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- CQC had been notified of significant events which had occurred, in line with the registered provider's legal obligations.
- The provider did not have a registered manager at the time of this inspection. However, a manager was in post and was in the process of registering with CQC.

- Ratings from the last CQC inspection were clearly displayed as required.
- There was a range of regularly reviewed policies and procedures in place to help guide staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility regarding the duty of candour and promoted a culture of openness and transparency.
- The manager had introduced some systems to gather feedback from people living at the home, such as quality questionnaires, a family and friends forum and a complaints, compliments and suggestions box.
- People living at the home, relatives and staff told us the manager was approachable and had made a positive impact at the home.

Working in partnership with others

- Staff engaged positively with other health and social care professionals for advice, support and guidance.
- Staff, including the manager, showed transparency and openness throughout this inspection recognising the significant improvements that were required. The manager and provider also demonstrated positive commitment to delivering the necessary improvements at the home.

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
Treatment of disease, disorder or injury	The provider did not always ensure people's care appropriately considered and met their individual needs and preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider's systems failed to ensure people's care and treatment was only provided with the consent of the relevant person.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been established to effectively assess, monitor and mitigate risks to the health, safety and welfare of people using the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	The provider's systems failed to ensure people were only deprived of their liberty for the purpose of receiving care or treatment with lawful authority to do so.

Regulated activity	Regulation
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Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider had failed to implement robust and effective systems to assess, monitor and improve the safety and quality of care being provided.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment processes did not ensure only staff of suitable good character, skills and experience were employed.

Regulated activity

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Systems did not effectively ensure sufficient numbers of staff were deployed to meet people's needs.

The provider had not ensured staff received appropriate induction, training, supervision and appraisal to enable them to carry out their duties safely and effectively.