Beach Crest Residential Home

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Inspection report

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Date of inspection visit:
29 June 2016
30 June 2016

Date of publication:
25 August 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

We inspected Beach Crest Residential Home on 29 & 30 June 2016.

Beach Crest Residential Home is a care home for older people, some of whom are living with dementia. The home is registered to provide accommodation for up to 11 people. At the time of this inspection there were eight people living there. The house has a cosy lounge and dining room and was recently extended to provide a further three bedrooms on the ground floor. It is situated on the seafront within a short walk of a popular café which people made use of.

Following our previous inspection in October 2015, we had spoken to the provider about our concerns that the management requirements of the home, as required under the Health and Social Care Act (HSCA) 2008 (Registered activities) 2014, were not being met. A provider who is in day to charge of the running of the home does not require a registered manager to be employed. However, we had found the provider was not in day to day charge of the home and had delegated this responsibility to a manager. Following the last inspection we told the provider they must register the manager with CQC urgently. They started the application process straight away and are awaiting their registration certificate. 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 HSCA 2008 and associated regulations about how the service is run.

At this inspection we found the provider and manager had taken some steps to make the improvements required, but these had not yet been achieved. Advice had been sought from an external consultant, but systems had not yet been put in place to effectively manage, monitor and assess the quality of the service. We also found the provider and manager did not fully understand all of their responsibilities under the HSCA 2008 nor did they understand how to implement the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Records were not appropriately maintained and the manager was consistently unable to retrieve requested documents in a timely way. We had to repeatedly ask for some documents and others were not available.

People were given choices and offered a varied diet, prepared in a way that met their specific nutritional needs. People were given support and encouragement by staff if they needed help to eat.
The provider operated safe recruitment processes. Relevant checks had been carried out before staff were employed, such as previous employment references and criminal records checks. There were sufficient staff deployed to provide care to people safely. Staff were supported in their roles with regular training. However, staff did not receive regular supervision and appraisals and this required improvement.

The staff seemed to know people well and had time to sit and chat with them. There was a range of activities on offer throughout the week, such as dominoes, crafts and quiz games. However, some people said they didn't get asked if they would like to go out, and would like to be more involved in making decisions about

activities.

People living at the home, their visitors and health care professionals spoke highly of the quality of care and the management of the home. The manager was visible and worked alongside staff and had positive relationships with people and relatives. Staff told us the morale at the home was good and they felt supported.

Staff interacted positively with people and treated them with respect and dignity. They were kind and caring, and provided reassurance to people when required. People were supported at a pace that suited them and were not rushed. People and relatives commented on the homely and welcoming environment.

People told us they felt safe. Staff were knowledgeable about the home's safeguarding processes and procedures and who to contact if they had any concerns. People and relatives knew who to talk to if they had any concerns. There were systems in place to manage and mitigate individual and environmental risks to people.

Medicines were managed and administer appropriately. Staff received regular training in medicines and had a good knowledge of medicines and how to administer them to people safely.

People were supported to maintain their health and wellbeing, and medical advice and treatment was sought promptly from relevant health professionals including GPs and community nurses.

We last inspected the home in October 2015 when we found concerns in relation to record keeping, the Mental Capacity Act 2005, staff supervision and appraisal and monitoring and assessing the quality of the service. We found similar issues at this inspection and identified 3 breaches of regulations. You can see what action we have told the provider to take in the main 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?

Good

The service was safe. Staff had good knowledge of medicines management and people received their medicines safely.

Staff protected people from avoidable harm and understood the importance of keeping people safe.

The provider had safe recruitment practices and employed sufficient suitable staff.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were received on-going training to support them in their role but did not receive regular supervision and appraisal.

The provider and manager did not fully understand the requirements of the MCA 2005 and DoLS which put people at risk of unlawful restraint.

People were supported to have enough to eat and drink sufficient for their needs, although some people said they had not been asked for their view on the menus.

Is the service caring?

Good

The service was caring.

Staff were kind, friendly and supportive and treated people with dignity and respect.

People were offered support in a way that maintained their independence and at a pace that suited them.

Visitors were welcomed and told us they valued the family atmosphere in the home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were encouraged to participate in a variety of activities

although activities were often arranged by staff rather than asking people what they would like to do.

Care plans were person centred and there was information about people's life histories, preferences and hobbies and interests.

People knew how to make a complaint if they needed to. However, the home had not received any formal complaints.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider and manager did not fully understand the scope of the HSCA 2008. Improvements required from their previous inspection had not been achieved.

Systems to effectively monitor the quality of the service had not yet been implemented. Records were poorly maintained and not easily retrieved.

The manager was visible and available, and worked alongside staff who felt supported and clear about their roles.

Beach Crest Residential 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. We also checked they had made the improvements needed following our inspection in October 2015.

We inspected Beach House Residential Home on 29 & 30 June 2016. This was an unannounced inspection and was carried out by a lead inspector and a second inspector. An expert by experience (in older people's services) accompanied us on the second day of the inspection. An expert by experience is someone who has experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is when the registered manager tells us about important issues and events which have happened at the service. We also reviewed information sent to us by the Local Authority and spoke with one care professional.

We spoke with four people, three relatives and a friend who was visiting, three care staff, the manager and the joint registered providers. We carried out observations throughout the day in the lounge, dining room and while the lunch meal was served. We reviewed three people's care plans and pathway tracked two people's care to check that they had received the care they needed. (We did this by looking at care documents to show what actions staff had taken, who else they had involved such as a GP, and the outcome for the person). We looked at other records relating to the management of the service, such as medication records, maintenance and health and safety records, and seven staff recruitment, training and development records. Following the inspection we spoke with one health care professional to gain their views about the home.

Good

Is the service safe?

Our findings

People, relatives and visitors told us they thought people were safe. One person said "They treat me well." A relative told us "Staff keep an eye on things."

People were protected from abuse. Staff had received safeguarding training and were able to describe how they would identify and report suspected abuse to the manager and the providers and felt confident any concerns would be responded to. Staff knew about the safeguarding and whistle blowing policies and confirmed they would use these if they had to. Whistle blowing is where staff can raise concerns about poor practice within the home without recrimination. Staff also knew who they could report concerns to outside of the home if they needed to, such as the Care Quality Commission or Hampshire County Council.

There were enough staff on duty to keep people safe. One person told us there were always enough staff around to help them and a relative confirmed they were satisfied with the level of staffing. The manager had told us there were three care staff on each day shift and two staff on night shifts. Staff confirmed they thought there were enough staff. One staff member told us "Occasionally there are only two staff. Night staff will stay on longer to help [get people up in the mornings]. We work as a team and help each other." Staff rotas showed that there were three care staff on duty most shifts. However, at other times there were only two care staff on duty. The manager told us there were only eight people living at the home, and due to their level of independence this was currently sufficient. We observed on one day of our inspection there were only two staff on duty but saw that staff attended to people promptly and the manager also helped out with providing care.

Recruitment procedures were safe. Each member of staff had been through an application and interview process and had completed a criminal record check. The provider had sought references from previous employers to check applicant's work history. This ensured only staff who were suitable to work in a social care setting were employed.

There were arrangements in place to manage medicines effectively. All staff had undergone medicines training to ensure they had appropriate skills and knowledge to administer medicines safely. We observed staff dispensing medicines to people with appropriate guidance, patience and understanding. They asked people for their consent before giving their medicines, ensured each person had a drink to assist them to take their medicines and did not rush them. One person required additional encouragement as they found it difficult to swallow their medicines. The staff member gave step by step instructions and guidance such as "Lift your head up a little; it will be easier to swallow. Now you're doing it well."

Medicine administration records (MARs) were signed after each medicine was successfully dispensed and there were no gaps in recording. Medicines were safely and appropriately stored, including controlled drugs (CDs). CDs are regulated under the Misuse of Drugs Act and require additional safeguards to be in place. Temperatures of the inside of the medicines cabinet were not recorded. We spoke with the manager about the need to record this. We also discussed that as the medicine cabinet was in the kitchen, temperatures should be taken at the hottest times of day, such as when meals are being cooked. There were no medicines

that required refrigeration at the time of inspection. Unwanted or unused medicines were returned to the pharmacy appropriately.

Risks to people had been identified, assessed and actions had been taken to minimise these such as the risks of people falling, becoming malnourished or developing pressure sores. This information was recorded in each person's care records and updated regularly with any changes to the level of risk or changes to health.

The home and equipment was well maintained and environmental risk assessments were completed. Staff carried out regular checks of the home and equipment, such as emergency lighting, fire points and extinguishers. There were clear emergency procedures within the home, including individual emergency plans which guided staff in how best to support people in the event of an evacuation.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us they thought the staff provided effective care. One person told us they thought the staff "Had the right skills and knowledge" to help them, although they were quite self-sufficient. A visitor told us they thought staff seemed "On the ball." Another person said they had sometimes needed help at night to manage a health condition and that staff "Helped really well."

At our inspection in October 2015 we found staff had not received supervision and appraisal as part of their ongoing development. At this inspection we found the manager had taken steps to implement a new supervision process, but only one member of staff had received supervision since we raised our concerns with the manager in October 2015. These were recorded in April and June 2016. This was in conflict with their supervision policy which stated supervisions would be undertaken at least four to six times a year. Only two staff had received their annual appraisal. Therefore staff had not received regular opportunities to formally discuss and record their work performance, issues or training needs.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014; Staffing, as the provider had not ensured staff had regular opportunities for supervision and appraisal.

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.

We found the manager lacked knowledge of the MCA and how to apply it. For example, two people had bedrails to prevent them falling out of bed. When asked, the manager told us they both lacked capacity to consent to this. The manager could not show us any mental capacity assessments which determined they lacked capacity to make this decision. They told us they had used the Hampshire MCA toolkit as a guide and had gone through the relevant questions verbally to ascertain this. As they had not completed and recorded a mental capacity assessment, and there was no record of a best interest decision, we could not be confident that the manager was acting in accordance with the requirements of the MCA 2005. We told the manager to complete mental capacity assessments and send them to us, which they did following the inspection.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The manager had not understood how to implement DoLS. When they told us two people lacked the capacity to consent to having bedrails, they had not applied to the local authority for appropriate authorisation to deprive them of their liberty. When we discussed this with them, they had not realised they had to do this.

This is a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated activity) regulations 2014; safeguarding service users from abuse and improper treatment, as the provider had not acted in accordance with the MCA 2005 code of practice.

People had sufficient amounts of food and drink prepared in a way that met their specific needs. We observed the lunch meal being served and saw staff offered support and encouragement to people who needed assistance to eat and drink to reduce any risk of malnourishment. One member of staff explained how one person's food needed to be pureed due to their swallowing difficulties. They told us they had to combine the different foods so as to get the right texture. For example, pureeing the meat on its own was too difficult for the person to swallow but when mixed with pureed vegetables and a little milk; this enabled the person to swallow it easily. People who required their choice of meal to be cut up were presented with their whole meal, and asked if they would like it to be cut up.

Staff understood people's known food likes and dislikes. People told us they liked the food at Beach Crest. For example, one person told us they liked salad cream on their hot food and we observed this was provided for them by staff. One person said "It tastes nice. They [staff] always get me the food I like" Another person told us they hadn't specifically been asked about their food preferences and said they didn't think there was fresh fruit as a relative brought that in. However, another person told us they had three pieces of fruit at tea time and "They know I like beetroot and cheese sandwiches." A relative commented there were always drinks available.

Daily menus were on display in the reception hall showing what was available that day, including two main choices for lunch. Staff offered people an alternative if they did not want either main meal. Snacks were available in between meals if people were hungry, although two people told us "I'm never hungry" and I don't need it."

People were supported with their specific health needs. Staff monitored people's health effectively and were knowledgeable about any changes. Health professionals were called promptly if there were concerns about people's health and referrals were made when necessary to assist with people's care, for example to the district nurse, community psychiatric nurse or GP. Staff followed treatment plans that were put in place. One health professional told us "Yes, they are very good at that, they implement the plan straight away. For example, we prescribe some quite strong anti-psychotic drugs and [The manager] is very quick to let us know if something is not suiting the person." Staff talked knowledgably about individuals and shared any recent observations or changes in people's wellbeing throughout each shift. One staff member told us "We see a lot of each other so we pass all info on." Another staff member said "We write daily reports, so we also read those." People told us that staff responded quickly if they needed medical help. One person said "Yes, they do, although I've only needed to see the doctor once."

People were cared for by staff who were trained to provide effective care. Staff told us they received a lot of training and this was confirmed when we looked at their training records. Staff had recently undertaken training in key areas such as safeguarding (to help keep people safe from abuse), food hygiene, basic life support and medication. New staff received an induction' including work shadowing, and were supported to complete The Care Certificate. This is a framework which supports staff to reach the recognised standard in the delivery of care. Staff said they felt they had the necessary skills and knowledge to carry out their role. The manager involved community professionals to support staff with relevant training. For example a health professional told us "….They requested dementia training which I delivered recently and they appeared to enjoy it; they were really keen and asked lots of questions."

Good

Is the service caring?

Our findings

People told us they were happy living at Beach Crest. One person said the staff cared for them well. Another person told us staff respected their privacy and "Always knock before entering my room." A visitor commented "The staff are great" and a health professional told us "The residents always appear happy and settled. It is a homely home." Relatives were all very complimentary. One said "It's permanently calm, loving and clean, with attention to detail. Always welcoming and friendly. It's loving care here. Every time I drive home I have peace of mind. I'm thinking of putting my name down!" Another relative told us "I'm very happy. It's more like a family here. It's nice to see, it's very caring. I feel like I'm coming into [my relative's] home. Their room is lovely and there's a view to the garden. It suits them down to the ground."

People were encouraged to maintain relationships that were important to them. Visiting was not restricted, and visitors said they could come and go at times that suited them. We saw that visitors were warmly welcomed and offered refreshments. A member of staff told us "It's a small home, families are involved with everything and can come anytime." We observed that there was a 'homely' atmosphere and people commented on this. People's bedrooms were personalised with things that were important to them, such as photographs, ornaments and items of furniture.

Staff treated people with dignity and respect. They asked for permission before providing any care or support and respected people's wishes if they refused care. One staff member told us "We would go back later and see if they were ready then." When people required personal care the staff were discrete and ensured people's privacy and dignity were respected. We saw staff knocking on people's doors and calling out to them before they entered their bedrooms. Most people told us staff always knocked on their bedroom door before entering. Although staff were busy, they did not appear rushed and provided care and support for people in a calm and relaxed way.

People told us they made choices about their day to day lives, such as when they got up, what to wear or how to spend their time. One person explained how they preferred to spend most of their time in their bedroom and this was respected by staff. Two people were reading newspapers in the lounge. They told us it was their preferred choice of paper and the home had arranged it for them.

Staff understood the importance of enabling people to maintain their appearance and self-esteem. We saw people were all neatly dressed in clean clothes and their hair was clean and nicely styled. Make-up and nail polish had been applied, where appropriate, and people wore jewellery to complement their clothing.

Staff engaged with people in an unhurried manner. Interactions were positive, with staff prompting people and making suggestions in a gentle, supportive way. Staff were observant and offered support and assistance when required. For example, if staff saw people needed some assistance during lunch, this was offered appropriately, with kindness and in a way that maintained their independence and self-esteem.

Requires Improvement

Is the service responsive?

Our findings

People told us they knew how to make a complaint if they wanted to but no one had made any complaints. One person told us "It's difficult to find a complaint. The manager is good." People thought, however, that the manager would listen if they did have a concern.

Staff responded to people in a way which demonstrated they knew them well, their preferences, likes and dislikes. People were supported to maintain their independence and enjoyed making decisions for themselves about what they wanted to do. Staff effectively engaged people in a range of one to one activities such as board games, dominoes, crafts and general discussions. People seemed to respond positively to these interactions. Staff also spent one to one time with people who remained in bed due to their health.

Although activities were provided for people, there was no evidence of their involvement in planning what should take place. One person told us the staff "Haven't asked about if I'd like to go out, I would." They went on to say "I can walk about, but I haven't been taken anywhere." Another person told us staff "Hadn't asked" about the things they did and didn't like to do. Another person told us they liked to watch TV in the lounge but told us they struggled to hear it because of their hearing difficulties. They told us they would like it louder. Whilst the subtitles were on, their eyesight was not good enough for them to read them so they missed out on what was on TV. We spoke to the manager about external activities and they confirmed they did not involve people in planning these. They did however, inform people of external activities that were taking place, such as a community birthday party for the Queen, which some people attended.

Most care plans reflected people's assessed needs or preferences. However, we found this was not always the case. One person required to be cared for in bed. They always had classical music playing in their room and never had the television on. Their visitor brought this to our attention and said they liked swing and easy listening so didn't understand why classical music was always put on. We checked the person's assessment records and care plan and found conflicting information. In the initial assessment the manager had recorded the person liked "40's and 50's music and TV". However, in their current care plan it stated they liked classical music and didn't like TV. There was no record of where or how the information in the care plan had been arrived at. We spoke with the manager about this who told us the person did like classical music and that they had been told this by a relative. However they weren't sure if they had been asked directly about their music preferences, or whether they would like the TV on.

People received an initial assessment of their care and support needs so the provider could assure themselves that they were able to meet the person's needs before they moved in to Beach Crest. Most people's care plans were based on their initial assessment, and were comprehensive and detailed, providing staff with relevant and appropriate guidance in how to support each person. For example with their mobility, personal care and nutritional needs. Care plans were reviewed each month or when people's needs changed which ensured up to date information was available for staff. There was other personal information in people's care plans describing how the person wanted to spend their time, likes and dislikes and other preferences. Risk assessments were completed when a risk to a person had been identified, such

as falls. Most provided clear guidance to staff in how to minimise the risk, although this could have been improved in some cases. For example, one person was at risk of falls, but the guidance for staff did not describe how to mitigate the risks in sufficient detail. However, when asked, staff understood how to reduce the risks of falls for the person.

The manager had a complaints folder but none had been received. People and relatives told us any informal, verbal day to day issues were dealt with straight away. Staff were aware of the complaints policy and confirmed they would support people to take forward any concerns or complaints they might have, or report them to the manager on their behalf.

Requires Improvement

Is the service well-led?

Our findings

People told us they thought the manager was helpful and approachable. One person said they were "A good manager, although I see so little of him I don't know how much or how little he does." They went on to say the staff "Smile quite a lot and I've heard no complaints." Another person told us "Yes, he's a good manager. He takes me everywhere and he runs a happy ship." A relative commented that Beach Crest was "A lovely home and [my relative] is really happy here."

During our inspection in October 2015, we found some concerns about how the home was managed. Improvements were needed to ensure the home had adequate policies and procedures, robust quality assurance processes and comprehensive records. Although the manager had sought advice from an external consultant to help improve these areas, they had not yet implemented the new systems. The manager printed off copies of some of the policies we had requested; including the quality assurance policy, but these had not yet been adopted or shared with staff. They showed us a blank template to demonstrate how they intended to review policies, but this had not yet been put into effect.

Some aspects of people's records were not always fit for purpose. For example, one person's medicine had been reviewed and the dosage reduced. This had been amended on their MAR chart by hand by staff. However, there was no information in the person's care records to say when this had changed, or who had authorised it. We spoke to a health professional by phone who had responsibility for the person's medicines. They told us they were aware of the changes which had been agreed. Staff had not maintained adequate records in relation to how they were managing another person's skin damage. This person was known to be at risk of pressure ulcers. We could not be assured from the records that they were receiving appropriate care. We spoke with the manager about this. They assured us the person had received appropriate care. For example, they had provided an air mattress, a pressure relieving cushion, and they were monitoring the person's fluid intake.

Records were not clearly written and were difficult to read. We were concerned that this could lead staff to be confused or uncertain about how to deliver people's care and support. For example, text had been scored through several times so it was not always possible to read what had been written. The manager showed us the daily record keeping guidance he had issued to staff and said he kept reminding staff of how to record information. The guidance stated if staff made a mistake they should put one line through it. However, when we looked at one person's initial assessment that had been completed by the manager, this too included numerous crossings out and was difficult to read.

Records were not easily accessible or retrievable. The manager was consistently unable to retrieve requested documents in a timely way. We had to repeatedly ask for some documents and others were not available to us.

Audits had not yet been systematically implemented to assess and monitor the quality of the service. The manager showed us a template that was to be used to record when audits had been carried out. The one audit which had been completed, for infection control, showed that most areas of the home met the

standards required, such as bathrooms. However, we found the first floor bathroom needed some attention and updating to ensure it could be hygienically cleaned.

The system in place to monitor incidents and accidents was not effective. Records were not appropriately made, stored or accessible which made analysing and learning from incidents difficult to monitor.

We spoke with the manager and joint providers to discuss our concerns about the on-going issues we had found. At the start of the inspection, one of the providers commented that they had needed more time to complete their action plan from the last inspection, but we told them they had provided us with the time frame for completing, which was now well overdue. The manager agreed they liked to work alongside staff providing care and did not give enough time to taking forward the improvements required. The providers agreed they would need to look at providing additional resources to allow the manager time to carry out the governance aspect of their role.

The provider had not implemented systems for monitoring and assessing the quality of the service. Incidents and accidents were not adequately reviewed to identify trends or learn from. The provider had not kept legible, accurate, up to date and contemporaneous records for each service user and was not always able to retrieve records when requested. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014; Good governance.

Surveys had been sent out in 2015 to obtain views from people. Only three had been returned but these were all positive about the quality of care received. The home did not provide any opportunities for people to talk about the home and any suggestions they might have for improvements, such as with the menus or activities. When we discussed this with the manager, they told us people were not really able to participate in group meetings. We were concerned that people's views might not be heard, and highlighted the feedback we had received from people about not always feeling involved in decision making. The manager said they would look at including feedback within their monthly reviews.

The atmosphere within the home was calm and relaxed and staff knew what their roles were and what they were responsible for each day, such as administering medicines. They were well informed and worked together as a team to help run the home. The joint providers also visited the home regularly and attended to offer support to the inspection. We observed they knew people well and people and the staff were smiling and seemed happy, relaxed and at ease with them. Staff told us the home was well led and that the manager was visible and approachable and they felt supported and involved in the home. A staff member said "They're very supportive" and another said "They're very open. We can share ideas with them and discuss."

Staff did not have formal meetings as the team was very small and they saw each other every day. Ideas and information was shared as and when needed, throughout the day and in the communication book.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not always acted within the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards code of practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not implemented systems for monitoring and assessing the quality of the service. Incidents and accidents were not adequately reviewed to identify trends or learn from. The provider had not kept legible, accurate, up to date and contemporaneous records for each service user and was not always able to retrieve records when requested.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not provided regular opportunities for staff to receive supervision and appraisal.