

Ellenborough Care Limited

Ellenborough Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ellenborough Nursing Home provides accommodation with nursing and personal care for up to 27 people. When we visited, 22 people lived there, however one person was in hospital.

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

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported well and knew them as a person. All the feedback we received from people and their relatives was positive.

Not all risks in relation to the management of medicines were managed safely and we found errors with records that placed people at risk. Some medicines were not being administered in accordance with the prescriber's instructions and the providers current policy was not comprehensive in some areas.

Where people were assessed as requiring specified care, for example with repositioning to reduce pressure ulcer risks and the monitoring of fluid intake, records did not support that this care had been provided. Whilst it was not evident this had resulted in impact for people, people were at risk of not receiving care in line with their assessed needs.

Risks of abuse to people were minimised. Staff had received safeguarding training and the service had appropriate safeguarding systems and processes. Staff understood safeguarding reporting processes. There were effective systems that ensured the service and environment were safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff who had the skills and knowledge to meet their needs. Staff felt supported by the registered manager. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people. People's care plans were personalised with the information they held, and this helped staff to understand people well.

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. There was evidence that where needed the service supported people to communicate and understand through the use of pictorial aids.

People's concerns and complaints were listened to and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service where needed. People and their relatives commented positively about the registered manager and the quality of care their family member received. No concerns were raised about the quality of care provided.

Governance systems included audits and regular checks of the environment to ensure people received good care. These were completed at local and provider level; however, these were not effective in identifying poor recording or concerns with medicines we found. Whilst it was not evident this had any impact on people, it did not evidence a fully effective governance system was in operation and placed people at risk.

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 January 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety and will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ellenborough Nursing 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. 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 completed by one inspector, a specialist nurse adviser 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.

Service and service type:

Ellenborough Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 CQC. 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.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other

information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with 10 people who lived at the service and two people's relatives. We also spoke with nine members of staff. This included the registered manager, nursing staff and care staff. We reviewed a range of records. This included some people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted six healthcare professionals who have had contact with the service to gain their views but unfortunately received no responses within the requested timeframe.

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 now deteriorated to Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed or not receive care in line with their assessed needs.

Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to falls, skin breakdown and nutrition. Identified risks had guidance for staff in reducing the possibility of harm.
- Whilst we found that people were cared for at the service, we found inaccurate or incomplete records did not clearly evidence the care delivery people had received which may place them at risk.
- For example, we identified multiple examples of fluid charts not being totalled to evidence the daily amount consumed or evidence a low fluid intake was escalated to senior staff. We further identified some people had incorrectly been given two fluid charts and staff were recording on both. Whilst there was no evidence people were or had been dehydrated this placed people at risk.
- Where people had been assessed as requiring regular repositioning to reduce the risk of pressure sores some records were inaccurate or incomplete. For example, some people were assessed as requiring 2 hourly reposition, however supporting records did not evidence this care had been provided placing people at risk.
- One person used an air mattress to support them with the management of pressure sores. We identified this person's air mattress was incorrectly set which may present a risk.
- People living with diabetes had their condition managed. However, we found there were no personalised care plans detailing the management of the condition as recommended by published national guidance.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event of a fire.

Using medicines safely

- People received their medicines as prescribed. We found medicines were stored correctly. However, we identified not all current practice within the service fully protected people from risks associated with medicines.
- The current provider level medicine policy was not explicit in the safe management of medicines in all areas. For example, the policy fails to lay out a framework for best interest decisions about covert medication. Transcribing was not detailed in the policy, and we found examples of where handwritten entries were not dual signed in line with good practice.
- Some records were not accurate, for example some room numbers on the front of the Medicine Administration Records (MARs) for people were not accurate and recorded people in the wrong room. This placed people at risk of incorrect administration as agency staff were used in the service. This was raised

immediately with the nurse on duty.

- The record in relation to one person's covert administration was not accurate on their MARs and the method of the covert administration required updating. This was identified with the registered manager.
- Some prescribed antibiotic medicines were dispensed with the instruction 'Space doses evenly' however this was not always apparent. The registered nurse on duty told compliance with the prescriber's instructions was not achievable due to the amount of time people were awake. They advised they had discussed this with the prescribing GP who advised this was ok. There was no supporting record of this, but this has been requested from the GP since the inspection.

Whilst we did not find significant impact to people, current medicines practice and inaccurate records not being able to evidence care was delivered in line with people's assessed needs presented a risk to some people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with felt safe at the service and with the staff that provided their care. One person we spoke with said, "Yes, perfectly safe. I get on well with the staff."
- Relatives also said they felt people were safe at the service. No concerns were raised with us. One relative commented, "[I am] happy Mum is safe here."
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding.
- Staff we spoke with told us they felt the registered manager or senior staff would be pro-active in investigating safeguarding concerns raised. Staff were also able to tell us which external agencies they could contact to report safeguarding concerns to.
- The provider had safeguarding policies in place for staff to access and follow should they be required.

Staffing and recruitment

- We received positive feedback from people and their relatives about the staffing levels at the service.
- One person we spoke with told us, "Yes, I think there is enough staff. If I ring my bell anybody that's on duty turns up. They come quickly." One person's relative we spoke with said, "When I visit I have no concerns with staffing numbers - no concerns at all."
- Staff were positive about the staffing numbers at the service and no concerns were raised by any staff. One staff member commented, "[I have] no concerns overall with staffing levels - levels will change if needed."
- The service used a dependency assessment tool to calculate staffing levels. We saw this had been used effectively. For example, recent assessments had highlighted higher dependency scores and we saw staffing levels had increased.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean.
- The service had dedicated housekeeping staff to maintain the service environment.
- The dedicated staff used cleaning schedules, there were infection control audits completed to monitor the cleanliness of the service.
- We identified that the upstairs and downstairs sluice cupboards did not have any hand soap/gel. The registered manager told us this would be addressed immediately.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager or senior staff.
- Records showed that following an accident or incident, details of the incident or accident were recorded and reviewed.
- An analysis of accidents and incidents was undertaken to identify any patterns or trends.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence. This included a person's GP or the local falls or frailty team.

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 remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed prior to moving in to the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- People were involved in the pre-admission assessments. Nationally recognised tools in relation to skin integrity were used within care plans. The registered manager was aware of national guidance available and recognised good practice.
- Assessments of people's needs were comprehensive, expected outcomes were identified and care delivery planning was recorded.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet. People at the service felt respected by staff.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. All of the staff we spoke with were positive about their training and told us training was delivered both online and practically where needed.
- All of the people we spoke with, and their relatives, commented positively on the care they received from staff and no concerns were raised about the delivery of care. One person said, "Staff are trained and competent to provide care."
- Staff received a continual training programme to ensure their training remained current. In addition to the providers training delivery in core subjects, staff had the opportunity to complete nationally accredited training.
- Staff confirmed they received regular supervision to discuss their performance and to discuss any training or employment goals. Annual appraisals were completed, and staff had the opportunity to self-evaluate their performance for discussion.
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

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

- People and their relatives commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration. People's weights were monitored.
- One person we spoke with told us, "The food is fine. They let me be as fussy as I like. I get what I want."

Absolutely, enough to eat and drink. There is always water and tea morning and afternoon."

- One person's relative said, "[Person's name] is ok with the food. Their eating has perked up. I don't have lunch here. Yes, enough to drink. Always I drink by their side. They try."
- People were supported with hydration. We observed people were continually offered drinks throughout the day.
- Whilst it was evident the service planned care to meet people's needs in relation to food and drink, records evidencing the delivery of care were not always accurate. This has been reported on in the 'Safe' section of this report.

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

- People had individual rooms and had access to communal bathroom and toilet facilities.
- There were two lounge areas that people could use – we saw both lounges were used by people during the day. There was a passenger lift and stair lift in operation to support people to access the additional floor.
- The service had a dedicated hairdressing room we saw people used throughout the morning of the inspection with the visiting hairdresser. There was a separate dining area used by people at meal times.
- Some areas of the service, including communal areas and empty bedrooms, were currently being renovated. There was also a continual renovation programme for other areas of the service throughout the year.

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

- People had access to a variety of healthcare services and professionals according to their needs. Records and care plans supported this.
- People were registered with a GP and records showed the service regularly escalated health concerns when required.
- People we spoke with and their relatives did not raise any concerns with us about being able to access their GP or other healthcare professionals.
- Care records evidenced advice had been sought from professionals such as speech and language therapists, district nurses and the mental health team.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. The registered manager monitored DoLS approvals and applications.

- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place for people who lacked capacity to consent, capacity assessments and best interest decisions had been made and documented in care records. For example, best interest

decision records were in place for bed rails and sensor mats.

- The service had supported people well in making decisions in the best interest process. For example, for one person the service had used pictures to support the person to understand the decision the service was trying to make with them.
- The service ensured that as part of the pre-admission process they had ascertained if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so.
- Where an LPA was in place, the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.

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 remained the same.

People were supported and treated with dignity and respect and involved as partners in their care.

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

- People received care from staff who developed positive and caring relationships with them. We observed staff had a good relationship with people.
- We asked people if they felt staff were caring. One person commented, "The staff are caring and kind." Another person told us, "I'm being looked after the way I want to be looked after."
- A relative we spoke with told us, "The staff are caring, the care is how I like it to be for [person's name]."
- We observed friendly and caring interactions between staff and people living at the service. Staff appeared to be respectful of each other and worked well together. Staff were visible and readily available. People were clean and well presented.
- The service had received positive feedback on a national website. An extract from one comment read, "My mum was looked after as if she was one of their own. My mum was only with you for two weeks, but she was treated with dignity, kindness and respect, which was very heart-warming."
- A selection of compliment cards reviewed echoed the website feedback, with examples given where a person commented, "Thank you so much for looking after me. You have all been very kind and caring."

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

- People's views were regularly sought through day to day interactions, and we observed staff communicating with people well. People appeared comfortable and relaxed in the presence of staff.
- People we spoke with about involvement in their care were positive. One person commented, "I'm looked after as I want to be looked after. I'm happy with the way they take me to the toilet. I had a bath this morning and really enjoyed it. You get a bath when you want one."
- Throughout the inspection people were involved in choice about how they spent their day and time at the service. For example, during the lunch period people appeared to very much enjoy singing along to the soft music playing in the background. The atmosphere was pleasant with laughter and appropriate banter between people and staff.
- Staff were attentive to people during the inspection, ensuring they had things they needed and asking if they required anything.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.

- Throughout the inspection visit we saw many positive interactions between people and the staff and management. All of the feedback we received was positive.
- People told us they felt their privacy and dignity was respected. We saw staff knocked on doors before entering. One person commented, "Yes, my privacy and dignity are respected."
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.
- People were supported to maintain links with those closest to them. Visitors were welcomed at the service at any time. One person said, "My family are made welcome. Another person told us, "My daughter is made very welcome. Some families stay for meals I think."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred, individualised and relevant to the person. Records showed people were supported to be involved in their care plans and review.
- Care records had historical information about people to support staff in learning about people. Staff we spoke with knew people well and we observed personalised observations.
- People we spoke with felt care was personalised and they were involved. All of the people we spoke with and people's relatives felt their needs were met. One person commented, "Yes, I am involved in decisions about my care. My [relatives name] is also completely involved."
- A relative we spoke with told us they felt the staff at the service were responsive. They told us, "Care is discussed with me, Staff understand [person's name] needs. The care is delivered as agreed."
- Whilst it was evident the service planned care to meet people's needs, records evidencing the delivery of care were not always accurate. This has been reported on in the 'Safe' section of this report.

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

- People had the opportunity to partake in activities. People we spoke with told us they had the choice to attend any activities but if they decided not to attend this was respected.
- We discussed activities with an activities co-ordinator at the service. They told us, "It's my job to make people happy." They told us how group activities were provided and also ensured time was always made to engage with people nursed in bed.
- People were positive about the activities and what they could be involved in. One commented, "It's entirely up to you whether you join in activities or not. I join in as I want." Another person told us how they knew activities were available but chose not to join in.
- On the day of our inspection a hairdresser was available for people in the morning. In the afternoon there was a singer and seven people attended. The singer engaged people with songs from a bygone era. Those who wished took a turn to sing into the microphone and appeared to thoroughly enjoy themselves.

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.

- People's individual communication needs were assessed and recorded within their care plans in line with the AIS.
- Pictures of the meals being served at the service were available to support people in making choices.
- We saw how one person was supported with picture cards as they were unable to always verbally communicate with staff.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- People felt confident they would be listened to. One person said, "I've never complained but I'm sure I could, and they'd listen too."
- There were no records held of any formal complaints in 2018 or to date in 2019.
- Where minor concerns or issues were raised, a record of this was made within the complaints file and detailed how it was resolved.

End of life care and support

- Care records evidenced that people had a Treatment Escalation Plan (TEP) in place. These showed matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- End of life care records were limited in detail. Some records showed people had nominated funeral directors and some people had given a small amount of detail in relation to end of life preference.
- The service did not currently explore people's specific preferences to be actioned or taken into consideration at the end of their lives. For example, records did not detail who people would like with them, any specific music, themes or other preferences that may be important to the person.
- The registered manager told us the service were just about to enrol into the Gold Standards Framework to drive improvement with end of life care.

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 now deteriorated to Requires Improvement.

The service management and leadership was consistent. However, governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

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

- There was a range of audits in operation to monitor the health, safety and welfare of people who used the service. Additional auditing was undertaken by the provider. However, the current governance arrangements had failed to identify the concerns identified during the inspection.
- We identified multiple concerns around the accuracy and completion of records and some aspects of the current medicine's management at the service. There were no systems to ensure air mattresses were correctly set. Both local internal and provider level audits had not been effective in identifying these risks.

Whilst we did not find significant impact to people as a result, inaccurate records do not evidence care was delivered in line with people's assessed needs. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had clearly displayed the current rating at the service location in line with regulatory requirements. There was external and internal signage available.
- The provider had displayed the services most recent rating on their website in line with regulatory requirements.
- Staff we spoke with were happy in their role and understood the management structure of the service and their own role within that structure.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the service management. No concerns were raised around the day to day running of the service.
- One relative commented, "Yes, I know the manager, suggestions are listened to and acted on."
- People we spoke with gave positive comments. One person said, "Yes, [the registered manager is] very approachable. I can't fault them in any shape or form." Another person said, "It is all very good. They are approachable."
- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- Records showed that when accidents or incidents had occurred, or people's health had declined, people's relatives or those acting on their behalf were informed as soon as possible. This demonstrated the services ability to follow the duty of candour regulation.

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

- People felt involved in choice and daily operation of the service.
- Staff confirmed they felt involved and supported. All of the staff we spoke with commented positively on the registered manager and had a positive outlook on their employment.
- The provider had recently held a 'Staff Awards Ceremony' at the service that staff commented positively on. A 1950's / 1960's themed night was held for the awards and also involved people living at the service.
- A survey of people, their relatives or those acting on their behalf had been completed in 2019. The overall results of the survey were positive. Positive feedback was seen in relation to the décor of service, quality of food, the nurses and staff being kind and staff helping people settle at the service.
- Staff we spoke with felt able to contribute to the running of the service and some commented that the registered manager was always available. There were staff meetings held at various levels to communicate matters.

Continuous learning and improving care, working in partnership with others

- There was a system to review incidents and accidents to reduce the chance of recurrence and to escalate to relevant healthcare professionals if required.
- The registered manager had ensured a 'Brexit Contingency Plan' was in place based on the Department of Health and Social Care operational readiness guidance as part of the continuous learning and preparation for the service.
- A business contingency plan to ensure the service continued to be operationally effective in the event of an emergency such as power or gas loss was in place.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people. However, we did not receive any feedback from the six professionals we contacted for their views of the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to effectively monitor and manage people's care to ensure it was safe. Medicines management was not consistently safe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to operate effective governance to identify and manage risks relating to people's care and treatment.