

Sanctuary Care Limited

Dovecote Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Dovecote Residential and Nursing Home is a residential care home providing personal and nursing care to up to 61 people. The service provides support to people aged 18 and over, some of whom were living with a dementia. At the time of our inspection there were 37 people using the service.

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

People were not always supported in line with their assessed needs and staff did not always follow people's care plans. Feedback provided by professional visitors to the home, described instances where staff had not acted in a timely way to support people. Care plans were not always person-centred, did not always include all of the necessary information to support people and required a review.

Staffing levels and the high use of agency staff had a negative impact on people. Relatives said that permanent staff were kind and caring with people, but agency staff did not provide support in a timely way or at all. People told us they had to wait long periods of time for support from staff. Relatives commented, "Staff are overworked" and, "They just have too much on."

People did not have regular access to activities or social interaction. People and relatives told us there was normally no activities to be part of and staff did not have time to engage with them. During the inspection we observed that staff were very busy, and they did not have time to interact with people unless they were carrying out a task.

Medicines were not safely managed. There was an issue with medicine stocks at the home. We could not be assured that people were receiving creams, ointments and patches as prescribed. People did not always receive their medicines. Relatives described instances where people had not received their medicine for several days. Medicine records were not always completed, and medicine care plans did not always contain all the relevant information for staff to follow.

Staff were not always wearing their PPE appropriately or following the provider's guidance for infection prevention and control.

There was no clear leadership at the home. The registered manager was in the process of leaving the service and a new manager was completing their induction. Staff and relatives commented that they did not know who the responsible manager was. Relatives did not feel that they were communicated with and had to regularly chase staff and management for information.

Since our last inspection, the quality and assurance systems in place had been reviewed and the provider's quality team were supporting with checks and audits. The systems in place had not been fully imbedded and we found the home manager's checks had not been completed.

Records relating to people's care and the quality and assurance systems were not fully completed or completed in a timely way.

We discussed our concerns with the provider and regional management team who had already taken proactive steps to address the issues found during the inspection.

People and their relatives told us they were supported to be independent, but this was affected by staff availability. People were complementary about the permanent staff team and had a good relationship with them.

People were supported to maintain a healthy balanced diet and were very complimentary about the food. Relatives commented that people had re-gained their appetite and were eating lots of varied meals. There was a positive atmosphere at meals times and we observed a very relaxed and happy environment in the dining rooms.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was requires improvement (published 2 September 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels, staff knowledge, medicines management, skin integrity issues, record keeping, person-centred care and the overall governance of the service. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

You can see what action we have asked the provider to take at the end of this full report.

Since the inspection the provider and management team have taken action to address the issues identified. The management team are currently working in partnership with the local authority, health partners and the CQC to improve the service.

Enforcement

We have identified breaches in relation to person-centred care, medicines management, infection

prevention and control, management oversight at the home and staffing issues at this inspection.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Dovecote Residential and Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Dovecote Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Dovecote Residential and Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was in the process of leaving the home. A new manager was in post and starting their induction when the inspection process ended.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service including information submitted to CQC by the provider about specific incidents. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority contracts monitoring team, health professionals and safeguarding adults' teams and reviewed the information they provided. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 7 people's care records, the medicine records for 15 people and the recruitment records for 4 members of staff. We also reviewed the induction information for 7 agency staff members who had recently been employed at the home. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We carried out observations in the communal areas of the home. We spoke to 16 relatives, 3 people and 18 members of staff. This included the deputy manager, peripatetic manager, regional manager, regional director, 2 team leaders, 8 care staff, 2 registered nurses, the provider's quality manager, 2 domestic staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received written feedback from 3 health and social professionals who worked in partnership with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were not enough suitably qualified staff available to support people. Staffing levels had not been regularly reviewed or assessed by the registered manager. We found the dependency tool used to calculate staffing numbers had not been used effectively to ensure there were enough staff to support people. One person said, "I pressed the button at 1:30am for help to go to the toilet. I had to wait over 1 hour and 10 minutes for someone to take me."
- Agency staff were not safely recruited. For example, on the first day of inspection agency staff recruitment profiles were not available and had not been checked prior to them delivering care.

There were not enough staff available to safely support people and agency staff were not safely recruited. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager and nominated individual took immediate action. Staffing levels were increased, inductions were completed, and the dependency tool was reviewed to calculate the number of staff needed.
- Permanent staff received an in-depth induction from the provider and had all pre-employment checks in place. This included previous working references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not managed safely. We could not be assured people receiving topical medicines, for example creams and ointments, were receiving these as prescribed. Medicine administration records for topical medicines were not fully completed for 1 floor of the home.
- Some people received their medicine via a patch applied to their skin. We could not be assured people were receiving them as prescribed. For example, 1 person's records did not show that the medicine was being applied daily or that it was being applied to the correct area of the body.
- Medicine audits had been completed but were not effective. For example, the registered manager audits completed in August 2022 and September 2022 did not highlight any issues with topical medicines. A third audit completed in October 2022 stated that people were not receiving medicated creams, but we found during the inspection people had these prescribed and were receiving them.
- Checks on clinical staff's registration with the Nursing and Midwifery Council had not been completed since August 2022. Agency nursing staff did not have a check completed to make sure there were no restrictions on their ability to carry out a clinical role.

Medicines were not safely managed and there was no effective oversight of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Staff were not following the provider's infection prevention and control policy. Areas of the home required cleaning. For example, floor areas were unclean, and staff placed people's quilts and pillows on floors and placed these back on people's beds.
- Staff were provided with PPE but not all staff were wearing this correctly. A relative told us, "The staff don't wear PPE."
- During the inspection, 1 staff member tested positive for Covid-19. Domestic staff and the management team did not request a deep clean of the area, this placed people at potential risk of cross-infection of COVID-19.
- Creams and ointments were not stored safely to prevent the risk of infection. We found creams without the lids stored on toilet cisterns and some creams contained visible debris.

Staff were not following safe infection prevention and control practices. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people may face were not always fully assessed, reviewed or mitigated. Care records contained contradicting information relating to risk. For example, one person's care plan stated they were at risk of malnutrition and required additional support, but the associated risk assessment stated they were not at risk.
- Risks had not been fully identified. For example, one person who was refusing to bathe or shower had not been identified as being at risk of self-neglect.
- Accidents and incidents were fully investigated. Lessons learned from incidents were shared with staff. Staff did not notify management of any incidents in a timely way. The regional manager was in the process of addressing this with the staff team to make sure all incidents were reported to management without delay.

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

- Relatives told us that people were safe living at the home. One relative said, "Yes, definitely [Person] is safe. I have no concerns."

Systems and processes to safeguard people from the risk of abuse

- People were not protected from the risk of abuse as staff were not always following the provider's policies or systems. For example, relatives told us that agency staff did not always support people when required and some slept during their shift and did not respond to people's requests for support, which placed people at risk. One person told us that agency staff were "Sometimes rough" whilst supporting them.
- Safeguarding incidents were logged, fully investigated and notified to the CQC by the management team.
- Staff told us they had received training around identifying abuse and what steps to take. One staff member said, "I have received safeguarding training, this is part of the eLearning training which is mandatory for all staff."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed, and care plans created from these. Care plans lacked detail around the choices and needs of the individual person. For example, 1 person had a skin integrity plan in place, but this did not include all areas of the person's body to be monitored.
- Best practice guidance was not always followed. Medicine administration records did not always follow NICE guidelines.
- People did not always get their support needs met. For example, 1 person's care plan detailed that they wished to have daily showers. Care records did not show that these were being completed and agency staff were unaware if the person required support with bathing.

People did not have appropriate care plans in place to allow staff to effectively support them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

Staff support: induction, training, skills and experience

- There were not enough suitably trained and qualified staff to effectively support people. People were not always able to have the support they needed in a timely way. For example, 1 person had to wait to have their bloods checked before eating or drinking in the morning. The person had to wait an extended period of time due to the use of an agency nurse who was unfamiliar with the people living at the home.
- Staff told us they received regular supervisions but did not feel supported by the management team. One staff member said, "I don't feel the manager we have at Dovecote is very supportive."
- Agency inductions were not always completed, for example 1 agency staff member was issuing medicines without an induction to the service or an overview of the people living there. A staff member said, "Agency workers don't know the residents. This is putting more stress and pressure on the care assistants."
- An agency nurse worked a 24-hour shift as the service did not have any other clinical staff available and the peripatetic manager had to carry out the role of the nurse to allow the agency staff member to rest.

People did not receive the support they needed in a timely way and agency staff did not receive the provider's induction. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Permanent staff were provided with on-going training. New staff received an in-depth induction by the provider which covered all of the essential knowledge and skills staff needed to effectively support people.

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

- People did not always have access to other healthcare services in a timely way. For example, 1 person was admitted to hospital with an infection and skin integrity issues. Staff had not identified that the person required additional support until a community nurse highlighted this to the staff.

Staff did not escalate concerns about people's health and care needs in a timely way. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- People's care records showed that they had attended appointments with other healthcare professionals
- Relatives told us people were supported by staff to access other healthcare professionals. One relative commented, "The GP goes in once a week and [Person] can see them if they need to. The GP discusses their medications."

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

- People were provided with a varied diet that supported them to maintain a balanced diet. During the inspection we observed a positive dining experience where people made choices about their meals and interacted positively with each other and staff.
- Some people followed special diets, for example some people required thickened fluids as part of their diet. We found records did not provide assurances that people were receiving thickeners with all fluids. We observed staff providing people with the correct fluids and were assured this was a recording issue only.
- Relatives were complementary about the food provided to people. A relative commented, "[Person] is very happy with the food. They've tried things they've never had before. They don't like the fish but they (the staff) know and do fish fingers for them instead."

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

- The service was appropriately adapted to meet people's needs but the environment did not always support people with a diagnosis of dementia. We raised this with the management team who confirmed this was something they would be looking at when the new home manager had completed their induction.
- People's bedrooms were personalised, and they had photographs and pictures displayed around their rooms.

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 MCA 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.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- People's capacity was reviewed regularly, and new assessments updated to reflect a change in support needs or decision making.
- Staff had received training around MCA and DoLS.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people kindly and supported their equality and diversity. A relative said, "The staff are kind and caring, the regular staff. They talk to them nicely."
- During the inspection we observed positive interaction between people and staff, but this time was reduced due to staffing pressures.
- Staff knew people well and their families. A staff member commented, "I like working at Dovecote as it's like having a second family, the staff and the residents become part of your second family. I'm able to have a laugh with them, I'm able to support them when they need it, and I also help to support their families when their having a tough day or a resident passes away."

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

- People were supported make decisions around their care. Relatives confirmed that people were asked what they wanted and how they would like to be supported.
- Staff were observed asking people for their choices during the inspection. Staff asked people what they would like to eat or drink and supported people to access communal areas.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and dignity. People were encouraged to be independent but due to issues with staffing levels, this was not always fully promoted.
- Relatives told us that staff were respectful towards people. A relative told us, "They speak to [Person] respectfully. They always knock their door when I've been there."
- Staff told us steps they took to ensure privacy and dignity were maintained. A staff provided us an example of how they did this. The said, "When I'm helping residents, I give a resident a towel to put over them when bathing or showering, so that I can help them to wash their hair. I do currently use this method, and it works well, and the resident's privacy and dignity are maintained, and they feel comfortable whilst relaxing in a warm bubbly bath."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place but were not always person-centred. Care plans did not always contain all relevant information or contained contradicting information for staff to follow. For example, 1 person's moving and handling care records contained contradictory information around how they were to be supported and what support was provided by staff.
- Relatives told us they were not involved in care planning. One relative said, "I don't know about a care plan and I've had no input."

Care plans were not person-centred. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- Care staff told us that they tried to support people as best as possible, but this was impacted by staff availability. Staff knew people's choices and preferences. One staff member said, "Residents feel comfortable talking to staff members, which helps the care staff to provide personal centred holistic care."
- There were reviews of people's care needs completed by staff as part of the service's 'resident of the day' system. Relative's told us that they were sometimes involved with these. A relative commented, "When [Person]'s needs change, they don't discuss it with me."

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

- People did not have access to meaningful activities or social interaction. During the inspection we observed that people were left without any engagement for long periods of time.
- Relatives told us that the home did not provide activities or support people to be involved in the local community. One relative said, "They don't do anything to occupy [Person]; they are just sitting there. There are no activities at all."
- There was a daily activities board at the main reception area detailing what activities people could participate in but these were not being carried out currently. The staff and management team told us that there was no activities co-ordinator in post. A relative commented, "I've never seen any activities, I think they've ceased. I used to see a list of activities in reception. I haven't checked but I don't see or hear any activities."

People did not have access to activities which were meaningful to them. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – Person-centred care.

- We raised our concerns with the regional manager who told us they were currently trying to recruit a new activities co-ordinator. Following our inspection, the provider and regional manager ensured there was an increase to staffing levels to allow for more 1:1 between people and staff.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their communication needs assessed and care plans were created from these. Staff knew people well and understood about their communication needs. For example, we observed a staff member asked a person where their glasses were so that they could read a magazine. A relative told us, "[Person]'s sight has gone now but the carers tell them who they're going to meet if there are visitors and say who they are."
- The provider could provide information in easy read format, large print and different languages if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which was accessible to people, relatives and professionals. Records of complaints showed that any formal complaints were logged, responded to and lessons learned to improve the quality of care provided.
- Relatives told us when they had raised concerns to the previous manager, they had not always received a response. They confirmed the regional manager was now taking action with any concerns that they had.

End of life care and support

- Staff had received training in delivering end of life support and had provided this previously. At the time of the inspection no one was receiving end of life support.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

At our last inspection the provider had failed to ensure effective quality monitoring systems were in place. 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 in relation to effective quality monitoring systems and the ongoing need for improvement.

- Since our last inspection the quality and assurance systems had been improved but not imbedded throughout the service. The registered manager had not been completing audits and checks fully. Areas of concern we had identified during the inspection had not been highlighted by the management checks in place.
- Records were not always accurate or present. Care records were not always completed fully by staff. For example, fluid records and care interventions were not always completed.
- Staff and relatives were unclear about the leadership at the home in the interim period before the new manager started in their role. A relative commented, "There's a new manager starting in December. The manager is leaving and there will be a new one. That's all we know. I've no idea who's managing the home now, there's just a notice on the door. A manager needs to be hands-on and be around. They need more staff."

The systems and processes in place were not robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The regional manager was responsive in addressing our concerns and was working with staff to improve the service. They were open to our feedback and was aware that areas needed to be improved.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture amongst the individual staff teams, which helped to support good outcomes for people.
- Staff told us that there was a lack communication between the management, night shift, day shift and maintenance teams.
- Relatives told us that they had difficulty getting updates from the registered manager, but the regional manager had recently communicated with them to update them on changes to the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and management team acknowledged when things went wrong, and apologies were given.
- Records showed investigations were completed when incidents occurred, and outcomes shared with people, relatives and staff.

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
Treatment of disease, disorder or injury	People were not receiving person-centred care and care plans in place did not reflect the needs of people. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not safely managed. Medicine records were missing or incomplete and assurances could not be provided that medicines had been administered. Infection prevention and control processes were not being followed by staff. Risks were not fully identified, assessed or mitigated. Regulation 12(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Quality and assurance systems were not being effectively used to identify areas of concern to improve the care and support provided. Records were not always present or completed. Regulation 17(1)(2)
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Treatment of disease, disorder or injury

Regulation 18 HSCA RA Regulations 2014 Staffing

There was not enough suitably qualified and skilled staff to support people's needs. Agency staff were not safely inducted to the service.

Regulation 18(1)(2)