

St. Vincent Care Homes Limited

# St Vincent House - Southsea

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

St Vincent House – Southsea is a residential care home providing personal care for up to 27 people, some of whom live with dementia. At the time of our inspection there were 27 people living at the service.

Accommodation is provided over four floors which are accessed by a lift. There were communal areas such as lounges and dining rooms and a small courtyard style garden.

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

People told us they felt safe living at the home, but we found some systems were not always safe. Medicines were not always managed safely. There were not 'as required' protocols in place for all of these types of medicines. There was not enough guidance in place for staff to know when and where to apply topical creams. The provider put some systems in place during our inspection.

Risks had not all been robustly assessed so that safety measures could be put into place. Accidents and incidents had not been reviewed by a manager consistently. This meant not all the required action had been taken where needed. The provider had not notified CQC of all of the specific events and incidents that they are required to do by law.

Whilst we observed some positive interactions between people and staff, people were not always treated with dignity and respect. We observed and heard some interactions that were not always dignified. People had not always been involved in their care and support and it had not always been consistently reviewed.

People had a personalised care plan, but this had not always been updated. This meant there was not accurate guidance for staff to follow to provide people with effective care and support. People we spoke with about activities told us there was enough activities for them. However, people's daily notes did not demonstrate their social needs were being met. Some monitoring was not carried out as per people's care plan guidance.

Quality monitoring systems were not robust. Whilst the provider had identified some improvements, they had not identified all of the issues we found during this inspection. There was no registered manager at the service though a manager was in post. They had applied to become registered.

Staff had been recruited safely and there were enough staff deployed. Staffing numbers had increased recently in response to feedback and the provider was recruiting more staff. Staff received an induction when they started at the home and training updates as needed. Staff all told us they felt supported in their jobs by the provider.

People who lacked capacity had their needs assessed and staff supported them in the least restrictive way possible and in their best interests. Where needed staff referred people to see healthcare professionals. Any guidance given by any professionals was followed by staff. People had access to sufficient food and drinks

and had a choice of meals.

People told us they found staff to be kind and caring. Comments about the staff included, "[Relative] is well cared for" and "Staff here are very nice and kind." People were being supported by staff who enjoyed their work and felt supported by the provider. Staff were positive about the recent management changes and told us improvements had been carried out.

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

Rating at last inspection - The last rating for this service was Good (report published 3 March 2017).

Why we inspected - This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to dignity and respect, safe care and treatment, good governance and failing to notify CQC 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 work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### 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** ●

# St Vincent House - Southsea

## 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

This inspection was carried out by one inspector.

#### Service and service type

St Vincent House – Southsea is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service was being managed by an 'acting manager'.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We 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 five people who live at the service and four relatives about their experience of the care

provided. We spoke with eight members of staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We contacted Healthwatch for any information they might have about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed a range of records. This included seven people's care records and multiple medicines records. We looked at three staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality monitoring records. We also contacted five healthcare professionals who regularly visit the service for their feedback.

# 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.

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

- People's medicines were not always managed safely. People who were prescribed topical creams and lotions did not have accurate records of when these creams had been applied. There was no guidance for staff on where to apply creams or lotions or when.
- During our inspection the service put records into place. On the second day we saw body maps had been put into place to help guide staff on where to apply creams prescribed.
- People who were prescribed medicines 'as required' did not always have protocols in place to guide staff on how to administer this type of medicine. For example, one person was prescribed medicine for constipation 'as required'. There was no guidance in place for staff to know how much of this medicine to administer. Following our inspection, the provider told us all 'as required' protocols had been put into place.
- People's medicines administration records (MAR) did not always contain all the information required. For example, people who had allergies did not have this information recorded on their MAR. National Institute for Health and Care Excellence (NICE) guidelines state that all known allergies should be recorded on MAR.
- Where people had MAR that had been hand written by staff we found two members of staff had not signed the MAR. NICE guidelines state that two members of staff signing hand written entries reduces the risk of transcribing errors on MAR.
- Some risks had not been identified so that appropriate guidance could be put into place. For example, the risks of using paraffin-based emollients had not been assessed. Following our inspection, the provider sent us a copy of a risk assessment for safe use of these creams.
- Accidents and incidents had been recorded by staff. These had not always been reviewed by management to assess risks and identify lessons learned. This meant the service could not be sure measures were in place to prevent re-occurrence.
- Within the accident forms we saw there was one incident which required information to be shared with the local authority safeguarding team. This action had not been completed. This incident and another alleged safeguarding incident had also not been notified to us. Following our inspection, the provider informed us they had reported the incident to safeguarding and notified us.

Whilst we found no evidence people had been harmed, failing to manage medicines safely and review risks placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Property and equipment safety checks had been carried out and records kept. This included checks of the

fire systems and equipment.

#### Preventing and controlling infection

- There were areas of the home that could not be cleaned thoroughly. On the ground floor there were wooden room dividers which were porous. This meant any spillages would seep into the wood. We raised this with the provider who recognised they needed replacing.
- Flooring by one wooden divider was tacked down and had gaps where debris and dirt could accumulate. These areas had gathered some dirt and grime which we showed to the provider.
- Other areas of the home were clean and smelt fresh. Staff wore personal protective equipment and had supplies available.
- Staff had received training on infection prevention and control and food hygiene.
- The local authority environmental health team had visited the service in November 2019 and rated the kitchen as '5'. This meant the kitchen had very good standards of hygiene.

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

- People told us they felt safe living at the service. One person said, "I went to look at a few homes and I liked the feel of this place, I feel safe." Another person said, "I feel safe here I can lock my door if I want."
- Staff were aware of the different types of abuse and what to do if they were concerned. Staff we spoke with were confident the management would take appropriate action.
- The provider had made some referrals to the local authority safeguarding team and attended training provided by them.

#### Staffing and recruitment

- People were supported by staff who had been recruited safely. The provider had obtained the necessary pre-employment checks which included a check with the disclosure and barring service (DBS). A DBS check helps employers make safer recruiting decisions.
- The rotas were planned based on people's needs and feedback from staff. Comments from people, relatives and staff about staff numbers were mixed. Comments included, "There are busy times here but there are enough staff", "You constantly get the impression they are understaffed", "Sometimes we are stretched but the extra staff helps now" and "No staff around to keep an eye on things."
- The provider had recently increased staffing numbers to reflect the changes in people's needs. Some people told us this was taking time to have an effect. The provider told us the changes were very recent and were now recruiting for the increased hours. They were using agency staff in the interim.



# 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 remained the same. This meant people's outcomes were good, and people's feedback confirmed this.

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

- St Vincent House – Southsea was an adapted building over four floors. People accessed all floors by a lift. Premises were well maintained, and furnishings were appropriate.
- Communal areas were available on the ground floor. There was also a quiet lounge on the first floor which was used daily by some people and relatives.
- People could access a small courtyard style garden which had garden furniture to use in warmer weather.

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

- People's needs were assessed prior to admission into the home. This helped the staff to identify if they could meet people's needs.
- Once the assessment was completed information was then used to produce care plans. The service used nationally recognised tools such as the 'Waterlow' to assess people's risks of developing pressure ulcers.
- People's oral health needs had been recorded in care plans with guidance for staff to follow. Referrals to dentists had been made if needed.

Staff support: induction, training, skills and experience

- Staff told us they felt well trained and supported in their roles. They told us they had online training and face to face training at the service. This included training in areas such as first aid and dementia awareness.
- New staff had an induction when they started and then ongoing updates when needed. The provider used the Care Certificate to support staff to do their induction. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff had opportunity for supervision and were assessed for competence in some areas. Staff told us they found observations of their practice helpful.

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

- People had sufficient food and drinks available. Some people required additional support to eat which was provided by staff.
- People spoke positively about the food. Comments included, "Food is excellent", "Food is great and that is important to me" and "There is always variety and a choice of two meals."
- People had a choice of meals and drinks. Menus were planned but people could have alternatives if they wished.
- The provider employed a catering manager who helped kitchen staff to provide healthy menus. They also helped monitor people's weights and made sure food with additional calories was available for people at

risk of malnutrition.

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

- People had access to appropriate healthcare services when needed. If people required a GP or a community nurse staff made a timely referral. One healthcare professional told us, "Staff raise concerns appropriately, they seek help for everything."
- Healthcare professionals we spoke with commented on how knowledgeable staff at the home were about people's needs. Comments included, "[Staff] is very knowledgeable and follows my instructions" and "I met with [staff] who was very helpful, had all the information I needed."
- Staff communicated with each other to keep up to date with people's needs. They used handover records to share important information.

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

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

People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had assessed people's capacity and followed best interest processes to support people to make decisions. Records were kept demonstrating who had been involved.
- Where appropriate the service had applied to the local authority for DoLS authorisations. Where these had been granted the service was meeting conditions.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People's dignity was at times compromised. During mealtimes on day two of our inspection we observed staff placed blue plastic aprons on people. Some people were not asked if they wanted a plastic apron on. We raised this with the provider who was not sure why staff had applied the plastic aprons.
- Another person was told they would be visited by a GP which meant they would not have their meal until after the visit. They were sat at the table with others eating their meal. Despite being told they would not have their meal; a member of staff gave them a meal which they started eating. Then the GP arrived so their meal was taken away. This meant their meal time experience was interrupted unnecessarily.
- The hairdresser visited during our inspection and we observed people having their hair styled in communal areas. There were no facilities for people to use to have their hair styled privately however, the use of a privacy screen would have protected people's dignity during this activity. We raised this with the provider during our inspection who told us they would review the process.
- Some language and terminology used by staff was not always dignified. For example, comments we heard made by staff included, "Is anyone free to give me a hand with [person], I need help", "We feed these two [people]" and "[Person] is not well, I am going to feed [them]." All these comments were made in communal rooms overheard by people.
- We observed staff talking about people whilst stood by them. The person was not included in the conversation which was not dignified. One person told us staff often talked to each other whilst helping them with personal care. They were not included in the conversation.
- We observed some interactions that were not positive for people. For example, one person asked to go to the toilet but was told they had to wait. We observed they waited for over 10 minutes. Another person sat in the lounge area had their clothing adjusted by staff. The staff member did not ask them if they wanted their clothing adjusted, they did not speak with the person at all throughout the interaction.
- People were not always involved in developing their care and support. In the records we checked there was no evidence of people's involvement or consultation. We were not able to see any evidence of care reviews, which provide opportunity for people to share their views. People we spoke with told us they had not seen their care plan and could not remember being asked their preferences and wishes.

Whilst we could see no evidence of harm the provider had failed to make sure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Meetings for people to share their views had not been held as regularly as the provider would like. We saw one was booked for February.
- Some aspects of people's privacy was respected, we observed staff knocking on doors before entering and keeping people's personal information secure.
- Some people were able to maintain their independence. For example, one person went out to clubs they enjoyed independently.
- People's relatives could visit when they wished. One relative said, "I can visit when I wish, I prefer it upstairs as it is quieter."

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

- Despite the shortfalls people and relatives told us the staff were kind and caring. Comments included, "Staff are very good", "[Relative] is well cared for", "Staff here are very nice and kind" and "Staff are very helpful, they are a good team."
- People were being supported by staff who enjoyed their jobs. Comments from staff included, "I like working here because it is small, we get to know everyone well" and "The building is not great, but I like it here."
- We observed some positive social interactions between staff and people. Some staff responded to people's anxiety with the use of dolls to provide comfort. We observed one member of staff sitting with one person holding their hand providing comfort.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Guidance for staff to follow had not been reviewed and kept up to date in care records. Whilst there was some guidance in people's care plans we saw reviews had fallen behind and details were not always accurate.
- One person's care plan stated they needed to sit by a window for their meals and they had a good appetite. We saw they were not sat by a window for their meal and they struggled to eat. Staff had to help them cut their food up and they needed prompting to eat. This information was not in their care plan. Another person had guidance that all staff needed 'breakaway' training to work with them. We checked this with the provider who told us this was not the case.
- People's needs in relation to social engagement had not always been recorded. This meant there was little evidence of how people's social needs were being met. For example, one person went out weekly to a club. This was not recorded in their care plan.
- Daily records did not always capture how people spent their time during the day or important health information. One person at risk of constipation required staff to monitor their bowel movements. If the person did not have a bowel movement following a period of time staff had to contact the GP. Staff had not recorded this person's bowel movements which meant staff did not know when to contact the GP. The provider was made aware of this shortfall and told us they would address this with staff.
- Staff did not keep accurate records of what activities had been planned and who had taken part. They told us they did not have time to go into individual records to record who had been involved in activities and levels of enjoyment. This was something they planned to do going forward.

Whilst there was no evidence of harm to people, the provider had failed to ensure accurate, complete and contemporaneous records were kept in relation to each service user. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some care plans had good detail recorded on how to support people with their personal care. We saw one person had a good strategy in place and details of their preference to male or female care workers. Another had good details about how to support the person to move safely.
- There were activities for people to engage in if they wished. These included group activities such as entertainment, seated exercise and film afternoons. People could also choose to stay in their rooms if they wished.
- People we spoke with about activities told us there was enough going on for them. One person said, "There are enough activities for me."

- Staff told us local schoolchildren visited regularly to engage with people which everyone enjoyed.
- Visiting clergy held a service monthly so people could continue to practice their faith. National festivities such as Easter and Christmas were marked with decorations and additional events.

#### 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 recorded in their care plans. There was guidance for staff to follow to communicate with people effectively.
- The provider told us documents could be provided in any format needed such as larger font.

#### Improving care quality in response to complaints or concerns

- Complaints had been logged, investigated and a response sent to the complainant. The provider had reviewed complaints to identify any learning.
- The provider had a complaints policy which was available as an easy read document. The provider told us the complaints policy could also be made available in any other format if needed.
- Relatives we spoke with told us they knew how to make a complaint, but some people did not. The provider reminded people about the complaints procedure within the results shared from the recent surveys.

#### End of life care and support

- There was nobody receiving end of life care at the time of our inspection. Some people had recorded their wishes in their care plans for end of life care.
- The provider told us they were planning on supporting staff to increase their confidence in talking to people about death and dying.

# 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 Good. At this inspection this key question has now deteriorated to 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

- Notifications the provider is required to send us by law to inform us of specific incidents and/or events had not been completed. We found no Deprivation of Liberty Safeguards (DoLS) authorisations since 2016 had been notified to us. Following our prompt, the provider submitted 16 DoLS notifications by the second day of our inspection.
- We also found three incidents of safeguarding that had not been notified to us. The provider completed these notifications following our inspection.

Failing to notify CQC of notifiable incidents without delay is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The providers systems did not make sure that there were accurate records of care and support provided. 'As required' protocols had been put in place during our inspection for some people. We saw some of the protocols had other people's names in the guidance which was not personalised.
- The providers systems did not make sure they were able to effectively monitor the quality of care provided. Audit systems had fallen behind the providers own schedule in some areas. For example, monthly medicines audits had not been completed in November or December 2019. Quality monitoring systems were not robust and had not identified the issues found during this inspection.
- The nominated individual visited the home and carried out some checks. An ongoing action plan was being used which was last updated in September 2019. The nominated individual told us they had planned a full audit to be completed in December 2019. At this time there had been staffing issues so the audit had been postponed.

Whilst there was no evidence of harm to people, the provider had failed to put in place systems to robustly monitor the quality of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was no registered manager at the service. The provider had employed a manager but before they could complete their registration, they had taken some long-term leave. The provider had employed an acting manager to manage 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

- Systems were not robust in supporting the provider to inform people when things went wrong. We found one safeguarding which had not been reported to the local authority and not shared with a person's family members. Whilst this was done following our inspection the provider had failed to have a process in place to make sure this happened in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was open and transparent during this inspection. They recognised areas for improvement and discussed their plans with us. Action was taken responsively to address some shortfalls.
- Staff told us there was good team work at the service and the provider was supportive. Morale amongst staff was good. One member of staff said, "We have a very good team here, we work well together and there is good morale."
- Staff told us they had seen improvements in the management of the service. Staff comments included, "Management is getting better here now, we have got more staff" and "The service is well managed now, it hasn't been in the past. The new manager is improving things."
- Whilst staff spoke positively about the management, people we spoke with did not know who was managing the service. One person said, "I never see the management, they are all new at the moment." Another person said, "I am not sure who the manager is."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives had been asked to complete a survey. Results were collated by the provider and some actions to be carried out shared.
- Staff were able to attend staff meetings and share their views. Minutes were kept. One member of staff said, "We have frequent team meetings where I can speak up. I have shared some of my ideas recently."
- The provider told us they had put into place ways in which to support staff to improve retention. For example, the provider sent out birthday and Christmas cards to staff and had flexible working arrangements in place to help staff attend school events for their children.

Working in partnership with others

- The service worked in partnership with relevant health and social care professionals to improve people's health. One professional told us, "When I visited the home felt relaxed and comfortable and there were plenty of staff around. It felt nice and calm, there were some activities going on."



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 18 Registration Regulations 2009 Notifications of other incidents  The provider failed to notify CQC of notifiable events in all cases.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The provider had failed to ensure people were always treated with dignity and respect. Regulation 10 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines. Risks had not always been identified and assessed so that safe systems could be put in place. Regulation 12 (1) (2) (a) (b) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to maintain an accurate, complete and contemporaneous record for each person. The provider did not ensure there was systems in place to assess, monitor and improve quality and safety. Regulation 17 (1) (2) (a) (b) (c)

