Mayfair residential care home Limited

Mayfair Residential Care Home Ltd

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

This comprehensive inspection was carried out on 2, 3 and 19 October 2017. The first day of the inspection was unannounced.

The Mayfair Residential Care Home Ltd is registered to provide residential care to up to 19 older people including people who are living with dementia. Residential accommodation is provided in an adapted building over five floors. A passenger lift is available. On the dates of our inspection there were 16 people who used the service.

At the last inspection, on 1 December 2015 the service was good. We made a recommendation in relation to one record which did not clearly show the service understood the reasons why a person was being lawfully deprived of their liberty.

At this inspection the service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The assessment monitoring and mitigation of risk towards people with regard to their support needs, the environment, medicines, and emergency planning was not robust. This meant people's health and safety was at potential risk of harm.

Care files were inconsistent, with some documentation left blank or not updated in a timely way.

Effective management systems were not in place to safeguard and promote people's welfare. There was a lack of robust audits and limited evidence of appropriate action being taken to improve the service.

Despite a previous recommendation the provider did not consistently apply the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We identified one person's mental capacity had not been assessed to determine whether an application was required to deprive the person of their liberty.

We made a recommendation that the provider develop their knowledge and understanding of the MCA and DoLS.

Staff showed a good understanding of the processes required to safeguard adults who may be vulnerable from abuse and they were able to explain to us what they would do if they had concerns.

People provided positive feedback about the food. The provider ensured people attended appointments with external healthcare professionals and appropriately sought advice and guidance to meet people's

medical needs.

Robust recruitment practices were in place to ensure only suitable people were employed. We observed sufficient staff were deployed throughout the service to meet people's needs. Staff were well trained and received regular updates to enable them to develop their skills. Staff told us the manager was approachable and supportive.

People said staff were kind and caring. Staff had positive and meaningful relationships with the people they supported and they provided support in a compassionate and empathetic way. We observed people were happy, relaxed and content living at the service. People were supported to engage in a wide range of activities of their choosing and to access their wider community to enable them to have opportunities for social interaction and minimise risks of potential social isolation.

People we spoke with were complimentary about the management and staff of the organisation. We found no evidence of complaints being made to the service. People told us they could speak with the provider if they were unhappy about any aspect of their care and support.

We found the provider was in breach of three regulations relating to good governance, safe care and treatment and person-centred care. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The approach to assessing and managing risks was not robust. This included risks associated with the home environment and risks pertaining to people who used the service.

Sufficient staff were deployed throughout the service to meet people's needs.

New staff were vetted to ensure they were suitable to work with adults who may be vulnerable.

Staff understood how to keep people safe from abuse and how to report any concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

The principles of MCA and DoLS were not consistently applied. One person's mental capacity had not been assessed to determine whether an application was required to deprive the person of their liberty.

Daily care records were not always completed.

Staff had appropriate training to be effective in their work and this was kept up-to-date.

People were provided with support to ensure their dietary needs were met.

Is the service caring?

Good

The service was caring.

People who used the service had a good relationship with the staff that supported them.

Staff offered good explanations to people when providing direct support.

Staff were kind and considerate in their approach and took the time required when supporting people, they were not rushed.

People had access to independent advocacy services.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care planning documentation lacked information. It was not person centred and did not detail individual preferences.

Activities were available for people who wished to join in.

People using the service felt able to approach staff and talk about any problems or issues they had.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Records in respect of people using the service were not up to date or adequately detailed.

Quality assurance audits were incomplete. This had impacted on their management and oversight of the service provided.

People told us the registered manager was approachable and supportive.

Mayfair Residential Care Home Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2, 3 and 19 October 2017 and was unannounced.

The inspection team consisted of one adult social care inspector 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. The expert in this case, had experience of caring for older people.

We reviewed all the information we held about the service. We examined notifications received by the Care Quality Commission. Notifications contain information about changes, events or incidents that the provider is legally required to send us. We spoke with the local authority commissioning and safeguarding teams. We also contacted the local Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This document had been completed prior to our visit and we used this information to inform our inspection.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We reviewed eight people's care files, three staff files; and medication administration records. We looked at a range of records relating to the management of the service. We spoke with five people who used the service and two relatives. We spoke with five care staff, the

registered manager and the nominated individual. The nominated individual was a director of the company. We also asked for feedback from external professionals who were involved in supporting people who used the service.

Requires Improvement

Is the service safe?

Our findings

We looked at the arrangements in place to manage risk to ensure people who used the service were protected from harm. We looked at the environment and premises management and found that the service was not consistently safe.

In June 2017, a fire safety audit had been completed by the Prevention and Protection Officer, North Yorkshire Fire and Rescue Service. The audit of the premises listed measures that the provider needed to take to comply with fire regulations.

One of the listed deficiencies was in relation to obstructed fire exits. During our inspection, we found that this was still the case. We saw items such as books and goods for sale were stored on the floor in an emergency exit corridor. This was a hazard in the event of a fire and also a trip hazard. In another fire exit we found items stored such as an old door, a parking cone and a wheelchair. We found a fire door to one of the bedrooms which did not close fully and another fire door was wedged open.

The provider had a fire risk assessment in place and this was reviewed on an annual basis, the last review was completed in May 2017. On the first day of inspection the registered manager could not provide us with a copy of the fire evacuation plan. On day three of the inspection we were able to confirm that the fire evacuation procedure was in place and this detailed how the service would respond in the event of an emergency. We shared our findings with the local fire officer.

People who used the service had personal emergency evacuation plans (PEEPs) in place within their care files. A PEEP is a bespoke escape plan for individuals who may not be able to reach a place of safety unaided, or within a satisfactory period of time, in the event of any emergency. However, we found the PEEPs which were in place did not contain sufficient detail to support the individual need of that person in an emergency situation. For example, in the case of people living with dementia, the PEEP did not contain enough information regarding how a person's dementia would affect their orientation in the event of an emergency situation. Similarly with the case of people who had a visual impairment or mobility issue. We found PEEPs were not always reviewed and updated as people's needs changed. One person's PEEP had no content to it, despite them needing assistance in an emergency situation.

We saw risk assessments were not always completed when these were required. For example, one person who used the service was disorientated due to dementia. They required constant reassurances and guidance from staff. There were no risk assessments in place on this person's care file. Another person was at risk of engaging in behaviour which may challenge the service but a risk assessment had not been completed to reflect this need. When we asked the registered manager about this they told us risk assessments should have been implemented in both cases to support the safe care of the people who used their service.

We found opening restrictors were not in place on the windows above ground floor level. The building was housed over five floors and primarily supported people who had dementia which may compromise their

ability to assess risks to themselves. We discussed this with the provider who took action to have restrictors fitted. When we asked the registered manager about this they told us, the windows that did not have the restrictors fitted were newly installed and they did not know they had been installed without window restrictors. We saw documentation that demonstrated windows were replaced to the property between September 2016 and August 2017. We were concerned that the provider's own checks had not picked up on the requirement for safety measures until these were pointed out on inspection. When we checked on day three of the inspection we found that the restrictors had been fitted as required to all windows.

The failure to ensure the safety of their premises and the equipment within it, and the failure to assess and mitigate individual risks and to review identified risks is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe. One person said, "Yes, it's quite reasonable. I've never had anything to complain about. I don't think we are in any danger." Another person told us, "I feel safe, it's a safe house."

We looked at the recruitment files for three members of staff. We found the provider had recruited the staff safely. The provider had ensured all relevant checks were in place prior to starting employment. Checks into people's backgrounds had been completed before staff were appointed through Disclosure and Barring Service (DBS) and reference checks. DBS checks return information about any convictions, cautions, warnings or reprimands. These checks help employers make safer recruitment decisions.

We found there was sufficient staff deployed throughout the service to meet people's needs. The staff team on the day of inspection was made up of the registered manager, one senior care worker, two care workers, one chef, a kitchen porter and a housekeeper. The Housekeeper, who had undertaken training in the field of health and social care, was also employed as a care worker and provided supplementary care whilst on shift.

The provider had a policy in place which detailed their responsibilities in relation to safeguarding adults who may be vulnerable from harm and abuse. The staff we spoke with showed a good understanding of safeguarding procedures. One staff member explained, "I would look for things like bruises or the person becoming withdrawn. If I did have any concerns I would discuss it immediately with the manager, who would then raise it with the local authority."

There were systems in place to record accidents and incidents within hard copy accident reporting book. We saw evidence of two recordings of incidents in the previous year where people using the service had acquired an injury. This was within the expected number and provided no evidence of risk. We saw detailed recording was in place, but there was no overview of these kept. We discussed the benefits of this with the registered manager who agreed that an overview to establish patterns and trends would be beneficial.

The provider supported people to take prescribed medicines and a medication policy was in place. There was a dispensing system in place which was supplied by the chemist. Medicines were stored in individually prepared dispensing boxes. We looked at medicine administration records (MARs) for three people who were receiving support with medication and found no issues.

Where people were receiving topical medication, such as pain relief patches, the provider did not have body maps in place to detail where the medication had last been administered. Although we found no impact to the people who used the service this level of recording is necessary to ensure prescribing procedures, such as alternation of administration site, is followed. We found medicines stock was not formally checked and

recorded, therefore administration mistakes could not always be identified.

We recommend that the provider consider current guidance on administering prescribed medication safely and take action to update their practice accordingly.

On the first day of inspection the provider did not have a business contingency plan in place. When we asked them about this they told us they had not developed one. The nominated individual completed and implemented this plan prior to us completing the inspection to ensure the smooth running of the service in an emergency situation.

We provided feedback to the provider at the end of day one of this inspection which highlighted the concerns which we had found in relation to the safe running of the service. By day two and three, we could see the provider had begun to take action to address the concerns we found. Window restrictors had been ordered and fitted, fire exits had been cleared, fire doors were closing effectively and care plans and risk assessments had been updated. This demonstrated the provider was taking action to ensure risks to people's safety were reduced.

Requires Improvement

Is the service effective?

Our findings

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. Where people lack mental capacity to make 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).

At our last inspection in December 2015, we made a recommendation that the registered person consults best practice guidance to ensure they clearly understand and record how decisions have been made in people's best interests when they are deprived of their liberty.

At this inspection we found the provider had not sufficiently developed their knowledge and understanding in this area and had not consistently considered whether a DoLS assessment was required.

We checked whether the service was working within the principles of the MCA. We observed the registered manager encouraged and supported people to make decisions and people had choice and control over their daily routines. We explored whether the provider had submitted DoLS referrals to the Local Authority as required and found this had not consistently been considered. For example, we identified one person where there were concerns regarding their understanding and where the care and support provided may have amounted to a deprivation of their liberty. We found this person's capacity had not been assessed to determine whether a DoLS application was required. We spoke with the provider regarding this and they agreed to assess capacity and make the application to the local authority to complete the assessment for DoLS.

We recommend the service develops their knowledge and understanding of the MCA and DoLS.

During the inspection, we looked at staff training records. The registered manager had a training matrix which detailed the training that staff had completed and what training was due. Staff were trained in areas such as, manual handling, infection control, first aid, safeguarding, equality and diversity and dementia care. Staff told us they had received an induction when they first started and said that training was on-going, we looked at records which confirmed this. One staff member told us, "They are very good at putting training on. There are always loads of courses we can go on." We found staff were well trained and they had the knowledge and skills they needed to carry out their roles and responsibilities. However, this was not reflected in certain aspects of the role, such as ensuring the completion of daily care records was maintained.

Staff had supervision with the provider every six months and an appraisal of their role annually, group supervision also took place in team meetings. Staff supervision covered areas such as, 'how I feel about my job', 'do I feel anything should be changed' and 'how I feel the service is run.' Staff told us the registered

manager was always available for advice and support. We talked to staff about how they felt about their supervision and one staff member told us, "I get on with the manager really well; I always feel that I am supported when faced with a difficult situation."

We observed the meal time experience within the home and found it was a positive experience for people. Where people required support with eating staff were on hand to provide it. People with dietary needs, such as gluten intolerance, were catered for and we saw that snacks and drinks were available during the day. The kitchen staff told us that snacks and drinks are also available to people on a night, we were told that one person who used the service liked to have toast if they woke up.

People were offered a choice of foods if they didn't like what was on offer and where people expressed a wish to have something which wasn't on the menu. For example, one person informed the staff they fancied a curry and this was prepared for them. One person told us, "We are offered a choice. If there is anything we would like then they will get it in and prepare it for us. It's been like a home from home."

Where people were at risk nutritionally we found food and fluid charts were not in place to record intake. Although intake was being monitored by staff, care records did not provide enough detail to demonstrate how the service was monitoring the risks to people from lack of food and fluid intake. We discussed this with the registered manager who implemented the required documentation during the inspection visit. We also found people's daily care records had not always been completed when required, to inform all staff of what had happened on the previous shifts. We discussed this with the registered manager who agreed to broach this directly with the staff concerned. We have covered the area of record keeping further in the domain of well-led.

Good

Is the service caring?

Our findings

People who used the service told us they were well cared for. Comments included, "The staff are very caring, if you want anything you just have to ask" and "Yes they are very caring. They are very good."

We observed staff interactions with the people and saw they were very caring and considerate in their approach. We saw staff offered people good explanations when providing direct care. For example, one person required support from staff to access the toilet facilities. We observed staff guiding and supporting them through each stage of the task whilst offering gentle encouragement and direction. Care workers and other staff deployed throughout the service anticipated and responded quickly to people who required support. Staff were gentle and unhurried in the way they supported people. All tasks were completed in a kind, caring and respectful manner.

Where people were disorientated or distressed we observed staff gave people the time and explanations required to reduce their anxiety. One person we observed was unsettled and sought constant verbal reassurances from staff, who we noted were empathetic, patient and supportive of their needs. One person who was using the service told us, "Some of the staff I just marvel at, they do their best. They are so patient. They will stand for ages to help people get their frame through the door."

We saw staff knew people who they supported extremely well. We observed interactions and noted that staff were aware of people's preferences. One person told us, "It's a nice small home. The manager is easily accessible, they're always about and we can discuss things when we want. It's good, very positive, it's like a family." We saw staff encouraged people to express their views and choices, which were respected. For example, when questioned about the menu choices in a meeting one person had stated that they would like steak to be on the menu, and we saw that this had happened.

Staff respected people's privacy and dignity. They knocked on people's doors before entering and closed doors when supporting people with their personal needs. Staff explained how they would support people's privacy and dignity and gave examples of how they would ensure the curtains were closed in people's rooms and covered people up when supporting with personal care.

The provider had a policy and procedure for promoting equality and diversity within the service. Staff had received equality and diversity training which they said had given them guidance on how to avoid treating people in a discriminatory way and supported them to identify when people may be being discriminated against. They gave examples of where people may face discrimination and referred to people's disability, age, religion or sexual orientation. Our discussions with staff demonstrated they understood what might amount to discriminatory practice.

Contact details of advocacy services were available to people in the reception area of the home. An advocate is someone who supports people to ensure their voice is heard on issues that are important to them. The registered manager told us, where advocacy services were required, this was considered to support individual need. For example, one person required advocacy support in relation to their long term

care placement. Advocacy support was accessed to support the decision making process.

The provider took into consideration people's preferences and choices for their end of life care. We saw that Do Not Attempt Resuscitation (DNAR) records were completed and stored in people's care files. A DNAR form is a document issued and signed by a doctor, this tells medical teams not to attempt cardiopulmonary resuscitation. These records were completed with the involvement of the person, or their family, if they lacked capacity. We found that, where required, the registered manager had involved relevant professionals from the local hospice service. The staff employed at the service were trained in end of life care. Two people were receiving end of life care at the time of our inspection.

Requires Improvement

Is the service responsive?

Our findings

During the inspection we looked at care files relating to people who used the service. We saw some of the care files contained information which would enable care workers to meet people's basic needs, such as personal care or communication. However, we found the care plans were not sufficiently detailed, individualised or person-centred and were task focussed in nature. We found people's preferences in relation to care routines were not considered or documented.

There was a lack of documentation, such as body maps, detailing vulnerable pressure areas where people's skin integrity was at risk. When people required re-positioning due to skin integrity risks there was no evidence of repositioning charts in place. We also found where people were at risk nutritionally, food and fluid charts were not in place to record intake. When we asked the registered manager about the absence of this documentation they agreed that it should be in place and agreed to implement it immediately.

One care file we viewed contained no information about that person's care needs. The person had been admitted to the service with no pre-admission assessment or care planning documentation in place and found the documentation contained in the person's care file was blank. This was ten days after the person was admitted to the service. We raised this with the registered manager, who stated they had not had time to do it as they said they had been busy, and they assured us this documentation would be in place before the start of the next shift. When we followed this up, this action had been completed.

People's care plans we viewed were hard to follow, as the information pertaining to each area of need was documented in one to two sentences in separate one page summaries which also contained information about monthly reviews and updates. The recording was disjointed and had no flow. In order to establish a person's care needs you had to flick through pages and pages of documentation and the information was hard to find.

People's care needs were reviewed monthly by the registered manager. However, we found people, and their representative's, were not involved in the review of their care. Where there was a change in need, the response to this change was not always recorded within care planning documentation. For example, one person was listed as requiring two care workers to help with bathing. However this person's needs had increased and they were now having their personal care needs met whilst in bed.

We identified there was no person-centred information recorded about people's choices or preferences. We saw blanket statements such as 'needs support with all cares' but these were not indicative of person centred and were task focussed. People and their representatives weren't involved in reviews of their care and there was no personalisation or objectivity to the entire care planning process

Failure to do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

An activity co-ordinator was employed at the service, external facilitators were also brought in and activities were scheduled on a daily basis. Activities included chair-aerobics, sing-a-longs and carpet games. We saw people, some with the support of staff, participating and enjoying the activities and people told us they enjoyed what was on offer. One person told us, "Occasionally [activity co-ordinator's name] takes us out on Thursday afternoon. We have ball games, stick on darts, noughts and crosses on the floor and skittles. There is a cup at the end of it for whoever wins."

The provider had a detailed and comprehensive complaints policy in place. We saw that this policy was available to people who used the service. A copy was on display in the main entrance of the service. People we spoke with told us they would know who to raise a complaint with, one person said, "I would get hold of someone in a blue uniform."

The provider had not received any complaints but had received a number of compliments from relatives who were happy with the care that had been delivered. A relative of a person who had used the service had commented, "My family would like to thank you all for the wonderful care and support you gave to [person's name]."

Requires Improvement

Is the service well-led?

Our findings

During the inspection we identified failures to maintain accurate, complete and contemporaneous record in respect of each person who used the service. This included keeping a record of and of decisions taken, in relation to the care and treatment provided. Records were not complete and up to date. For example, daily care records were not always recorded on a daily basis. We found when care tasks had been completed, such as giving a person a bath or changing their bed; this was not consistently recorded and did not provide an accurate picture of the care the person had received.

Audit records we viewed in relation to care files for people using the service stated they had been completed and listed documents which were meant to be contained in people's care files. However, when we checked two files we found that one had half of the documents missing and the other had four documents that were listed as being present which were not there. When asked, the registered manager agreed the documents were not contained within the care files. They stated the auditing of the files had been a 'tick box' exercise as they had not fully understood how to complete the audit process correctly. We also found that medication audits were completed once per month; however we found these did not contain sufficient detail.

Systems to ensure robust record keeping were lacking and we found multiple shortfalls in records in respect of people using the service and the management of the service. In addition, care files were stored in an unlocked storeroom. This meant that confidential documentation was not stored in line with the Data Protection Act 1998. When we discussed the shortfalls in record keeping with the provider and registered manager they agreed with our findings and told us that they would proactively work to make improvements in this area. By day three of the inspection we found documentation was stored in a locked cabinet.

Failure to maintain accurate records in respect of people using the service and records in relation to managing the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

A registered manager was in post at the service when we completed our inspection. They had been registered by us since 2013. The registered manager had worked in a number of care settings prior to obtaining their registered manager award. They had worked at the service as a care worker prior to obtaining this qualification.

We saw the registered manager was skilled and experienced in supporting people. They understood and were aware of people's needs and how best to support them to meet those needs. Although the registered manager was caring and experienced, we identified that they needed to develop their knowledge to ensure they kept up-to-date with legislation and guidance on best practice.

Health and safety checks required to ensure people's safety, for example in relation to the risks of fire had not been completed. When asked about this, the provider told us they would implement a system where they would complete daily checks to monitor the safe running of the service.

We established that systems to effectively and safely operate the service were either not in place or had not been applied. We identified some serious shortfalls, such as absence of window restrictors, which we had to point out to the provider and registered manager in order to prompt remedial action. This lack of awareness regarding key safety measures in a care home was a concern.

Failure to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and failure to establish and operate effective systems to monitor and improve the service is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulation 2014.

Following the feedback provided on day one of the inspection the registered manager took responsibility to rectify the areas identified as requiring improvement. By day three of the inspection we saw that records were being updated in line with current best practice guidelines.

People we spoke with told us the service was well-led. Comments from staff included, "The manager is really supportive and the owner is too. If I'm faced with a difficult situation, I feel I can always go to them" and "The manager is very approachable, if I have concerns I know that I could go to them and it would be dealt with."

Regular staff meetings had taken place. Staff we spoke with told us they are at least once per month. We viewed the minutes of the last two meetings and topics of discussion included the running of the service, staff pensions and information sharing. We saw that regular 'residents meetings' had taken place. Discussions were held about the in-house activities and menu choices. We saw that people's choices about the menu were actioned and the kitchen staff provided people with the meal of their choice.

The provider sent out review surveys for people to complete. Of 15 surveys sent out in the past year, a total of 14 were returned. We saw an audit of the responses had been completed and actions had been taken. The provider demonstrated they responded to the feedback received and took action to improve people's experience of the service.

Notifications such as safeguarding and expected deaths of people who used the service had been sent to the Care Quality Commission by the registered manager, as required, to ensure people were protected through sharing relevant information with the regulator.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure that people using the service received appropriate person-centred care and treatment that is based on an assessment of their needs and preferences. Regulation 9 (1), (a), (b), (c). The provider had failed to involve the person, or a person lawfully acting on their behalf, in the planning, management and review of their care and treatment. Regulation 9 (3) (a), (b), (c), (d), (e), (f), (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and mitigate the risk to people who used the service. The provider had not assessed environmental risks, or risks to people robustly. Regulation 12(1), (2)(a), (2)(b), (2)(d).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the quality and safety of the service had not been established and operated effectively. The systems the provider had in place to monitor and improve the service were not effective. Regulation 17 (1), (2)(a), (2)(b).

Records were not consistently accurate and contemporaneous. Regulation 17 (1), (2)(c).