

# Croftwood Care UK Limited

# The Hawthorns

## Inspection report

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## Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

# Summary of findings

## Overall summary

### About the service

The Hawthorns is a residential care home that was providing personal care to 37 people at the time of the inspection. The service can support up to 39 people. Most of the people living at the service had age related conditions many of whom were also living with dementia.

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

The service had not been well managed. The governance of the service was insufficient to ensure that people received support to keep them safe and maintain their wellbeing. Audits had not always been completed or used to develop improvements in the quality and safety of the service people received. Records had not been fully or accurately completed and were disorganised. People were not asked to give their views of the service so that shortfalls could be identified, and improvements made.

People had not always been protected from the risk of potential abuse and risks to people's health and safety had not been consistently assessed and mitigated. Medicine were not always safely managed and the competencies of some staff that administered medicines had not been assessed. The recruitment of some staff had not been robust and the relevant checks had not always been completed. The staffing levels were not based on an assessment of people's needs and sometimes people had to wait for assistance. Some areas of the service were not clean and cleaning products had not always been kept in a locked cupboard.

People's needs had not always been adequately assessed and planned for. Care plans provided little detail or guidance for staff to follow when delivering care. Some people's care was not being effectively monitored because staff had not been provided with the relevant guidance. People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Staff had not always received the induction, training and support they needed to provide safe and effective care. Many staff had not completed the training the provider considered to be mandatory before they worked unsupervised.

We have made a recommendation about the design and adaptation of the building to meet people's needs.

People had not always been treated well. Personal valuable items being kept by the provider had not been all been named so it was not possible to identify who they belonged to. Although people who could move independently were able to move freely about the service others were not always supported to remain independent. Most people felt that staff were kind and caring.

People did not always receive care that was personalised to meet their individual needs. Care plan contained little information about people's preferences for how they wanted their care to be delivered or

how they like to spend their time. The opportunities for people to engage in activities, hobbies and pastimes that interested them were limited and staff did not always have the time to spend time talking to people. People told us they did enjoy the activities that were on offer, but most people spent much of their time in their rooms. People had not always been asked about their wishes on their end of life care and complaints people had made had not always been recorded.

We have made a recommendation about the management of complaints.

People were supported to access the support of healthcare professionals. We received mixed feedback about meals. People told us they could ask for an alternative if they did not like the food on offer.

Regular staff knew people well and had a good understanding of their needs. People felt staff were kind and caring and treated people with respect. Although limited, people did enjoy the activities that were on offer.

Two experienced managers had been deployed to work at the service and were developing an action plan to address the shortfalls and bring about improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20/07/2019) where we identified one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about the administration of medicines and the safety of the service. A decision was made for us to inspect and examine those risks.

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

#### Enforcement

We have identified breaches in relation to the safety of the service people receive, staffing levels, staff training, protecting people from the risk of potential abuse, gaining lawful consent, providing people with person centred care and the governance of the service. Please see the action we have told the provider to take at the end of this report.

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 overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement

procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was not safe.	<b>Inadequate</b> ●
<b>Is the service effective?</b> The service was not always effective	<b>Requires Improvement</b> ●
<b>Is the service caring?</b> The service was not always caring	<b>Requires Improvement</b> ●
<b>Is the service responsive?</b> The service was not always responsive.	<b>Requires Improvement</b> ●
<b>Is the service well-led?</b> The service was not well-led.	<b>Inadequate</b> ●

# The Hawthorns

## Detailed findings

### Background to this 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

This inspection was completed by two inspectors.

#### Service and service type

The Hawthorns is a 'care home'. 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 registered with the Care Quality Commission who left the providers employment during the inspection. The registered manager and 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 we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at the latest enter and view report from December 2019 published by Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with sixteen members of staff including the registered manager, the new manager, a service manager, an administrator, the chef, two activity organisers, three care team leaders, five carers, one agency carer. We also spoke with four visiting healthcare professionals. We observed the mealtime experience and the administration of medicines.

We reviewed a range of records. This included eight people's care records and 11 people's medication records. We looked at 14 staff files in relation to recruitment and staff supervision in detail and reviewed two other staff files in less detail. We reviewed a variety of records relating to the management of the service, including audit documentation, meeting minutes and daily records.

# 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 now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- People were not always protected from the risk of abuse.
- The provider had been holding valuables for some people but had not maintained an inventory. Therefore, they could not easily identify who the valuables belonged to or be assured they could all be accounted for.
  - The provider had failed to maintain full and accurate records of the financial transactions for people whose money they managed. Receipts had not always been provided when people had spent money managed by the provider.
  - Not all staff had completed safeguarding training. When incidents of potential abuse such as unexplained bruising had occurred, they had not always been reported to the local authority under local safeguarding protocols.

People had not always been protected from the risk of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager took immediate action to complete an inventory of people's valuables being held by the provider and informed the local authority under local safeguarding protocols.

Using medicines safely; Assessing risk, safety monitoring and management; Preventing and controlling infection; Learning lessons when things go wrong;

- The provider failed to appropriately assess risks and was not taking reasonably practicable steps to mitigate such risks. Lots of doors to cupboards and rooms containing items that placed people at risk of harm were not locked despite signage indicating they should be such as the laundry and kitchen.
- Risks to people's health and safety such as moving and handling, skin integrity and nutritional needs had not always been completed, reviewed and updated on a regular basis. Therefore, staff did not have up to date information on the steps they should take to provide safe care.
- People's personal emergency evacuation plans (PEEPS) lacked details for example whether they could see and or hear. This placed them at risk of not receiving the support they needed in an emergency.
- People were not always protected from the risk of infection. Some areas were not clean. These included some floors, cupboards in kitchenettes and plastic drawers in bathrooms containing flannels and personal protective equipment. Multiple waste bins in bathrooms, toilets and kitchenettes were not suitable because they had no lid or were not foot pedal operated.



- Many staff, including those employed to undertake cleaning tasks had not completed any training in health and safety, infection control or the control of substances hazardous to health (COSHH).
- Some people and relatives told us about incidents and accidents that had occurred however we could not see these had always been recorded. Therefore, it was not possible for the provider to be assured they had always acted to ensure people's safety and reduce the risk of reoccurrence.

At our last inspection we recommended the provider reviewed the medication procedures ensuring the policy was being complied with and processes were followed accordingly. The provider had not done this.

- Medicines were not always safely managed. There were many errors in the recording of medicines. This made it difficult to account for some medicines and tell if they had been given or disposed of correctly.
- Guidance and documentation relating to 'as and when required' medicines was not in line with best practice.
- The competency of some staff to administer medications had not been appropriately assessed.

The provider had not ensured they had to appropriately assess risks to people's health and safety and taken steps to mitigate such risks. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The recruitment of staff was not always safe. The pre employment checks to make sure staff were safe and suitable to work with vulnerable people had not always been carried out. Only one reference had been obtained for one staff member and none for another. Gaps in people's employment history had not always been verified
- The provider had not always obtained verification agency staff had been safely recruited and relevantly trained before deploying them to work. Many of the agency profiles that had been obtained did not include a photo of the person, so the provider was not easily able to verify who they were.

Safe recruitment practices were not always followed. This was a breach of Regulation 19 (Fit and proper persons employed) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staffing levels were not always sufficient to meet people's needs. A staff member commented "Staffing can be variable. Sometimes there are enough but at times we are thin on the ground", another said "More staff are required as people have a high level of needs. There is a high staff turnover. Staffing doesn't reflect people's needs."
- Staffing levels had not been based on an assessment of people's needs. We heard people's call bells ringing constantly and saw staff were unable to assist people in a timely manner. This meant some people had to wait for assistance. Comments received from people included "Call bells aren't always answered very promptly", and "Staff haven't come when we have accidentally set the pressure mat alarm off."
- People, relatives and visiting professionals all reported difficulty in gaining access to the building and locating staff when they needed them. On numerous occasions inspectors walked around the building without being able to locate any staff.

Sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet people's needs had not always been deployed. This was a breach of Regulation 18 (1) (Staffing) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. 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 induction, training and supervision they needed to fulfil their role and provide safe and effective care. Some staff files, including agency staff, contained no evidence they had received an induction to their role or that they had completed training the provider considered mandatory before working unsupervised. One staff member commented "I had no formal induction when I started".
- Not all staff had completed training to meet the specific needs of people living with dementia and other age-related conditions.
- Staff had not been provided with the opportunities to have regular supervision meetings with their manager to discuss their individual training and development needs or personal issues they may be experiencing.

People were not always supported by suitably qualified and trained staff. This was a breach of Regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People's care had not always been effectively assessed and planned for. People's preadmission assessments were not robust and contained only basic information about people's needs. Care plans lacked information staff needed to ensure people's needs were safely and effectively met.
- Staff did not always follow the guidance provided by other agencies to ensure people's needs were always met. A healthcare professional had recommended one person should be encouraged to walk and complete daily exercises. There was no evidence this had been planned for or implemented by staff.
- People had not always received the support they needed to eat and drink enough. One person's food journal recorded what the person had eaten and drank. Staff had no guidance for the amount of fluid people had been recommended to consume to support their condition. People did not always have drinks available to them. Relatives told us sometimes their loved one's had no drink in their room and we saw some people's drinks were left out of their reach.

The provider had not ensured people's needs were assessed and care was delivered in line with best practice and standards. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Three healthcare professionals had no concerns about the care people received. They felt regular staff knew people well and contacted them appropriately. One healthcare professional told us the quality of the records relating to the monitoring of some people's care had improved recently.
- There was evidence within the files of people attending routine health screening appointments.
- The manager told us they had increased the frequency of checks to make sure that people's drinks were accessible to them. People had a choice of food at meal times and alternatives were available if they did not like the food on offer.
- People's feedback on the food was mixed. Some people told us they felt the food was of good quality whilst others felt the food could be improved. Their comments included "The food is good", "No complaints about the food, it's been excellent so far", "It's ok I suppose" and "My relative keeps getting offered tomato soup even though they have said they don't like it",

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care and treatment had not always been provided with the consent of the relevant person. The provider had not always provided opportunities for relevant persons to manage people's care or treatment. One person's relatives held Power of Attorney for their loved one's health welfare and finances, but they had not seen or been involved in the development of their loved one's care plan.
- The provider and staff had not always worked in accordance of the Mental Capacity Act. Care plans contained conflicting information about people's capacity and where there were doubts over a person's ability to make certain decisions, the MCA had not been followed correctly by the provider.
- A condition on one person's authorised DoLS was not being met.

People's consent had not always been obtained in accordance with the MCA. This was a breach of Regulation 11 (Need for consent) of The Health and Social Care Act 2008 (Regulated Activities)

- We observed staff seeking people's consent with regards to their day to day support. We heard them asking people politely if they wanted help before it was provided and respected their wishes if they did not.

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

- The provider had not always made reasonable adjustments in accordance with the Equality Act 2010 to support people's orientation around the building. There was a lack of signage to help people living with dementia find their way and some rooms were not labelled appropriately. We saw several people who could not find their way back to their rooms.
- There was no information to tell people what day it was or what time of year it was. One person told us "How are we supposed to know what day it is? Look around you, there's no way of us knowing".

We recommend the provider obtains good practice guidance on adapting the service design and decoration to meet the needs of people living with dementia.

# 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 now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People had not always been well treated. The provider was holding personal items belonging to people at the service such as wedding rings, watches and jewellery. Most of these items had not been labelled with the name of the person they belonged to. Therefore, there was no way for the provider to know who to return these items to.
- People were not always offered the opportunity to have a bath or shower on a regular basis. One staff member commented "Everyone isn't having as many baths and showers as we would like. We are doing more strip washes due to time restrictions".
- We observed some kind and caring interactions between people and staff. Regular staff knew people well and had a good understanding of their needs. Comments received from people included "Staff are very good and friendly", "Staff are very caring", "The majority of staff are alright",
- Some people were supported to follow their chosen faith and visited by local clergyman.

Respecting and promoting people's privacy, dignity and independence;

- People were not always supported to be independent. One relative told us their loved one "needs to get stronger" and explained "staff keep transporting them in a wheelchair for ease and speed rather than encouraging and supporting them to walk".
- We saw people who could move independently had the freedom to move about the service as they wished.
- Staff made sure they protected people's dignity by ensuring doors were shut when they were providing personal care.

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

- The opportunities for people to give their views on their care was limited. Few care plans included a signature from people or their representative to confirm they had been involved with the care planning and review process.
- One person was supported to access support from an advocate.

# 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 did not always feel well-supported, cared for or treated with dignity and respect.

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

- Care plans contained very little information about people's preferences for how they wanted their care to be delivered. Information about people's interests, personal histories and how they liked to spend their time was minimal or missing all together. Staff had not consistently recorded the amount of food or drink that people had consumed or totalled their intake.
- People were not given the opportunity to follow their interests and hobbies. Throughout the inspection most people were asleep or unoccupied in their rooms. People were offered very little in the form of stimulation through activities or meaningful conversations with staff and some people only received any form of interaction while receiving personal care. There was little in the way of the provision of activities and most people only came out of their rooms at meal times. Several people commented on how bored they were. One person told us "I am bored to the end of my toes", another person told us "There is nothing to do here apart from bingo. I call it the morgue". One staff member told us "Staff shortages reflect the lack of activities".
- There was no evidence that the mealtimes, which were close together, were based on people's preferences. Lunch was finished by 12.30 and people were supported to the dining room again for their evening meal from 3.30. Most people had finished by 4.15 and supported back to their rooms.
- We saw little and for many, no evidence that people's wishes for their end of life care had been recorded or planned for. One person who we were told was receiving end of life care had no end of life care plan in place and other peoples were also blank.

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.

- Care plans provided limited information about people's communication needs.
- One person's vision care assessment stated they may benefit from information being provided in large print and from larger signage. There was no evidence this had been made available to them. The care plans of other people with hearing or sight loss provided little information other than they needed support from staff to wear hearing aids or spectacles.

Care was not planned and delivered in a person-centred way. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular staff knew people well and had a good understanding of their personal preferences.
- Some people were seen enjoying positive interactions with an activity organiser and staff during a group activity which they enjoyed. People also told us they enjoyed the bingo that was organised by a person who lived at the service.
- It was acknowledged by the manager care plans were out of date and needed to be updated.
- Visitors were welcomed into the home and visiting was not restricted.

Improving care quality in response to complaints or concerns

- People were provided with information about how to complain. However, people's relatives told us that they had previously made verbal complaints but there was no record of any complaints since our last inspection. This is an area of practice that needs to improve.

We recommend the provider seeks good practice guidance for the management of complaints.

# 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 now deteriorated to inadequate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had not made sure plans were in place to continuously promote and ensure people received person centred and high-quality care. The providers governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided, or the quality of the experience for people using the service.
- The provider had not maintained accurate, complete and detailed records of people, the employment of staff and the overall management of the service. Records were incomplete, not up to date and difficult to locate. Audits had not consistently been completed and those that had, had not identified the issues we found.
- A visit by one of the providers service managers in October 2019 had identified a range of concerns but there was no action plan in place detailing how they would be addressed. In addition, there was no action plan in place to address the breach of regulations identified at the last inspection or the recommendations made.
- The provider had not sought and acted on feedback from people and staff so that they could continually evaluate the service and drive improvement. Resident and relative meetings were not held on a regular basis, the last meeting had been held in May 2019. No customer satisfaction surveys had been sent out in the last year. Staff survey results from 2019 had not been analysed.
- The business continuity plan for how the service would operate in case of an emergency was out of date. Therefore, staff did not have access to up to date guidance to follow should an emergency develop.
- Due to the disorganisation of records the provider could not be assured they have always notified the CQC of events that had occurred at the service.



We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective systems for checking on the quality and safety of the service. This placed people at risk of harm. This was a continuing breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a change in the management of the service. A registered manager from one of the provider's other services has been moved to The Hawthorns to manage the service. They were being supported by a registered manager from another service who was also based at the service. Although new to the service they were in the process of drawing up an action plan to address the concerns identified.
- Both managers were experienced and had a good understanding of the improvements that were needed. They explained they had voluntarily closed to any new admissions and were completing an assessment of people's needs so they could assess the staffing levels needed.

#### Working in partnership with others

- Managers were working with the local authority to access staff training and raise the standards of care.
- Staff had the opportunity to discuss the running of the service at staff meetings. However, the last meeting had been held in October 2019 and staff felt they were not always well informed. Comments from staff included "Staff have received no formal information about the management changes that have taken place" and "We don't know what's going on".
- Managers explained most staff had been informed the registered manager had left and had been introduced to the new manager. They told us only minimal information had been given to staff regarding the management changes, but they were planning to have a full staff meeting to discuss further.

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 provider had not ensured people's care was personalised specifically for them.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider had not ensured care and treatment had always been provided with the consent of the relevant person. The provider had not ensured they had always worked in accordance of the Mental Capacity Act
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured people were always protected from receiving unsafe care and treatment, avoidable harm or risk of harm.
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 ensured people were always protected from the risk of abuse.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The providers governance, assurance and auditing systems had not effectively assessed, monitored and driven improvement in the quality and safety of the services provided, or the quality of the experience for people using the service. The provider had not always assessed, monitored and mitigated risks to people's health, safety and welfare.

The provider had not maintained accurate, complete and detailed records of people, the employment of staff and the overall management of the service. The provider had not sought and acted on feedback from people so that they could continually evaluate the service and drive improvement.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider had not ensured the recruitment of staff was always safe.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had not ensured staff always received the induction, training and support they needed to meet people's needs and undertake their role.

The provider had not ensured sure staff were always employed and deployed in sufficient numbers to meet people's needs.