

Bupa Care Homes (CFChomes) Limited

Heathgrove Lodge Care Home

Inspection report

837 Finchley Road
London
NW11 8NA

Tel: 02084583545

Date of inspection visit:
27 June 2019
28 June 2019

Date of publication:
30 August 2019

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

Heathgrove Lodge Care Home is a residential care home providing personal and nursing care to 29 older people at the time of the inspection.

The care home accommodates 29 people in one adapted building

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

Due to inconsistencies in records, we could not be assured two staff members were involved in the repositioning of people where needed and people received care and support that was safe.

The décor and layout of the building was not adapted to meet people's needs. Aspects of the home were not dementia friendly, easily accessible to people with mobility needs and did not encourage and promote independence and social interaction. People were dependent on staff to take them to other parts of the home when needed.

Medicines were not managed safely, discrepancies were found with medicines stock counts.

People were encouraged to eat healthy food for their wellbeing. However, some fluid intake records had not been completed to ensure people were sufficiently hydrated.

There were systems in place to assess and monitor the quality of the service provided. However, these were not effective to sustain improvement.

The majority of people spoke positively about the service. They said they felt safe and their needs were being met. Care and support was personalised to individual needs. Staff followed appropriate infection control practices. Assessments were carried out to ensure, people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe.

The provider had systems in place to record and respond to accidents and incidents in a timely manner. Any lessons learnt were used as opportunities to improve the quality of service.

Staff had the knowledge and experience to support people's needs and were supported through induction, training and supervision to ensure they performed their roles effectively.

People were supported to maintain good health and had access to healthcare services.

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

People's privacy, dignity and independence was promoted. People told us staff were kind and caring.

There were procedures in place to respond to complaints. The provider had investigated and responded promptly to any concerns received.

The provider worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 July 2018) and there was 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 sustained and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on previous rating.

Enforcement

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

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

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

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 ●

Heathgrove Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a medicines specialist advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Heathgrove Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced. The site visit activity started on 27 June 2019 and ended on 28 June 2019.

What we did before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative to gain their views about the service. We spoke with five care workers, two nurses, deputy manager, registered manager and the regional director.

We reviewed a range of records. This included nine people's care plans, risk assessments and medicine records. We looked at six staff files in relation to recruitment, training and supervision. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance 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 Good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Although risk assessments contained clear guidance for staff on how to keep people safe in areas including medicine, falls, skin integrity, and continence. People were at risk of harm because this guidance was not always adhered to. Positional change recording forms showed several instances where records were not consistently signed by two staff members as required. Therefore, we could not be assured two staff members were involved in the repositioning of people as needed. There were 16 people that needed two care workers to support them with their personal care and transfer needs, four of whom remained in bed. This meant people were at risk of unsafe care and support.
- Records also showed that people were not repositioned regularly. It was important people were supported to be repositioned regularly to ensure their skin remained healthy and not at risk of developing pressure ulcers. For example, one person who was required to be repositioned every four hours, on the 27 June 2019, the form showed the person was repositioned at 1.00am and 5.15am by two members of staff. However, on the 28 June 2019, the form shows the person was repositioned at 1.00am, 3.00am and 6.30am by one member of staff.
- We could not be assured of the accuracy of the forms. For example, on one form dated 26 June 2019, we found the times '20.00pm' and '22.00pm' had been completed. However, there were no signatures from staff to show the person has been repositioned at those times. On another form dated 27 June 2019, the code recorded for the person's repositioning was 'C' between 10am and 11pm. This code 'C' means 'seated in a chair.' This then means, this person was seated in a chair for thirteen hours.
- People's fluid intake had not been consistently documented to ensure people remained hydrated. For example, one person needed a tube for their food and drink as they could not swallow. There were protocols in place for maintaining the person's feeding tube. However, the amount of fluid requirement was not totalled each day to see if it complied with the dietician's protocol. We were also told by staff that the person was orally receiving some sips of fluids by family members. However, this had not been recorded and also whether it was safe for the person to receive fluids this way.

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

- Health and safety checks including fire tests, fire drills, water temperature checks, portable appliance tests, gas safety, emergency lighting and call bells, wheelchairs, hoists and slings checks were carried out to ensure the environment and equipment was safe for use.
- A fire resident register and people's care plans highlighted the level of support people required to evacuate the building safely. The service also had an emergency grab bag and trained fire wardens in case of an

emergency. Staff had also received fire safety training.

Using medicines safely

- Medicines were not managed safely. Medicines stock counts were inconsistent, and audits did not include random checks of medicines stock. We carried out seventeen counts of stocks of medicines against records of administration and there were three discrepancies for two people.
- For one person, their medicines were in several boxes and this could not be matched with the stock records or medicine administration records (MAR) due to incorrect recording. For another person, there were two excess tablets which were unaccounted for and staff were unable to explain an additional discrepancy with the medicines, in that despite it being recorded as given to the person, it did not match what was in stock. We cannot be assured that people received their medicines as prescribed due to the lack of accurate recording. The registered manager told us they would review this and implement improvement where needed.
- There were arrangements in place to store medicines safely including Controlled Drugs (CDs) and creams. Protocols were in place for the administration of medicines that were prescribed to be given 'as required' (PRN).
- The registered manager told us they had a good working relationship with the local GP who could be contacted when needed. Records showed a review of medicines by the GP who visited the service on alternate weeks and when needed.

Staffing and recruitment

- The service recruits permanent and agency staff to support people with their needs. However, agency staff did not always positively interact with people. A person told us "There's some agency ones I don't like but I get on with them all. The agency are mostly at night. The night carers are lovely. The agency staff don't listen." Another person told us "It's very varied. Some are good but there's a few I wouldn't employ in any capacity. There's a lot of agency staff and some can hardly speak English."
- The registered manager told us the agency staff used were familiar to the service to promote continuity of care. However, feedback from people and observations made during this inspection did not demonstrate this.
- People and relatives, we spoke with told us staff were always available. One relative told us "There are always 6-7 staff around and one staff in the communal area. They all get on with people."
- A dependency tool was used to assess the numbers of staff needed to meet people's needs, although this was based on the hours of care people needed and did not take into account the number of staff that would be needed for each person and the care they needed. Staff we spoke with told us there was enough staff on duty for them to carry out their duties.
- The provider followed safe recruitment practices and had ensured all staff pre-employment checks were satisfactorily completed before they could work at the home.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People and their relatives told us they felt safe using the service. There were safeguarding and whistleblowing policies in place and care workers had completed safeguarding adults training.
- Care workers were aware of the different types of abuse and reporting procedures to follow if they had any concerns of abuse. One care worker told us "To report it, I would contact the manager, whistleblow, social services, CQC and the Police."
- Where there were concerns of abuse, the registered manager had notified relevant healthcare professionals, including the local authority safeguarding team and CQC.

Preventing and controlling infection

- The service was clean and people were protected from the spread of infection. Infection control policy and measures were in place for infection prevention and control. Substances that could be potentially hazardous to people's health (Control of substances hazardous to health (COSHH) were locked away and kept safely away from people. During the inspection, we observed domestic staff maintaining and promoting the cleanliness of the home.
- Care workers had completed infection control training and wore protective personal protective equipment such as gloves and aprons when supporting people.

Learning lessons when things go wrong

- The provider had a system in place to record and respond to accidents and incidents in a timely manner. Records showed action taken in timely manner including notifying relevant healthcare professionals and CQC.
- A monthly accident and incident log was in place to enable accidents and incidents to be analysed for specific trends. Any lessons learnt were used to improve the quality of service which were relayed to care workers through staff meetings and to embed good practice.

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.

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

- We found the adaptation, design and decoration of the service was not suitable and in accordance with people's needs. There were limited adjustments made to the home to ensure it was a dementia friendly environment.
- The home's appearance was tired and dated. There was limited signage and/or contrasting colours that could help people with their memory and assist people to recognise and navigate around the home. The layout of the building was constricted on each floor and the lack of signage made it difficult to differentiate parts of the building.
- There were two lounge areas in the home. However, due to the constraints of the building, people on the first and second floors did not have any communal areas they could use on their floors and were dependent on staff to bring them downstairs for any communal activities or social interaction with other residents.
- The dining area was very small and poorly lit as there were no windows.
- The home had a beautiful garden. However, access to the garden from the lounge was restricted for people with mobility needs as the patio door had a raised step and there was no ramp to ensure easy and safe access. We observed unsafe practice when people were taken outside to the garden, care workers struggled to get wheelchairs over the step.

The service was not adapted to meet people's needs. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and regional director told us there were plans in place to refurbish the home and they had arranged a ramp to be fitted as soon as possible.

Staff support: induction, training, skills and experience

- Care workers spoke positively about working for the service and told us that they felt supported by their colleagues and management. A care worker told us, "The team here is very supportive, we help each other."
- Care workers had completed an induction programme based on the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for people working in care. Records showed care workers had completed training the provider considered mandatory in areas such as safeguarding, moving and handling, health and safety, medication, fluid and nutrition and first aid.
- Care workers also received regular supervision and appraisal. A care worker told us "In our appraisals, we speak about the policies, how I am doing. We can speak up, it's good that someone is there to listen. I feel free to say anything I want."

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

- Assessments were carried out before people started using the service to ensure their needs could be met. People and relatives were involved in the assessments to enable them to make an informed choice about their care.
- During the assessments, expected outcomes for people's care were identified and were used to develop their care plans.

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.

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.

- The service worked within the requirements of the MCA. The registered manager told us if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and a power of attorney if required. Records confirmed this.
- Where people living at the home had been deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions placed on them were being met and kept under review.
- Care workers understood the principles of the MCA and asked people's consent before providing care.

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

- People received the support they needed to eat and drink safely. Care plans contained information on people's dietary needs and individual preferences. Guidance was also in place detailing how to manage identified areas where people were at potential risk of poor nutrition and dehydration, and/or if they had swallowing difficulties.
- There was a standard menu in place but alternatives for people were always available. People were provided with a choice of drinks and snacks throughout the day and spoke positively about the support received with their food and drink. They told us "I order from the menu the day before. I can choose from 2 things. I enjoy it especially the sausages" and "The food is lovely here. He's [chef] lovely. He talks to us. If somethings not on the menu, he gets it for us. We can have snacks at night if we want. We just have to ask."
- The kitchen was clean. Food was stored safely and appropriately labelled. The home had received a food hygiene rating of five which meant the food hygiene standards were very good.

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

- People were supported to access healthcare services when required. The service worked in partnership with other services, and health and social care professionals such as social workers, district nurses, speech and language therapists (SALT) and GPs to deliver effective and timely care. A person told us "The GP comes in every week. He came the other day and asked if I'm ok."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same 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

- People spoke positively about the care workers. A person told us, "The carers [care workers] are very good, and they do talk to me. They talk to everybody here." Another person told us "They're all very kind here. They're lovely, very good."
- People's cultural and religious beliefs were detailed in their care plans and accommodated for. The registered manager told us of one person who did not want to go to the church but preferred a vicar to visit them in the home. This had been accommodated for the person who was now regularly visited by the vicar.
- Care workers had a good understanding of equality and diversity. A care worker told us "Respect each other in every way, religion, culture etc. We are all the same and we need to respect each other no matter what. You care for and respect everyone as an individual."

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

- Records showed people and their relatives were involved in decisions about their care.
- People were supported to make day to day decisions for themselves and were provided with choice. One person told us, "I get up between 6am and 7am. I don't go to bed until 11pm, by choice, that's my choice."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed care workers respected people's decisions and privacy if they wanted to stay in their rooms. A person told us "They ask me if I want a shower or a wash. Then they ask me what I want to wear". "A relative told us "All the staff are very nice and helpful. [Person] is always neat and clean when I see them."
- Care workers were able to tell us how they maintained people's privacy and dignity, and ensure they were comfortable when providing people with personal care. A care worker told us, "I close the curtains and doors. I will always ask and use a towel to keep them covered and always explain what I am doing. I put myself in their shoes and how they would feel."
- People were supported with their independence and encouraged to do as much as they could for themselves. For example, during lunch time, we observed a nurse who sat patiently with a person and supported them to eat independently. We observed, the nurse did not rush the person and made them feel at ease.
- Care workers understood the importance of promoting people's independence. One care worker told us, "We just follow on from what they can do already. It's their choice first."

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At the last inspection on 9 and 18 May 2018, we found the service was not consistently responsive. Call-bells were not always responded to promptly, information about how the person wanted or needed to be supported was not in their care plans and for one person, conditions on their authorised Deprivation of Liberty Safeguards (DoLS) was not being met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

We asked the provider to take action to make improvements and this action has been completed.

- People had call bells in their rooms which were accessible to them. Staff had enough pagers, so they could respond in a timely manner. We tested the call bell response on three occasions and these were responded to promptly. Call bell response times were being monitored by the registered manager.
- People's care plans were person-centred and provided staff with guidance on how their needs should be met. Care plans included details of people's medical conditions, preferences and the level of support they required. They were reviewed and updated when people's needs changed.
- The registered manager told us they had put in a lot of effort to ensure care plans included all the information that was needed. A person told us "I'm happy here". "A relative told us "I am really pleased and relieved with the home, it's such a nice home. [Person] gets the care they need."
- The registered manager put in place a DoLS care plan for people who have specific conditions on their DoLS to ensure they were being met. Records confirmed conditions were being reviewed and actioned as necessary.

However, during this inspection, we found further failures to ensure people's care was person centred, appropriate and reflected their individual 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.

- There was limited activities or social interaction with people who were in their rooms or remained in bed which meant people were at risk of social isolation. We asked two people if staff came into their rooms for a chat and both told us staff did not. One person told us "No, never."
- One person, we observed throughout the two day inspection, sat in their room watching TV. Staff did ask if the person was okay at different intervals and whether the person wanted to go downstairs to the lounge area. The person chose to stay in their room, however staff did not spend any time or engage in any meaningful conversation or activity with the person.

- There were further instances observed where staff did not engage with people in a meaningful manner and spoke to people only when needed. For example, on the first day of the inspection, one person told us how much they liked to chat, we observed the person sitting alone in the lounge with no interaction from staff. There was one agency staff member, who we observed had very little interaction with people. Shortly after, people were taken outside to the garden. However, whilst in the garden, there was still very little interaction between care workers and people. The lack of interaction from some staff was also noted at the previous inspection.

This demonstrated failures to ensure people received care that was person centred and reflected their preferences. This was a continued breach of Regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would look in one to one activity sessions with people in their rooms.
- The service has activities in place and people engaged in these activities spoke positively about them. One person told us "We have a singer come in. I enjoy that. We had one yesterday. We play bingo & I don't mind it" and "It's not dull here. It's very good. Very sociable and the staff as well."
- We observed the activity co-ordinator on the second day of the inspection who encouraged people to participate; they spoke clearly and was patient with people. Activities people participated with included gentle exercises and memory games such as counting and naming days of the week. We observed people smiling and joined in where they could. In the afternoon, there was a jazz band which entertained people, their relatives and staff. The band members encouraged people to join in with the songs. One person described the event as "Just wonderful. It is so nice to see everyone so happy."
- People were supported and encouraged with maintaining relationships with family members. Relatives can visit at any time." Another person told us "I have family... My nephew visits me, usually at the weekends."

End of life care and support

- People's end of life care needs were not being effectively planned for. Medicines records showed three people were on end of life care and had anticipatory medicines in stock. Records showed recent visits by the palliative care team, However, we saw no end of life care plans were in place. We raised this with the registered manager who told us discussions were currently being held with family members and healthcare professionals and end of life care plans will be put in place.
- People's end of life wishes were detailed in people's care plans to ensure these could be met.

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in their care plans.

Improving care quality in response to complaints or concerns

- There were procedures for receiving, handling and responding to comments and complaints.
- Records showed complaints had been investigated and responded to promptly by the service manager. A relative told us "They deal with things straight away, I have not had anything to worry about."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The provider completed extensive audits and had a Quality Improvement Plan (QIP) in place to monitor the quality of service. However, the auditing processes were not effective. For example, we noted the QIP stated that supplementary charts were to be checked by the nurses on each shift and all fluid and turning charts were to be countersigned by nurses. However, none of the positional change recording forms we reviewed were signed and fluid intake had not been consistently documented.
- Accurate, complete and contemporaneous records had not been maintained in relation to people's repositioning, medicines stock counts and for people who were on end of life care.
- The service has also been rated requires improvement since 2015, except for during our inspection in 2016 where the service was rated good. This shows a lack of oversight from management and not being able to sustain any improvements that are made.

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

- There was a registered manager in post who knew of their responsibility with regard to the Health and Social Care Act 2014 and under the duty of candour. The registered manager had notified the CQC of any significant events at the service and had displayed their last CQC inspection rating.
- There was an organisational structure in place and staff understood their individual roles, responsibilities and the contribution they made to the service.
- Care workers spoke positively about the management and their contributions and involvement in the way the service was delivered was encouraged. A care worker told us "Here everyone is equal, the managers, care workers everyone."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service obtained feedback from people and their relatives through surveys and resident meetings to improve the quality of care and support delivered. A relative told us "[Registered manager] is very approachable."
- Staff meetings were held to discuss the management of the service. Minutes of these meetings showed

aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.
- The service had good links with other resources and organisations in the local community to support people's needs and accommodate social activities and events.

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	Aspects of people's care was not person centred and did not reflect their preferences. Regulation 9 (1) (a) (b) (c)
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	People were at risk of receiving unsafe care and support. Regulation 12 (2) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Treatment of disease, disorder or injury	The adaptation, design and decoration of the service was not suitable and in accordance with people's needs. Regulation 15 (1) (c)
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	Accurate and contemporaneous records were not being kept or effectively monitored about people's care and support they needed and had received. This would place people at risk of

receiving inappropriate care.

The current systems in place were not robust enough to assess, monitor and improve the quality and safety of the services being provided to people.

Regulation 17 (1) (2) (a) (c)