Choiceclassic Limited

Barton Park Nursing Home

Inspection report

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Date of inspection visit:
02 February 2016
26 February 2016
16 March 2016
17 March 2016

Date of publication:
23 May 2016

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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

A comprehensive inspection took place on 2 & 26 February 2016 and 16 &17 March 2016. The inspection was unannounced. A previous inspection under our previous methodology was conducted on 3 July 2014 and the service was compliant in two of the five outcome areas. A follow up inspection was undertaken on 6 January 2015 and the home was judged as compliant in those areas.

Barton Park Nursing Home is a care home in the Birkdale area of Southport. The service offers accommodation, support and nursing care for up to 60 older people. The nursing home is accommodated in an extended detached building with both apartments and single bedrooms available. Car parking is available at the front of the building and there are gardens to the front and rear of the building.

A manager was in post and was in the process of registering with the commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager now registering with the commission had only been in post at Barton Park for two days prior to our inspection taking place. In February 2016 we formally notified the provider of our decision under Section 31 of the Health and Social Care Act 2008 to impose restrictive conditions on their registration. The notice precluded two directors and the former registered manager from physically entering Barton Park Nursing Home, having contact with the people who used the service and the carrying on the regulated activities. We had taken this action because we believed people may be exposed to the risk of harm unless we did so.

At the time of our inspection all previous managers and directors of Barton Park were subject to bail conditions and conditions imposed by the commission which prevented them from entering the premises. This was following police involvement in which arrests were made. They are awaiting trial by the crown prosecution.

People living at the home were not always protected against the risks associated with the unsafe management and administration of medications.

We saw there were risk assessments in place with regards to people's moving and handling needs and medication needs. However other risks assessments to help keep people safe from harm, such as choking, were not in place.

Staff demonstrated a good knowledge of people's needs, however some people were at risk of not receiving care as they needed it, as some aspects of their care was not planned effectively.

Audits were in place to assure the service provision however they were not always effective. The current auditing system had failed to highlight the concerns we picked up on during our inspection. There was a process in place for gathering feedback from stakeholders and family members. This included the use of satisfactions surveys though we were advised these had not been distributed since February 2014.

We observed that fire doors were wedged open, which presented a risk to people living at the home and others in the event of a fire. The manager took action on this as soon we highlighted the risk posed to people.

Staff were recruited appropriately and the relevant checks were undertaken before they started work to ensure they were fit to work with vulnerable people.
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Most of the staff we spoke with were aware of abuse and what constituted as a safeguarding and how they would report this. One person was not sure of their role; this was discussed during the inspection process and we were provided with assurance that this would be addressed.

People we spoke with told us they felt safe living at Barton Park and we received positive comments about the home.

People living at the home and their relatives told us there was sufficient numbers of staff available to meet people's needs, and we saw evidence of this during our inspection. Rotas evidenced staffing numbers had been developed using a tool based on people's dependencies. We did observe staff appeared to be rushed and under pressure on our first day of inspection due to unexpected staff sickness; on the second day of our inspection was very calm and relaxed.

Staff were trained, and underwent regular supervision and appraisal. Induction took place for new staff, as well as shadowing opportunities.

The manager and the staff had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. We were not always able to tell by looking at people's records how decisions had been accessed if the decisions had been made in the person's best interests. Staff support was available to assist people to make key decisions regarding their care. We heard staff seeking out consent from people throughout our inspection.

The home had equipment such as hoists and lifts to meet people's needs and promote their independence. We saw these had been serviced regularly to ensure the home was complying with safety regulations.

Everyone told us the staff were caring and we saw evidence during our inspection that the staff cared about the people they supported. Staff we spoke with gave us examples of how they protected people's privacy and dignity when providing personal care..

Food was fresh and home cooked. Everyone we spoke with told us that they enjoyed the food. We sampled the food and found it tasted very nice.

There was a procedure in place for managing complaints and no complaints had been made in the last twelve months. People we spoke with confirmed they knew who to speak with if they wished to complain.

Systems to monitor the quality and safety of the service were not always effective. This included audits of

people's care plans and feedback systems

We had conducted previous visits to the home as we were concerned regarding the management structure. We found during this inspection that the manager, who was new in post, was open and transparent throughout our inspection and most people and staff knew of the manager, despite being in post for two days prior to our inspection.

You can see what action we told the provider to take at the back of this report

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were not always protected against risks which might cause them harm, as some risk assessments were not completed.

People living at the home were not always protected against the risks associated with the use and management of medications.

Measures were in place to regularly check the safety of the environment and equipment. However, the service did not always ensure effective fire safety measures were adhered to.

People told us they felt safe living in the home and we received positive feedback.

Most staff understood safeguarding and there were procedures in place to protect people who lived in the home from abuse.

Staff were recruited appropriately and the relevant checks were undertaken before they started work.

Is the service effective?

Good

The service was effective

Staff sought the consent of people before providing care and support. It was difficult to see from peoples care plans if the home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People got plenty to eat and drink and were complimentary about the food.

Staff were trained, and underwent regular supervision and appraisal. Induction took place for new staff, as well as shadowing opportunities

Is the service caring?

Good

The service was caring.

Staff involved people in discussions about their care and encouraged them to make decisions around daily tasks and how they wished to spend their day.

Staff gave us examples of how they protected people's privacy and dignity when they provided personal care.

Records relating to people and staff were stored confidentially in the office

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff demonstrated a good knowledge of people's needs, however some people were at risk of not receiving care as they needed it, as some aspects of their care was not planned effectively.

A process was in place for managing complaints.

There was an activities plan which people could take part in. though there were no arranged social activities on the days of the inspection.

Is the service well-led?

Requires Improvement

The service was not always well led.

There was a manager in post who had started their registration with CQC.

Systems to monitor the quality and safety of the service were not always effective. This included audits of people's care plans and feedback systems.

We had not always received statutory notifications which the provider is required by law to send to us in accordance with our regulations.

Barton Park Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 16 & 17 March and was unannounced. We had previously visited the home on 2 & 26 February in line with our regulatory responsibilities to check on the welfare of people who lived at the home.

The inspection team consisted of two adult social care inspectors a specialist nurse advisor 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 for older people.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not requested a PIR for this service. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with six people who were living at the home and one family member who was visiting their relative at the time of our inspection. We also spoke with the manager, the senior care staff, the nurse, three other care staff and the chef. We looked at five care files and four staff recruitment folders as well as other documentation relating to the running of the home. We looked around the building, including bathrooms, lounges the dining room and some people's bedrooms.

Requires Improvement

Is the service safe?

Our findings

We looked at how medicines were administered to people. Medicines were stored in a locked cupboard on the ground floor and first floor of the building. We checked the temperatures for the fridges, and saw these had been recorded and were in the required range.

Topical medications (creams and lotions applied directly to the skin) were stored on a high shelf in the medicine cupboard and were used as prescribed for each person. There were body charts in place for people who required these which showed how and where on the person's body the cream was to be applied. Controlled drugs (CDs) were stored were stored correctly in line with the legislation in a locked cupboard within a locked closet. These are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We saw that the medication trolley was left unattended and unlocked on more than one occasion; we highlighted this to the nurse at the time of our inspection. People who chose to administer their medications themselves had this documented on their MAR (medication administration record.)

During the inspection we saw a person who lived at the home had three medicines left in a medicine pot in their room. Staff told us they were responsible for administering the person's medicines and staff had signed the medicine administration chart to say they had administered these medicines to the person. The medicine record was therefore not accurate as these medicines had not been taken by the person and there was no record as to why they had not been administered. People were therefore placed at risk by unsafe medication practices in the home.

Not ensuring the proper and safe management of medicines is a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to maintain the safety of the home. This included health and safety checks and audits of the environment. A fire risk assessment had been completed and people who lived at the home had a PEEP (personal emergency evacuation plan). Safety checks and service agreements were in place for equipment and services such as, fire prevention, hot water, legionella, gas and electric installation. We looked at the fire log book and saw there had been no test of the fire alarms since February 2016. A staff member informed us the fire alarms had continued to be tested weekly though these the dates when the alarms had been tested had not been recorded. During the inspection we asked that the fire alarms be checked to ensure they were working effectively. This check was undertaken satisfactorily. Staff told us maintenance work was completed in a timely way to ensure the home was kept in a good state of repair.

We found the home to be clean and this included the kitchen and bathrooms. We saw staff using gloves, aprons and hand gel in accordance with good standards of infection control. Daily cleaning schedules were in place, as part of monitoring standards of cleanliness.

On the first day of the inspection we observed a number of bedroom and corridor doors to be wedged open.

Retaining fire doors in an open position means they are not able to close automatically which places people at risk in the event of a fire. We brought this to the attention of the manager who took action to rectify this. On the second day of the inspection we found door wedges had been removed and bedroom and corridor doors closed.

This was a breach of Regulation 12(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We looked at risk assessments relating to people's care and checked to see if risks associated with their safety had been assessed. We saw not all risks were being assessed. For example, one person's records showed that they had been prescribed thickener for all of their drinks due to risks of choking and dysphasia. There was no choking risk assessment completed for this person, therefore there was a risk the staff would not know what to do if this person choked, which had the potential to place them at risk of harm. This person required their drinks to be thickened to aid with swallowing. There was missing information with regards to the thickness of this person's drinks. When we asked the staff how they make the persons drinks we received mixed responses. One member of staff told us the person has 'two spoons' of thickening agent and another member of staff said 'one spoon.' The only guidance we could find with regards to this persons thickening agent was in their care file which stated 'as [person] can tolerate.' There was nothing about how many scoops, and what thickness stage the person's drinks should be so they can drink them safely. We looked at this persons care plan and saw they were at risk of choking and aspiration. There was no appropriate information in place regarding preparation of this person's drinks. This meant they could be placed at risk of harm as there was no instruction in the care plan for staff to adhere too and it was evident staff had conflicting information about how thick the drinks should be. We highlighted our concern to the manager who has taken action to the address this since our inspection.

Another person's care plan indicated they were at risk of developing a pressure sore when they were assessed upon admission to the home in 2013. We saw this person had not been reassessed until February 2016, following pressure ulcer damage to their sacrum, which was noted at this time. Regular assessment of this person in relation to pressure ulcer prevention could have helped to keep them safe from developing the pressure ulcer.

Not assessing risks and ensuring care and treatment is safe is a breach of regulation 12 (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home told us they felt safe. When we asked them what made them feel safe comments included. "I'm on the first floor surrounded by staff I've got confidence in," and "I feel safer than I did living in my own home." Someone else told us "There are so many staff, 24 hours."

Most staff we spoke with were clearly able to describe what course of action they would take if they felt someone in the home was being abused. One member of staff told us, "I would go to the manager, but all of the information for the local authority is on the wall just outside." There was one member of staff who was not sure of the procedure they would follow. We highlighted this to the manager at the time of our inspection. The manager has since sent us an action plan which shows this has been rectified.

We looked at rotas. We saw the manager had developed a dependency tool to assess how many staff should be on shift at Barton Park. A dependency tool is used to summarise the functional needs (or dependency) of individual people and then calculates the appropriate staff number to meet those people's needs safely. We saw from the information provided that the home had an adequate number of staff on duty. No one living at

the home told us the home was understaffed or they had to wait for staff to come to help them. During the first day of our inspection two members of staff had called in sick. The deputy manager was trying to cover these shifts as well as providing support to the staff that were already on shift. The deputy manager and nurse on duty on this day did seem pressured at first, however, during the second day of our inspection the staffing levels were at the appropriate level, and the atmosphere appeared calmer.

We reviewed three files relating to staff employed at the service. Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work. There was a volunteer working at the home who had been subject to the same recruitment checks as employed staff.

Good

Is the service effective?

Our findings

Everyone we spoke with told us the staff had enough skills and knowledge to be able to support them. One person said "Yes, they're great, they really are." Other comments included "They're (staff) remarkably good, that's why I'm happy here. They're (staff) very conscientious."

We checked staff training and saw there was a separate training matrix for all staff groups, domestic staff, carers and nurses. We checked the training matrix and saw that all staff with the exception of one new starter had completed their training courses, such as moving and handling, first aid, health and safety and safeguarding. Training was completed using a mix of social care TV and online e learning. Staff certificates were available for us to view in a separate file. We spot checked some certificates and saw that they were in date and matched the date recorded on the training matrix. Staff we spoke with told us the training was well managed and they felt suitably skilled once they had completed the training. We asked one member of staff to tell us about their induction process. The member of staff told us they spent time shadowing more senior members of staff, then they 'led' the care themselves once they felt comfortable. The manager told us that all new staff were being enrolled on the Care Certificate. The Care Certificate is an identified set of standards which health and social care workers must adhere to in relation to their job roles. Staff were supported to complete the QCF (Qualification and Certificates Framework) level 2 or 3 in Health and Social Care once they had completed their induction process.

We spot checked staff supervision dates and saw they had taken place in December 2015 for most staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff we spoke with told us they had regular documented supervision, and would always approach the deputy manager when they needed additional support. The manager told us that appraisals were due to take place in the next few weeks, we checked and saw that most staff had had an appraisal in 2015.

We looked to see if the home was working within the legal framework of The Mental Capacity Act 2005. We found staff had a good understanding and knowledge of the key requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 decision's and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see whether the home was working within the principles of the MCA, and whether the conditions identified in the authorisations to deprive a person of their liberty were being met. We saw applications had been appropriately made to the local authority, and had been authorised. We had received the required statutory notifications. The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to give consent it was difficult to see from looking at

people's care records how this had been assessed and the decisions made in the person's best interests. Throughout the day we continuously heard staff asking people for their consent to go into their rooms or help them sit or stand. One family member we spoke with confirmed they had been involved and consulted about the DoLs in place for their family member. We saw the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. We saw an example recorded in one person's file were they had given consent to the use of bedrails.

We looked at the arrangements for planning, preparing, and serving food and drinks. People living at the home were complimentary about the food. One person said "There's a good choice of food, you can have whatever you want." Other comments included "I think the quality is very good" and "There's a choice, the amount and quality is good, they take care of our individual requirements." We observed staff throughout our inspection offering people tea and juice, and all of the people we observed had a drink by them at regular intervals during the day.

People who needed support to eat and drink had fluid charts in their rooms and we saw that these had been filled out every time the staff had given them a drink or something to eat. This helped to show us that the home was ensuring people had adequate levels of hydration. We did, however noticed that two people who required food charts to be place did not have them. We highlighted this to the manager at the time of our inspection, this was actioned straight away.

People had access to their GP when they required it, and relatives told us they were kept informed if someone had become unwell.

Good

Is the service caring?

Our findings

We saw the staff interacted well with the people they supported. Staff demonstrated a good knowledge of people's individual care, their needs, choices and preferences. When supporting people staff were patient and compassionate in their approach, providing plenty of reassurance and ensuring people's comfort before leaving them to assist someone else. Staff involved people in discussions about their care and encouraged them to make decisions around daily tasks and how they wished to spend their day. Throughout the inspection we observed staff taking time to explain to people what they were doing and making sure people happy for them to proceed. People appeared comfortable and at ease with the staff. When the staff were handling people's possessions, they were respectful and gentle.

We asked people if they felt the staff knew their needs and preferences. One person said "You wouldn't get better anywhere else." Another person said they (staff) are "Very kind."

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said "We cover people with towels and blankets." Other staff members told us "We close doors" and "I always ask the person's permission." We heard staff addressing people by their preferred title throughout the day as well as appropriate levels of humour between staff and people who lived at the home. A staff member told us "We never discuss other residents in communal areas, so we don't break their confidence."

We saw people's records and care plans were stored securely in a lockable room which was occupied throughout our inspection. We did not see any confidential information displayed in any of the communal areas and staff spoke to people discreetly about personal things, such as taking medication, going to the toilet or asking them if they wanted help to go to their room.

We saw from looking at care plans that they had been signed by the person receiving the care or their family member. When we asked people if they had been involved in their care plans, people had mixed responses; one person said "I could have, I don't remember." People told us they were happy with the care and support they received. People told us the staff asked their permission before they came into their rooms and sought permission before assisting them with nay personal care tasks.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

Requires Improvement

Is the service responsive?

Our findings

Some people were being nursed in bed due to ill health and fragility. We looked at the MUST (malnutrition screening tool) in place to support people. 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (undernutrition), or obese. It also includes management guidelines which can be used to develop a care plan. It is for use in hospitals, community and other care settings and can be used by all care workers. The MUST tool is also a key element in identifying people who are at risk of developing pressure sores. We saw that the home did not currently use an appropriate form of MUST assessment. For example, one person had lost weight and had a low BMI, no referral to a dietician had been made for this person because the current form in use at the home did not have the ability to identify that this person needed to be referred.

We saw that one person who was being nursed in bed was in a very low divan bed, rather than a hospital bed. The person required regularly turns by staff to keep them safe and prevent skin breakdown, this person was also required to be elevated in bed due to the risk of choking. The bed was therefore not meeting the person's needs. We also saw that two people required air flow mattresses to be in place to help with pressure relief. There was no guidelines in people's care plans to instruct staff as to how these mattresses needed to be set. Air flow mattresses are usually set according to a person's weight.
These examples show that people were not always getting care in accordance with their specific needs.

Not planning and delivering care and treatment in accordance with individual need is a breach of Regulation 9 (1)(3)(a)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home gave us some good examples of how the staff supported them with their individual likes and preferences. One person said "They all know I like mint tea." Another person told us "They stay in my bedroom while I have a shower and they bring me a glass of wine before my lunch." When we spoke to staff they told us that some of their shadowing had consisted of spending time with the deputy manager discussing people's individual likes, such as how they liked to dress and what order they prefer to complete their morning or evening routine.

Calls for assistance were answered in a timely manner by the staff. People were not left waiting for staff support for long periods of time.

We asked about social activities for people and how they spent their day. Staff told us they supported people with their individual interests and hobbies. We saw an activities plan however there were no activities organised on the days of our inspection. The manager told us this was an area that required development so that people could engage with a stimulating social programme to promote their wellbeing and enjoyment of living in the home. Staff informed us a number of people went out with their relatives each day and this we saw during the inspection. People in the lounge were listening to music or watching television and they told us they enjoyed this. One person said "I read the paper." Other said "I watch sports." and "Quizzes are not my thing." No one told us they felt bored during the day.

We looked at the complaints procedure in place in the home. We saw that no formal complaints had been made since 2014. The complaints procedure was displayed in the home, and everyone who we spoke with told us they knew how to complain. One person said "If anything is wrong, it's rectified."

Requires Improvement

Is the service well-led?

Our findings

There was a manager in post who was in process of registering with the Commission.

The manager now registering with the commission had only been in post at Barton Park for two days prior to our inspection taking place. In February 2016 we formally notified the provider of our decision under Section 31 of the Health and Social Care Act 2008 to impose restrictive conditions on their registration. The notice precluded two directors and the former registered manager from physically entering Barton Park Nursing Home, having contact with the people who used the service and the carrying on the regulated activities. We had taken this action because we believed people may be exposed to the risk of harm unless we did so.

The manager was able to evidence a series of quality assurance processes and audits carried out internally. This involved checking that documentation in relation to care planning, health and safety and medication were in place and fit for purpose. We saw that audits had been ticked confirming they had taken place, but no action was identified or assigned to any of the managers or nurses to follow up. In light of our findings the auditing system was not as effective as it could be as the audits had not picked up on the areas of concern we found during our visit. Since our inspection visit the manager has sent us an update of immediate action which was taken to address most of the concerns we found during our inspection.

External monitoring included an environmental health inspection in January 2015. The home scored five stars based on how hygienic and well-managed food preparation areas were on the premises (the highest score being five). In April 2015 a local community health team visited the home to report on infection control. We looked at the reports and the home had a score of 98.6%.

This is a breach of Regulation 17 (2)(b)(c)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff meetings were held to share information about the service and for staff to raise any issues. A senior member of the staff team told us there had been no recent meetings however at daily handovers matters arising were discussed along with people's care and support. We saw minutes from a staff meeting held in December 2015. Minutes were also available from a managers' meeting held July 2015 and a residents' meeting October 2015. We were not informed of any planned meetings at the time of our inspection and the manager was aware that these needed to be arranged.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

The manager was aware of their role with regards to when they are required by law to notify CQC and we had received most notifications as required. However the Commission is further considering its regulatory

response in light of the current concerns that the provider failed to notify the commission of by means of statutory notification.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not planned and delivered care and treatment in accordance with individual need 9 (1)(3) (a) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the safe management of medicines 12 (2) (g) The provider had not always ensured the premises were being used for intended purpose 12 (d) The provider was not assessing risks in regards to peoples care 12 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have good governance arrangements in place to check the quality of the service 17 (2)(b)(c)(e