

Mrs Elizabeth McManus

St Georges Nursing Home

Inspection report

61 St Georges Square
Westminster
London
SW1V 3QR

Tel: 02078219001
Website: www.stgeorgesnursinghome.com

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

St George's Nursing Home provides accommodation and nursing care to up to 44 people. The service is located in three town houses across five storeys with a day room and two dining areas in the basement. At the time of our inspection there were 26 people using the service.

People's experience of using this service

People were protected from abuse and told us they felt safe using the service. Risks to people's wellbeing were not always fully assessed and there were not always enough checks to make sure risk management measures were followed. Medicines were administered safely by competent staff but some aspects of storage were not safe and there were not always protocols for administering medicines. There were enough staff to support people safely but recruitment processes were not always fully followed. People were protected from cross infection.

Although the provider had assessed staff training needs these had not always been met and staff did not always have regular supervisions. People had the right support to eat and drink and the service worked with other agencies to help people maintain their health. The service continued to implement specialist advice on improving the accessibility of the building whilst maintaining a homely environment. The provider was meeting requirements to obtain consent to care and to assess people's capacity to make particular decisions.

People told us staff were kind and friendly and people were supported with their religious needs. People were able to make choices about how they received their care and to bring personal items and pets to the service. People told us they were treated with dignity and respect.

Some people told us they didn't get to choose when they got up and in some cases people's nails were dirty. Reviewing of care plans was inconsistent and people were not always involved in this process. The service had an improved and varied activity plan and people had more meaningful activities and contact with the wider community. The provider responded appropriately to complaints and improved practice in response to these.

The management team had engaged well with the local authority and sources of expertise to develop and improve the service and understood where improvements were needed. There were improved audits of the service but these were not always comprehensive and effective. People spoke of an open and positive culture and improved morale among the team.

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 requires improvement (published 24 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safe care and treatment, staff training and recruitment, good governance and person centred care at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

St Georges 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. 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, two specialist professional advisors who worked as a nurse and a pharmacist 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

St George's Nursing Home is a care home with nursing. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who had applied to register with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information on serious incidents that the provider is required by law to tell us about. We spoke with the quality assurance team from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.
We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, a director, the manager, two administrators, four nurses, five healthcare assistants, a chef and two activities co-ordinators. We spoke with 12 people who used the service and four family members. We looked at records of care and support for nine people and records of medicines management for 19 people. We looked at records of recruitment and supervision for seven staff members.

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 requires improvement. At this inspection this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider did not always ensure that people were protected from the risk of pressure sores. Staff we spoke with were aware of the risks of skin breakdown and how to prevent this. Risk assessments had been carried out and measures were in place to protect people. However, repositioning charts were not always complete and sometimes significant gaps were not noted on audits carried out by the provider.
- Risks from hot water were not fully assessed. There were no regular checks of water temperatures which could identify risks from scalding. Staff told us there had not been any incidents relating to hot water or any outlets known to be particularly hot. The manager told us they thought this was low risk, but there had been no formal assessment of this or any mitigation plan in place.

This constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had assessed risks to people's wellbeing. Risks relating to mobility had been assessed and people's falls risk plans were reviewed monthly. The provider had assessed risks from medical equipment and changes in people's health conditions. The provider was using the Herbert Protocol. This is a list of important information which can help the police identify and locate high risk missing persons.
- People were monitored regularly to check their wellbeing. Based on risk levels people were checked on either hourly or half hourly and staff kept records to show this had taken place and to record any concerns they had.
- There were measures in place to ensure a safe environment. A suitable fire risk assessment had been carried out and did not identify any severe risks. There were personal evacuation plans in place to help people evacuate the building in the event of fire. Equipment had been checked to ensure it was safe to use. The administrator carried out monthly checks of building maintenance.

Using medicines safely

- People's medicines needs were assessed but information was sometimes incomplete. Care plans included the medicines people took and the support they required with these. However, when medicines were taken as required there were not currently protocols in place for staff to follow when giving these; this had been noted following a review of medicines issues and were awaiting sign off by a doctor. People's allergies were documented but information regarding these were not always consistent.
- Some aspects of medicines storage were not safe. Medicines were stored in locked trolleys and were kept securely. The service ensured that refrigerated medicines were kept at a safe temperature but did not check the temperatures at which other medicines were stored. Controlled drugs were stored securely and regular

checks were carried out of stock levels. Medicines were ordered in writing from the pharmacy which reduced the risk of mistakes, and medicines were checked in on arrival at the service. Only one member of staff had signed MAR charts to indicate they have been checked; the provider told us that this was not standard operating procedure and was resolved after this inspection.

This constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular medicines were administered safely. Medicines administration recording (MAR) charts were in place and completed appropriately. Nursing staff had received training in the safe management of medicines and managers had assessed their competency.

Learning lessons when things go wrong

- Lessons were not always fully learned following serious incidents. A serious incident had occurred when a person had left the service and subsequently come to harm. The provider had reviewed the security of the service and installed alarms on external doors. Despite this, another person had left the building without support due to the alarms being out of order. The service undertook a further investigation into the causes of this incident with further actions taken to safeguard people. Staff responded to the door alarm when we tested this, but a door in the basement was observed to be propped at one point during the inspection.

This also constituted a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider reviewed incidents and accidents to look for trends. Incidents and accidents were recorded by staff and managers reviewed these to assess what measures should be taken to prevent a recurrence.

Staffing and recruitment

- People told us there were enough staff to safely meet their needs. The provider had assessed staffing levels based on the needs of people who used the service and had not changed these although occupancy had fallen. Staff told us they felt there were enough staff on duty to meet people's needs safely.
- The provider had safe recruitment measures in place but these were not always fully followed. Checks of staff included obtaining references, proof of people's identity and carrying out a check with the disclosure and barring service (DBS). Out of the seven files we reviewed one person did not have a complete work history, and for two people references had been obtained but not verified. The provider had systems for ensuring nursing registrations were up to date.

This constituted a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they had struggled to recruit staff and relied heavily on agency staff. There were measures in place to ensure that agency staff were consistent and did not change day to day. The provider were actively recruiting more permanent staff.

Systems and processes to safeguard people from the risk of abuse

- Procedures were followed to safeguard people from abuse. Where abuse was suspected the provider acted promptly to report concerns and take appropriate action. A family member told us "They don't know I'm coming; if there was anything untoward I would know."
- Care workers understood their responsibility to report concerns to managers and were confident these would be taken seriously. The provider had measures in place to raise awareness of safeguarding

procedures.

- Not all staff had received safeguarding training. The provider told us they had had difficulty arranging this particular training.

Preventing and controlling infection

- People were protected from cross infection and poor hygiene. The building was kept clean throughout. We observed that contaminated waste was appropriately stored in waste bins. There were facilities throughout the building for handwashing and hand sanitation. The provider had recently carried out an audit of infection control practices and discussed best practice in team meetings.
- People told us they had no concerns about infection control. Comments from people included "It's very nice here, it's clean" and "They're obsessed with cleanliness."

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 requires improvement. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not always received the training they required. The provider had assessed what they considered to be mandatory training; however, a large number of staff had not received these and very few training sessions had taken place since our last inspection. Staff told us they received the basic training they required. The provider told us they found it difficult to source appropriate training and were working with the local NHS trust and other training providers to arrange a suitable plan.
- Measures were not always consistently applied to assess staff competency. Staff received supervision from their line managers. However, these were not always carried out regularly. People had not received regular appraisals of their performance. The manager told us they were in the process of allocating this responsibility to another member of staff.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed the care certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. There was an induction checklist for new staff to learn about the service and its procedures. Staff were given the opportunity to undertake nationally recognised qualifications in care.

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

- People's needs were assessed before they came to the home. This included assessing people's health needs, risks to their wellbeing and nutritional risks. This information was used to highlight possible risks and to inform the care planning process.
- The service had reviewed procedures to ensure compliance with the law. This included a new mental capacity policy and revising safeguarding and complaints procedures in line with best practice.
- The provider had assessed people's oral care needs. This included whether people had their own teeth or false teeth or mouth conditions and there were oral health care plans in place.

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

- People had the right support to eat and drink. People received prompt support with eating at mealtimes, either in communal areas or in their rooms. People always had a drink within their reach. The provider had employed an additional chef so that fresh meals would be available in the evening. People were positive about the quality of the food. A person told us "The food is good...it's tasty."

- The service addressed nutritional risks to people. There were assessments to identify people who were at high risk of malnutrition and care plans were in place to address this.
- People's weights were recorded monthly. Where people were identified at risk of malnutrition the provider addressed this by monitoring people's food and fluid intake. The manager had conducted an audit of people's dietary needs, which included looking at changes in people's weights to identify possible issues with nutrition.

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

- The service continued to take steps to create a dementia friendly environment. Staff wore name badges at all times. There was improved, dementia friendly signage.
- Some aspects of the environment were still not adapted to the needs of people who used the service. Place settings in the dining room were not high contrast and specialist cutlery was not provided. People told us the single lift broke down quite frequently but was repaired promptly. The service was not a purpose-built nursing home, and people told us they appreciated the homely environment. A family member told us "It feels like home, which I think is important."
- There were improved measures to help people navigate around the home. The provider had worked with a specialist charity to make simple changes such as applying reflective tape for people with visual impairments to locate steps and doorways. The service had fitted suitable door openers to an area people needed to move through to access the day room; this had made a significant difference to people's experience of moving around the building.
- The service had plans to continue to improve the building. There was limited outdoor space, but we saw details of a plan to convert a courtyard into a garden room with attractive planting.

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

- Plans were in place to support people with complex health needs. This included when people required complex nursing care such as support with diabetes or the management of stoma bags. The service effectively monitored health conditions such as wound management.
- There was evidence of prompt action to address health concerns. The service worked with specialist health services such as tissue viability nurses and speech and language therapists and acted on their recommendations.
- The service had good links with the local GP service. There was a structured process for handing over information of concern during the GP's regular visits to the service.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the MCA. People's decision-making abilities were assessed and when people lacked the capacity to make decisions the provider had worked with appropriate family members to make decisions in their best interests.

- People were protected against unauthorised infringements on their freedom. The provider had audited where people may be at risk of having their movements restricted and where appropriate had applied to the local authority for authorisation to do so. This was reviewed monthly by the manager.

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.

This meant 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

- Staff tried to engage people and we observed friendly interactions. People told us staff treated them well, and comments included "All the staff are kind" and "most of them undertake the work willingly, cheerfully and with good grace". Care workers we spoke with were knowledgeable about people's backgrounds and interests. Comments from relatives include "They are definitely nice and caring", "I find the staff very friendly and caring towards [my relative] and "I can come any time I want to."
- People were supported with their religious needs. The provider had good contacts with local religious organisations and there were regular visits from faith leaders of different denominations. The provider told us they had removed the chapel as some people felt it was not appropriate, but maintained this room as a quiet area for reflection and family visitors.

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

- People were engaged in making decisions about their care. People gave us examples of how they could express a preference for baths or showers or to choose the gender of their care worker and that this was respected. People were supported to make choices about what they ate and drank; the provider had moved to making choices about food on the day rather than a week in advance to help people with dementia engage with making choices. Staff told us of ways they helped people make choices about their daily living.
- People's communication needs were assessed in terms of how best to verbally communicate with them. This included highlighting when people had sensory loss such as hearing and how best to support people with this, and how to support people who had memory loss or confusion. Where people had vision problems the provider had assessed the impact this had on them, such as whether they were able to see the television.
- People were able to bring items of their choice into their rooms, including paintings and favourite furniture. The service allowed people to bring their pets with them and one person had a cat which lived with them. People's family members were encouraged to bring dogs into the service when visiting.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect. People using the service told us staff always knocked on their doors before opening. A relative told us "I think they go out of their way to allow self-pride and privacy." Staff we spoke with understood how to promote people's dignity whilst providing care. The provider had fitted locks to all toilet doors, but we noted one door which still did not lock properly. The launderette had systems to ensure people's clothes were washed separately and treated with care.
- People's confidential information was protected. Files were stored in locked rooms or kept under staff

supervision. Confidential information was not accessible to unauthorised people.

- People were not subject to surveillance in their rooms. The provider told us that the CCTV system had been fully disabled. We confirmed that any cameras that remained were inactive; people we spoke with understood that cameras were inactive, but they still found their presence unsettling.

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 now deteriorated 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

- The service did not always meet people's needs and preferences. Some people told us they didn't have a choice of when they got up and did not know what was on their plans. People told they regularly washed and were cared for by staff; however some people's nails were dirty and required cutting. The service had worked to bring more people out of their rooms, but some people told us they still felt isolated when they stayed in their rooms.
- Reviewing of care plans was inconsistent and was not person-centred. The majority of plans were reviewed monthly, but a small number of plans had not been reviewed in the past year; although there was no evidence people's needs had changed. Reviewing of plans was done by staff and there was no evidence of people's involvement in this, but the provider told us they carried out discussions based on specific areas of needs. The provider told us they planned to introduce a resident of the day system to improve consistency.
- Call bells were not always responded to promptly. Some people told us staff were good at responding, but some people and their relatives told us that they often had to wait between 15 and 30 minutes for a response. Use of the call bell system was logged on a printer in the main office but there was no system for monitoring response to identify areas for improvement. Following the inspection the provider told us they had audited these records and found that bells were responded to within 2 minutes.

Meeting people's communication needs

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

- The service was not meeting the AIS. Documents about people were not provided in a format they could understand. There were not simplified versions of people's care plans or options to provide this in large print or pictorial versions as necessary. The service had not assessed people's reading abilities in a way which could flag when accessible versions of documents were necessary.

The above paragraphs constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some aspects of staff communication were not effective. Care workers always responded to people but sometimes did this whilst standing above people, and did not always lean in close or use touch to help reinforce their communication. However, relatives told us they felt staff engaged well with people.

Comments included "I think their manner is good" and "There's a humanity to it."

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

- Activities in the service had improved. The provider had worked with the local authority and external organisations to develop a suitable activities programme. There were now two activities co-ordinators who understood the importance of activities; a coordinator told us "You'll be amazed how much memory making a sandwich can bring back". Relatives told us they had been encouraged to take part in groups such as art and baking. Comments from relatives included "I can see the activities have really improved", "The activities co-ordinators are fabulous" and "They had the orchestra in; my god it was exquisite."
- The service had improved resources for activities. There was now a calendar of planned activities and art and board games available. The day room was now decorated with artwork that had been completed by residents. We saw a dolls house that some people were building. The service had worked with a local group to carry out regular dress up, acting and video activities, such as re-enacting scenes from classic movies.
- There were more frequent trips outside of the service and involvement in the local community. People had had the opportunity to attend concerts, theatre groups and museums, including a community event which had taken place in the square outside. The activities co-ordinator told us "We did walks around the square and it really makes a difference; people's appetites go up." The provider had joined a local scheme for advertising for volunteers to help people's wishes come true.

Improving care quality in response to complaints or concerns

- People knew how to make complaints and told us they would feel comfortable raising a complaint if they needed to.
- The provider followed their policy to investigate complaints. When people had complained the provider responded with a full account of what had occurred and where appropriate had provided a list of actions they had taken to address the concern and prevent a recurrence. The provider had apologised when they had been at fault. One relative told us "There was an issue with cleaning [my relative's] room, they took it on board and they did that."

End of life care and support

- People had plans in place to describe their end of life needs and wishes. The provider understood who was receiving end of life care and worked with health services to monitor and review people's plans of care. There was up to date information on whether people were to be resuscitated.

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 requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider worked with the local authority to develop a service improvement plan. This identified key areas for development within the service. Sometimes this did not clearly identify where improvements were necessary. For example, staff training was marked as 'green' even though significant gaps in staff training remained. The provider told us that 'green' indicated that they had a plan in place to address an issue, but this had not yet been completed.

- Systems of audit were not consistently applied. There were effective systems for auditing areas of the service such as catering, infection control, building safety and laundry. Where audits had taken place of people's care plans they had been effective, however there only two individual plans audited in the past 10 months.

This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service continued to actively learn ways to improve. There was engagement with local provider networks and managers visited other services in the area to learn about best practice. Staff members had been nominated to engage with recognised schemes to develop person centred practice and had engaged positively with these.

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

- The service was working to establish a settled management team. The manager had changed their role from a short-term improvement role to a longer-term management role. Two senior members of staff had left, and the deputy manager had recently left the service. The manager had compiled a list of their responsibilities and was in the process of reallocating these.

- Staff spoke of a more open culture with improved communication and morale. The manager told us there had been changes in staffing and that they had also noted an improvement in the culture of the service. People told us they thought the home was well run; comments included "I think they do their best; it's very difficult for the management" and "There's a very nice air of happy young things in the office."

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 provider was open and honest about where development was needed. The service informed CQC of when serious events had occurred and shared investigations, learning and action plans with us. The

service's rating was displayed in the lobby along with details of their registration and insurance.

- The registering manager understood where development was required and acknowledged that instilling lasting improvements in the service was a difficult task. The manager told us they were trying a series of approaches to find the right one for the service and told us "It's about teaching and learning."
- People and their relatives told us that managers communicated well with them in general but highlighted particular areas where communication could be improved. Comments included ""They are pretty good at keeping us informed."

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

- The service was not required to have a registered manager. However, the manager had applied to become the registered manager and her registration was in progress at the time of this inspection.
- There were systems of communication to ensure staff were engaged and understood their roles. The provider held regular meetings of the staff teams and used these to explain requirements for particular staffing roles. Staff were encouraged to give their views on changes such as rotas and areas of poor practice were addressed in these meetings. Staff spoke of good communication and team work. The service had identified the need for falls and dementia champions and told us they were looking for staff to fill these roles.

Working in partnership with others

- The service had worked closely with the local authority's quality assurance team to improve standards. The local authority told us they had engaged well with this process and acted on their recommendations.
- There were improved links with the local community. This included specialist programmes on developing activity programmes and working with voluntary organisations to provide more opportunities to people who used the service.
- The service had systems for sharing information with local health services, including a regular GP round and handover with staff. A visiting health professional told us "It has been very helpful to make sure information has been passed on."

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 The registered person did not enable or support relevant persons to participate in making decisions about the person's care to the maximum extent possible or provide relevant persons with the information they would reasonably need for these purposes 9(3)(d)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users as the registered person did not assess the risks to the health and safety of service users or doing all that was reasonably practicable to mitigate any such risks or ensure the proper and safe management of medicines 12(1)(2)(a)(b)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided 17(1)(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Information was not available as specified in Schedule 3 to regulation 19 to ensure that persons employed for the purposes of carrying on a regulated activity were of good character. 19(1)(3)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Persons employed in the provision of a regulated activity did not receive such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform 18(2)(a)