Rowena House Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Rowena House Limited is a care home that provides accommodation for up to 22 older people. There were 17 people using the service at the time of our inspection.

This inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a safeguarding investigation and as a result of this we did not examine the circumstances of the incident at this inspection. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of pressure sores. This inspection examined those risks.

We found that assessments had been carried out to assess the risk to people in relation to their skin integrity and pressure sores. Staff checked people daily during personal care for skin redness on pressure areas. Staff told us that any change to people's skin integrity would be reported to the registered manager and the GP and district nurse would be called to attend the home. We saw that the district nurse had recently been made aware of the high risk to a person using the service developing pressure sores. The district nurse had advised the home to monitor the person skin daily and contact them directly should there be any problems.

At this inspection we found breaches of the regulations of the Health and Social Care Act 2008 (Regulated Activities), Regulations 2014 in relation to safe care and treatment, staffing and person centred care. We found that action had not been taken to support a person where risks to them had been identified in relation to eating and drinking. Appropriate recruitment checks did not always take place before staff started work. People using the service were not receiving person centred care that reflected their needs or their personal preferences. You can see what action we told the provider to take at the back of the full version of the report.

We found the provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Staff had access to a whistle-blowing procedure and said they would use it if they needed to. There was enough staff on duty to meet people's needs. People received their medicines as prescribed by health care professionals.

All staff had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and, where appropriate, an annual appraisal of their work performance. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation. People were being supported to have a balanced diet and they had access to health care professionals when they needed them.

Staff knew people well and had developed positive caring relationships with them. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. They were also provided with a brochure that included information about the home and the standard of care they should expect. People's privacy and dignity were respected.

People's care plans and risk assessments provided guidance for staff on how to support them with their needs. Where people's needs had changed, their care records were being updated to reflect the changes. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service. However the registered manager was not aware of some of their responsibilities with regard to the Health and Social Care Act 2014. Some of the homes administration records had not been kept up to date. The provider took into account the views of people using the service and relatives through surveys. They carried out unannounced visits to the home to make sure people where receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the registered manager and team leader.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Action had not been taken to support a person where risks to them had been identified in relation to eating and drinking.

Appropriate recruitment checks did not always take place before staff started work.

The provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures.

Staff had access to a whistle-blowing procedure and said they would use it if they needed to.

There was enough staff on duty to meet people's needs.

People received their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed mandatory training in line with the provider's policy.

Staff were receiving regular formal supervision and, where appropriate, an annual appraisal of their work performance.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation.

People were being supported to have a balanced diet and they had access to health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of peoples care and support

needs. They knew people well and had developed positive caring relationships with them.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People using the service and their relatives were provided with a brochure that included information about the home and the standard of care they should expect.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People using the service were not receiving person centred care that reflected their needs or their personal preferences. There were no specialised activities to help staff meaningfully engage with people living with dementia in order to promote their individual wellbeing.

People's care plans and risk assessments provided guidance for staff on how to support them with their needs.

People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led. Improvement is required.

The registered manager was not aware of some of their responsibilities with regard to the Health and Social Care Act 2014.

Some of the homes administration records had not been kept up to date.

The provider recognised the importance of regularly monitoring the quality of the service. The provider took into account the views of people using the service and relatives through surveys. They carried out unannounced visits to the home to make sure people where receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the registered manager and team leader.

Rowena House Limited

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 was 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. The inspection was prompted in part by a notification of an incident following which a person using the service sustained a serious injury. The inspection was undertaken to make sure people currently using the service were safe.

This unannounced inspection was carried out on 18 and 19 January 2017. The inspection team consisted of one inspector. Before the inspection we looked at all the information we held about the home. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required by law to send us. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

We spent time observing the care and support being delivered. We spoke with three people using the service, four people's visiting family members/friends, the registered manager, the team leader and two members of staff. We also spoke with a health and social care professional who was visiting a person using the service at the time of our inspection. We looked at records relating to the management of the home including the care records of six people using the service, medicine's records, staff training, supervision and recruitment records, and the home's systems for monitoring the quality and safety of the services provided to people.

We also undertook general observations throughout our visit and used the short observational framework for inspection (SOFI) during lunch time on the second day of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People using the service said they felt safe and staff supported them safely. One person told us, "I feel safe living here. It's quiet and there's never any trouble." Another person said, "I feel safe. The staff look after us all very well." A relative told us, "I feel my mother is very safe here." Despite these positive comments we found that the service was not always safe.

Assessments had been carried out to assess the levels of risk to people in areas such as skin integrity, falls and nutritional needs. Staff demonstrated an understanding of the risks people faced and actions they should take to ensure people's safety. For example, two members of staff told us they checked people daily during personal care for skin redness on pressure areas such as their backs, heels and elbows. They told us if they noticed any changes in people's skin integrity they would report them right away to the registered manager or the team leader and the district nurse would be called to attend the home. We saw that one person's risk assessment for pressure sores recorded that staff should check the persons skin daily, report any redness or changes immediately to the person in charge who would liaise with the GP or refer them to the district nurse. We saw a note on one person's risk assessment recording that the district nurse had been made aware of the high risk to the person developing pressure sores. The district nurse had advised the home to monitor this person's skin daily and contact them directly should there be any problems. We saw daily notes confirming that staff had checked this person skin condition on a daily basis. Staff told us they supported people at risk of falls by monitoring their movements, helping them to stand up and by walking beside them when they moved around the home.

However we found that appropriate action had not always been taken to support people where risks to them had been identified. We noted that one person's care plan recorded they were at risk of malnutrition and had minor problems with chewing. The team leader told us that the person was at risk of choking and was on a pureed or very soft food diet. We saw that this person had been referred to a dietitian regarding weight loss and food supplement's had been prescribed to support this person to gain weight. However the home had not made a referral to the speech and language team for specialist advice and guidance to support this person with eating and drinking in order to reduce the risk to them choking. This person was being placed at risk of unsafe care because advice had not been sought from an appropriate health care professional to support them with their needs.

This issue was a breach of regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Following the inspection the registered manager confirmed that a referral was made to the speech and language team for advice and guidance in relation to the person at risk of choking.

Appropriate recruitment checks did not always take place before staff started work. The registered manager told us that one member of staff had started working at the home since our last inspection in August 2015. We looked at this persons file and found a completed application form that included references to their previous health and social care experience, their full employment history and a health declaration. The file

contained two employment references and proof of identity. The file also included a criminal record check obtained by the person's previous employer, an agency. The registered manager told us that this person had worked at the home on a regular basis as an agency worker before they offered them a full time job at the home. They said they thought that the criminal record check from the previous employer could be used as evidence that they had carried out all of the appropriate recruitment checks.

This issue was a breach of regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

On the second day of the inspection the registered manager told us this member of staff had applied to the Disclosure and Barring Service for a criminal record check.

The home had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse, which was refreshed annually. Training records we saw confirmed this. Staff told us they were aware of the whistle-blowing procedure and they would use it if they needed to. At the time of this inspection a safeguarding concern was being investigated by the local authority. We cannot report on this at the time of this inspection. The CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire, and we saw records confirming that regular fire drills were carried out at the home and that all staff had completed training on fire safety. Safety checks were regularly carried out such as those for installed fire, gas and electrical equipment.

Senior staff administered medicines to people using the service. We saw records confirming that all of these staff had received training and competency assessments on medicines administration. One member of staff told us, "I receive training on administering medicines on an annual basis. The registered manager and team leader always check to see that we are administering medicines correctly." We checked medicines storage, medicines administration record (MAR) charts, and medicines supplies for five people using the service. Medicines were locked in a secure medicines trolley that was stored in a locked medicines room that only staff who were trained to administer medicines had access to. Staff ensured that all prescribed medicines, including controlled drugs, were available and stored securely. Medicines received from pharmacy were recorded on people's MARs and medicine stocks reconciled accurately with the information they contained. People's MARs included a picture of each person to help staff identify people and reduce the risk of medicine misadministration. Medicines audits were carried out on a weekly basis by the team leader and on a monthly basis by the registered manager. We also saw a report from a local pharmacist also who had visited the home in September 2016. The report confirmed that medicines were managed appropriately at the home.

Good

Is the service effective?

Our findings

People using the service and their relatives said staff knew them well and knew what they needed help with. A visitor told us, "The staff are great and they know what they are doing."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. One member of staff told us, "I had an induction when I started work and shadowed experienced staff. This helped me to understand what support people needed." Another member of staff said, "I completed an induction when I started to work here and I am up to date with all of my training." The registered manager told us that all new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw a training matrix which confirmed that staff had completed training that the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, and the administration of medicines. They had also completed training relevant to the needs of people using the service, for example, dementia awareness and the Mental Capacity Act 2005 (MCA).

The registered manager told us they were currently liaising with the district nurse in order to provide training on pressure ulcer prevention. We were not able to assess the impact of this on people's care as staff had not received this training at the time of inspection. We will assess this at our next inspection of the service.

Staff told us they received regular supervision and had an appraisal of their work performance. One member of staff told us, "I am well supported to do my job. I get supervised by the registered manager regularly and I have an appraisal." Another member of staff said, "I've had supervisions and appraisals and I am well supported to do my job." We saw records confirming that staff were receiving regular supervision and, where appropriate, an annual appraisal of their work performance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and team leader demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files. Where the registered manager had concerns regarding a person's ability to make specific decisions they had worked with them,

their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications to deprive people of their liberty for their own safety had been authorised by the local authority. All of the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drinks to meet their needs. One person using the service told us, "The food is very good; it's one of the best things about living here." Another person said, "The food is lovely, I always empty my plate." People's care plans included nutritional assessments which safeguarded people from the risk of malnutrition, details of their food likes and dislikes, food allergies and their care and support needs. We spoke with the chef. They had a good understanding of peoples dietary requirements; they showed us documents relating to people's dietary risks and personal preferences. They told us they accommodated people's personal preferences by offering a range of choices each meal time. We observed how people using the service were supported by staff at lunchtime on the second day of this inspection. A pictorial menu was displayed in the dining room and we saw people were given a choice of which meal they would like. The meals were served by the staff who had a good knowledge of the dietary requirements and preferences of each person. Staff assisted people individually to eat when this was required and this was done in an unhurried manner.

People's files held records of visits from GP's and health care professionals. People's physical and mental health needs were monitored by staff and medical advice was sought when required. For example we saw that when a member of staff observed that a person using the service had a small sore and a dressing was applied until the GP surgery was contacted to refer the person to the district nurse. Nursing notes also recorded an emergency call from the home regarding a person's blocked catheter to which a member of the nursing team had attended the home and reinserted the catheter. A GP told us they visited the home on a monthly basis or when required to attend to people's needs. They found the staff to be very attentive and caring towards the people using the service. They said concerns about people's health needs were brought to their attention so that they could make appropriate referrals to health care professionals such as district nurses and diabetic nurse specialists or hospices. Communication between the home and the GP practice was good and staff provided them with the information needed when they went to the home. They said they had no concerns about the care and support provided to people living at the home.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received from staff. One person said, "I like living here. The staff are friendly enough and they help me to look after myself." Another person told us, "It's okay living here. I do what I want, when I want. I have a nice room with all I need and the staff are very nice." A relative told us, "I am happy with the care my mother receives here. She is happy here. The staff seem to be caring and kind." Another relative told us, "The staff are caring and respectful to my relative and the other people living here."

Throughout our inspection we observed positive interactions between staff and people using the service. Staff displayed kindness and understanding toward people and addressed them by their preferred names. People were supported to maintain relationships with their families and friends and visitors were able to visit the service with no restrictions placed upon them. One relative said, "I am always made to feel welcome when I come to see my mother." Another relative told us, "Whenever we visit the staff always provide us with a cup of tea and a smile."

Some people using the service and their relatives told us they had been consulted about their care and support needs. One person told us, "I do things my way. The staff know what to do to look after me." A relative told us "My mother moved in quite recently and they asked me all about what she likes to do, what she likes to eat and what she likes to wear. They always let me know if anything happens or if there are any changes to her care needs." We saw a care needs summary was available on each person's file. This gave staff important information about each person including some life history and their likes and dislikes.

People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when supporting people with any personal care needs. A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They said, "When I help people with personal care I always explain to them what I am doing. I cover them up to maintain their dignity and I make sure no one comes into their room." A person using the service told us, "The staff makes sure everything is private when they help me to have a wash. They always close the door. They take their time with me." We saw staff respected people's choice for privacy and independence and noted some people preferred not to join others in communal areas. One person told us, "I can stay in my room or go down to the lounge. I like to stay in my room and watch TV. I usually go down stairs when my visitors come or if there is something going on."

People using the service and their relatives were provided with appropriate information about the home in the form of a brochure. The brochure included details of the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they started using the service.

Requires Improvement

Is the service responsive?

Our findings

People using the service told us they liked the home and the staff that support them with their needs. People's relatives knew about the complaints procedure and said the registered manager would deal with any concerns if they had any. However some people told us there was not much to do at the home.

People using the service were not receiving person centred care that reflected their needs or their personal preferences. There were no specialised activities to help staff meaningfully engage with people living with dementia in order to promote their individual wellbeing. We saw a weekly activities board displayed in the lounge, activities included pampering, arts and crafts, exercise and relaxation, games, sing-alongs, animals and flowers and plants. However during the two days of our inspection we observed people mostly sitting in the lounge watching a TV with subtitles on and music playing in the background. On the afternoon of the second day we observed a member of staff completing a jigsaw puzzle with three people using the service.

We spoke with people using the service about the activities provided at the home. When we asked one person what they done during the day they pointed at the TV and shrugged their shoulders. They told us they would like to do drawing and painting. When we advised them the activities board indicated there was arts and crafts on a Tuesday morning they said, "That's news to me, I didn't know about that." We looked at the daily notes for some people using the service, these recorded that people mainly watched TV or listened to music occasionally playing ball games. Visitors to the home told us there were not many activities for people using the service to partake in. One person told us, "The staff are very nice and they really care for people in the right way but there's nothing for the people living here to do." Another visitor said, "I don't see people doing anything when I come here. They usually just sit in the lounge watching the telly."

The registered manager told us the activities coordinator had left the home six months ago and had not been replaced. They said the current staff provided activities to people but agreed that a lot more could be done to stimulate people using the service during the day.

This was a breach of regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

The registered manager told us they were actively trying to recruit a full time activities coordinator to work at the home. Following the inspection the registered manager told us they had appointed an activities coordinator to work at the home. We will assess the impact of activities coordinators work at the home at our next inspection of the service.

Care and health assessments were undertaken to identify people's support needs when they moved into the home. Care plans documented people's needs in areas such as nutrition, communication, skin integrity, medicines, mobility, mental health and end of life care. Care plans were updated using an electronic system with hard copies printed out for easy staff reference. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. They were reviewed on a regular basis to ensure they were responsive in meetings people's needs.

The registered manager told us that where they felt the home could not meet peoples care and support needs they made referrals to local authority for placements at nursing homes. We saw the registered manager had made a referral to the local authority for a person currently using the service to move to a nursing home in November 2016. This person was still living at the home at the time of this inspection.

Daily records were kept by staff about people's day to day wellbeing and documented any activities they participated in. Staff we spoke with were knowledgeable about the content of people's care plans, they told us how people preferred their care to be delivered for example with moving and handling and eating and drinking.

Relatives and friends we spoke with told us they knew about the home's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. We saw copies of the complaints procedure displayed throughout the home. We saw a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Requires Improvement

Is the service well-led?

Our findings

Relatives and friends were positive about the registered manager and staff team. They said they felt able to speak to the registered manager and team leader if they wanted information or had any issues or concerns. A visitor to the home told us, "The people living here and the building are well looked after, it's not flashy, it just looks like its home. The team leader is amazing." A relative said, "The manager and staff here are really good, they keep us up to date with everything. The home seems to be well run." However despite this positive feedback we found that aspects of the management of the service required improvement.

The service had a registered manager in post. They had managed the service for 23 years. However the registered manager was not aware of some of their responsibilities with regard to the Health and Social Care Act 2014. They informed CQC in July 2016 that they would be absent from the home due to illness for a period of six weeks and that the team leader would be running the home. The registered manager told us that a further time of recuperation followed when they did not attend the home on a regular basis but they had been liaising with the team leader. During this period the home had applied to the local authority under the Deprivation of Liberty Safeguards (DoLS) to deprive some people using the service of their liberty however the registered manager had not, as required by law, notified the CQC about these actions. The registered manager had also used one criminal record check from one member of staff's previous employer as evidence that they had carried out all of the appropriate recruitment checks. We also found that a person was being placed at risk of unsafe care because advice had not been sought from an appropriate health care professional to support them with their needs, despite a risk being identified. These issues required improvement.

During this inspection we found that some records relating to the running of the home could not be located promptly by the registered manager when we requested them. For example the registered manager needed to contact engineers to obtain certificates confirming that the homes hoists and gas safety had been serviced. They also contacted a pharmacist to obtain certificates confirming that staff that administered medicines to people using the service using had received training from them on the administration of medicines. The registered manager acknowledged that during their absence some of the homes administration records had not been kept up to date and that they had been updating the administration system since they fully returned to work in December 2016.

The provider recognised the importance of regularly monitoring the quality of the service. We saw that people's care records were kept under regular review and medicines audits had been completed. Complaints, accidents and incidents, health and safety, staff training and the frequency of supervision were also monitored. The registered manager told us that complaints and incidents and accidents were during team meetings to reduce the likelihood of the same things happening again. We saw reports from unannounced night time visits carried out at the home by the registered manager in June and October 2016. The visits covered staffing, turning charts and the welfare of people using the service. No issues were identified during these visits. The registered manager told us they carried out these unannounced checks to make sure people were receiving the right care and support.

The provider took account of the views of people using the service and their relatives through surveys. The registered manager showed us a number of surveys completed by the relatives of people using the service in 2016. These indicated that they were happy with the standard of care their relatives were receiving, no comments or suggestions were made to make any improvements at the home. The registered manager told us another survey would be sent out in 2017. If any suggestions for improvements at the home are made they would draw up an action plane to ensure the improvements are made.

We saw a report from the local authority that commissions services from the provider following a visit to the home in September 2016. The report included a number of recommendations for improvements at the home, these related to care planning, medicines, training and quality assurance. The registered manager provided us with an action plan which confirmed, and we saw, that the recommendations had been or were being addressed. For example pre assessment forms were completed when new people moved into the home, people's medicines records included photographs to help staff identify people and reduce the risk of medicine misadministration and staff mandatory training had been brought up to date. Pressure ulcer prevention was included on the homes training matrix and the registered manager was liaising with the district nurse in order to provide training on this topic.

Staff said they enjoyed working at the home and they received good support from the registered manager and team leader. They said there were regular team meetings and an out of hours on call system in operation that ensured management support and advice was always available when they needed it. A member of staff told us, "I really enjoy working here because we have a good team. There are regular monthly team meetings and we all get good support from the registered manager." Another member of staff told us the team meetings were very useful. They said the meetings helped staff share learning about people needs, discuss any incidents or accidents and they received guidance from the manager.

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 People were not receiving person centred care that reflected their needs or their personal preferences.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate action had not always been taken to support people where risks to them had been identified.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate recruitment checks did not always take place before staff started work.