

Roseacre Care Limited

Roseacre

Inspection report

St Winnolls
Polbathic
Torpoint
Cornwall
PL11 3DX

Tel: 01503230256

Date of inspection visit:
04 June 2019

Date of publication:
29 July 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: Roseacre provides accommodation with personal care for up to 22 people. There were 17 older people using the service at the time of our inspection.

People's experience of using the service:

Some people were not able to tell us verbally about their experience of living at Roseacre. Therefore, we observed the interactions between people and the staff supporting them.

Staff were kind and spent time chatting with people as they moved around the service. However, we did identify some records made by staff which did not always demonstrate a caring or empathetic approach.

There were some concerns with the environment. Damaged walls, a damaged sink surround, stained and marked furniture, and a bolted fire door were identified during this inspection. The fire service have been contacted and will visit the service to provide advice.

Some people's sinks did not have plugs, some soap dispensers were empty and there was no provision for a towel or paper towels to use in a communally used toilet.

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

Staff had received appropriate training and support to enable them to carry out their role safely, including the management of medicines.

There were some activities provided for people. However, the activities did not always relate to the detailed information gathered by staff which identified people's specific interests and preferences.

Not everyone living at the service had a care plan. Risk assessments did not always provide staff with sufficient guidance and direction to provide person-centred care and support. Some staff were being inappropriately touched by people living at the service. Pre-assessment information showed this was a known risk but this had not been recorded and addressed in care plans. There was no guidance on how staff could protect themselves.

Many quality monitoring systems were in place. However, the audit process had not always enabled the provider to identify the concerns found at this inspection. Staff did not always have enough information about people who had not been living at Roseacre for very long. This meant they may not have been able to support them according to their needs and preferences.

A recent survey sent out to people and their families had positive responses. We had received information from an anonymous source that their complaints had not been addressed to their satisfaction. Complaints were recorded and responses were seen. The registered manager told us there were no on-going complaints at the time of this inspection.

Rating at last inspection: At the last inspection the service was rated as Good (report published 2 September 2017)

Due to breaches of the regulations identified at this inspection the service rating has changed. The rating for Roseacre is now Requires Improvement.

Why we inspected: This inspection was brought forward following several anonymous concerns being received by CQC. Concerns had been raised about the quality of the support provided to some people, the approach of the management, concerns about the premises, infection control concerns and a lack of staff in the lounge areas at times and at weekends. One person told us they felt their complaint had not been resolved.

We specifically reviewed these areas during this comprehensive inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this report.. Not all the concerns raised to us were upheld.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

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

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 ●

Roseacre

Detailed findings

Background to this inspection

The 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 checked 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.

The inspection was prompted in part by concerns raised with CQC by members of the public.

This information indicated potential concerns about the management of risks to people, poor quality premises, poor staff training and poor quality of support provided by staff. This inspection examined those risks.

Inspection team:

This inspection was carried out by three inspectors, a specialist nurse 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:

Roseacre 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: This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We reviewed the last

inspection report, information we had received from other agencies and feedback we had received from other interested parties. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with ten people who used the service, three care staff members, a contract cleaner, the care manager, the registered manager, the facilities manager, the finance director and a visiting healthcare professional. We reviewed the care records of seven people and medication records of 17 people, who used the service, records of accidents, incidents, compliments and complaints. We reviewed staff recruitment, training and support as well as audits and quality assurance reports. 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.

After the inspection:

We continued to seek clarification from the provider to validate evidence found.

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

- Risks were not always identified. Two people had been identified as being a risk to staff. Staff had recorded being physically hurt by one person living at the service on three occasions. Staff told us they had been inappropriately touched by another person living at the service. There was information from the local authority about the risks to staff from this person in their care file. There was no risk assessment or guidance provided for staff in these two care files. This meant the risk of harm to staff was not reduced.
- Where people presented with behaviour that challenged staff and other people there was not always clear guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour. The lack of guidance led to the risk of inconsistent approaches by staff.
- People had their own alcohol for personal use, held securely by staff. People had agreed to this taking place. There was an alcohol policy in place. We were told some people in the service were at risk if they accessed alcohol. However, there was no specific risk assessment for each person who was allegedly at risk of doing this. This meant people did not have free access to their own alcohol whenever they wished, and it was not clear who or why others were at risk of accessing alcohol.
- We found a final exit fire door which was bolted and secured in two places from the inside. We sought advice from the fire service about this as the care manager told us this had been agreed by a fire risk assessment. We were told by the fire service that final exit fire doors should have a simple operating system such as push bar or pad, or thumb turn screws. Multiple bolts are not considered appropriate, as they take time to operate and may not be easily found in smoke conditions. The fire service have visited and the bolt has been removed. The fire service will carry out a further assessment of risk in the near future.

The lack of robust risk management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Preventing and controlling infection

- There was an infection control audit in place. The Registered manager was in the process of completing the risk assessments from this years audit completed 3 June 2019, the day before this inspection.
- There were concerns with the environment. We had been told, prior to this inspection, that the service suffered from flies inside the building. We did not see any flies at this inspection, however, the community nurses confirmed this was a problem in the warmer weather. There was some damaged tiling, holes in the

walls and some areas of an unpainted door frame in a toilet/bathroom, which made it difficult to effectively clean. A toilet cistern was leaking.

- Body maps were not routinely carried out when a person arrived at the service. This meant staff were not aware of any dressings or broken skin on a person when they arrived, A soiled discarded dressing was found by the inspector on the floor in one person's room. The head of care was not aware of where this dressing had been placed upon the person. This person had broken skin on their feet, this was not recorded. This person did not have a comprehensive pre-admission assessment or a care plan.
- The main communal areas of the service were free from malodours. Some people's rooms had odour related to incontinence. Furniture in one person's room was stained and marked. The registered manager told us this was the person's own furniture.
- A communally used toilet on ground floor had nowhere for a towel, or paper towels, to be stored and none were available during this inspection.
- We observed medicines being given by a member of staff who was wearing a 'Do not disturb' tabard which was badly stained and not clean. This did not help mitigate the risk of cross infection.

The lack of robust systems to effectively monitor infection control practices within the service is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff had access to aprons and gloves to use when supporting people with personal care. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted. However, whilst we saw referrals were made appropriately to outside agencies to assist with falls, it was not clear what actions were being taken within the service to help reduce the numbers of falls taking place which were recorded, but unwitnessed. One person had recently been taken to hospital following a fall.
- One person had been recorded as falling out of bed a few times over recent months. There was no information to show what action the service had taken to help reduce this re-occurring. Another person, who had fallen several times had a care plan which stated, 'Should be encouraged to use wheelchair.' No other action had been taken to address these falls.

The lack of robust risk management was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse.
- People told us they felt safe, commenting, "Oh yes, I feel safe and happy here" and "No worries."

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. There were staff vacancies at the time of this inspection and this was being addressed. The registered manager told us some staff had recently left the service without notice.
- Staff had been recruited safely. All pre-employment checks had been carried out before staff started work, such as criminal record checks and references, before any new staff started work.
- People told us staff responded quickly to them when they called.
- People had access to call bells to summon assistance when needed. One person told us, "They [staff] come pretty quick."

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should.
- There were records of the temperature of the medicine's fridge showing as 4 degrees centigrade. The safe cold storage of medicines was monitored.
- Staff were trained in medicines management and competency checks to ensure safe practice was being implemented.
- The records of medicines that required stricter controls tallied with the balance of medicines held at the service.

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.

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

- Staff recorded some people's food and drink intake, where concerns had been identified. However, these records were not totalled and monitored daily to ensure people had sufficient intake. Furthermore, each person's records did not indicate how much was recommended for them in a day. This meant there was no benefit to people in having their intake recorded. There was also a risk to their health and welfare if they did not receive adequate amounts of fluids and food.

The lack of robust monitoring of records is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The service had been inspected by the Food Standards Agency and given a five-star rating.
- People were offered a choice of food and drink. People's preferences were well recorded in care plans. Vegetarian meals were available. People told us, "If you fancy a drink they will get you one" and "There are always plenty of drinks and snacks available."
- People told us they enjoyed the food provided. Comments included, "The food is pretty good with enough choice" and "The food is good, it meets my needs."

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

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed most people's needs had been assessed and planned for. Some guidance and direction was provided for staff on how to meet those needs. However, two people who had recently moved to the service did not have care plans and only very brief pre-admission assessment information.

The lack of robust assessment of people before moving to the service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staff skills, knowledge and experience

- People were supported by staff who had ongoing training.
- Staff were given opportunities to discuss their individual work and development needs.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- New staff spent time working with experienced staff until they felt confident to work alone.

- Staff meetings were not held. The registered manager told us this was following feedback from staff. Communication was via monthly newsletters which were compiled by the registered manager and circulated to staff. We were told staff shared their views and experiences at supervision meetings

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Regular GP visits ensured that changes to people's needs were managed effectively. People told us, "They [staff] get the doctor if I need one" and "The district nurses are always coming and going and visit regularly."

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

- People had access to call bells to summon support when needed. We checked the call bells for people who were being cared for in their rooms. All were working except one. This person's room had two call bells in different areas. The person using this room was unable to walk and was heard calling loudly from their room several times during this inspection. We identified that neither call bells were working. The registered manager assured us this would be addressed.
- One person's room had a damp area visible. A large patch of plaster had broken away in a corridor. One person's sink surround was damaged and in need of replacement. The registered manager assured us this was on the 'programme of work' to be addressed in the very near future. They told us, "This is in the process of being organised."
- Several rooms did not have sink plugs in their sinks and some hand gel dispensers were empty.
- People had their pictures displayed on their door to help them identify their own rooms. However, bedroom doors on the ground floor which had been re-painted a few months prior to this inspection, had not had the door numbers replaced. This did not assist people living with dementia to find their own bedrooms. The provider assured us this would be addressed immediately.

The lack of well maintained premises is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Secure outside space was available to people. This area incorporated a large concrete step which could be difficult for people to use. The area had some seating and was a little overgrown with long grass. Funding had been raised to renovate the secure outside space. The registered manager told us this money was in the resident's fund and work was going to be started this year on a sensory garden with aromatic planting. There were plans to remove the step and level the access so that everyone could enjoy the outside space.
- Some people living at the service were living with dementia and were independently mobile with aids. There was some additional pictorial signage to help people to orientate around the service. For example, toilets and bathrooms.
- Closed circuit television was being used in lounges, corridors and a small meeting room. There was appropriate signage in place to inform people entering the service that this was in place.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Continuous supervision and control, combined with lack of freedom to leave, indicated a deprivation of liberty, and the provider had recognised and applied for this to be authorised under DoLS for some people.
- The registered manager had kept clear records of which people were awaiting authorisation and when they needed renewing. There was an authorisation in place at the time of this inspection with conditions attached to it. These conditions were being supported and recorded.
- People's care plans held details of capacity assessments and best interest meetings held.
- Staff had received specific training which had led to staff having an understanding of the requirements of the Mental Capacity Act 2005.
- People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.
- People told us staff always asked for their consent before commencing any care tasks. One person told us, "They [staff] always ask if I am ready, before they start."

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. 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 told us, "I enjoy myself here and have got friends, I am just happy" and "They [staff] are very kind to me."
- Staff had been provided with training to help ensure people's rights were protected at the service.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Comments included, "I have no complaints, I enjoy the company and they look after me well" and "They [staff] are very obliging, generous and funny."
- Care plans did not clearly indicate that people had been involved in their own care plan reviews. However, the head of care provided care and support to people at the service on a daily basis and spoke with people regularly to discuss any changes they wished to make to their care and support. One person told us, "He makes my life wonderful."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection visit we saw positive interactions between people and the staff.
- People told us they felt respected. We observed care staff lowered their voice when asking people if they wished to use the bathroom.
- Staff ensured people's privacy was respected by closing doors and curtains during personal care.
- One person told us, "They [staff] always knock before entering my room and then ask to come in,"

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 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

- Care plans did not always describe people's individual needs, preferences and routines. Care plans did not always reflect people's needs at all times.
- Some people required regular re-positioning by care staff while being cared for in bed. There was no reference to re-positioning or direction for staff in the three people's care plans we reviewed. Staff were providing this care and recording it. However, there were some inconsistencies in these records. This meant there was not clear direction for staff about how often a person should be re-positioned.
- Daily notes reflected the care people had received. Some comments recorded did not always demonstrate a person-centred caring approach. We saw a comment recorded by staff which stated, "New resident room (number). Very loud, rude, constant ringing bell." This person did not have a care plan to inform staff about their needs and preferences.

The lack of person-centred care and support provided at the service is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person's care plans included a section about their individual communication needs. For example, about any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. Staff had recorded detailed information about people's interests, past hobbies and what they enjoyed doing with their time. For example, two people had stated that amongst other things they enjoyed playing cards, photography and bird watching. There was a bird table at the service. The activities planned by staff were not always relevant or in line with this information held.

The lack of person-centred care and support provided at the service is a breach of Regulation 9 of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A visiting musician was playing music to people during this inspection.
- One person was supported to go out in to the local area regularly, this was due to it being a condition on their DoLS authorisation.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service. People told us, "If I had a complaint and anything was wrong I would talk to the care manager. He sorts out any issues I have."
- Prior to this inspection we were told by an anonymous contact, that their complaint had not been resolved. The registered manager held a record of any concerns raised, and the action taken. The registered manager told us there were no complaints in process.

End of life care and support

- The staff were supported by the community nursing team to provide good quality end of life care to people.
- Care plans did not show that people had been asked for their views and wishes about how they wished to be cared for at the end of their lives. The head of care assured us this would be addressed

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 service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People told us they spoke with the care staff and the care manager on a day to day basis. People were very positive about the care manager.
- We identified concerns with some aspects of person-centred care planning. Care plans and activities that were provided were not always person-centred and did not reflect the interests and preferences documented by care staff.
- We identified concerns with the locking away of people's personally owned alcohol by staff. The policy held at the service stated 'Residents may request that alcohol is kept securely.' We were told all alcohol was locked away as some people at the service were at risk of accessing alcohol. There were no risk assessments in place that stated which people were at specific risk of accessing alcohol.

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

- The registered manager had informed CQC of any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- Complaints, errors and near misses are shared with staff in the monthly newsletter, supervisions and if more urgent action is required, during shift changeovers.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a care manager, a facilities manager and a finance manager to support them. Each manager had delegated roles such a medicines management and safeguarding.
- The care manager told us there was a key worker system in place. This meant the key workers managed and reviewed the care plans. However, this system was not effective in ensure people's care plans were accurate and complete. The provider failed to identify these failings through their quality assurance processes.
- Information in the records was not always accurate, complete or up to date.
- Detailed audits of many aspects of the service were taking place. However, the audits were not effectively ensuring continuous quality improvements were made. For example, care plans audits had not always identified a lack of risk assessments required to protect staff from injury and abuse. Care plans were not in place for two people. Accidents and incidents audits had not always led to action taken within the service to

effectively reduce the numbers of unwitnessed events taking place, at the service. The infection control and premises concerns had not been identified prior to this inspection.

The lack of robust processes to ensure the audit cycle was effectively improving the service provided was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The ratings and report from our previous inspection were displayed in the entrance.

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

- The registered manager did not hold resident's meetings but had circulated a survey which sought people's views annually.
- The registered manager told us that staff had agreed to having a regular newsletter communicating information to them rather than staff meetings. Supervision was used to enable staff to share their views. This meant there were limited opportunities for staff to raise concerns or questions about people's individual care.

Continuous learning and improving care

- The registered manager stated they were aware of many of the issues we raised at feedback on the day of the inspection visit. They told us, "We are just in the process of doing that."
- Prior to this inspection we were told by an anonymous contact that money had been raised to fund the re-modelling of the outside secure space, but this had not taken place. We saw the area was a little overgrown. The registered manager confirmed this money was held in the residents fund account and that there were plans to remove the concrete step and build raised beds with fragrant planting. The registered manager confirmed this work was to be commenced this year but would not be completed until next year.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- Care records showed when each person saw a health or social care professional
- The community nurses visited people at the service regularly to support any nursing needs. They had no concerns about the service provided.

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 care and support provided for people living at the service was not always person-centred. Some care and support was inconsistently recorded. Some inappropriate language was used in some records.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure robust risk management. Staff and people had identified risks which had not been addressed effectively. Infection control risks were not managed effectively. Records were not effectively monitored and managed to ensure they contained all the necessary information about people living at the service. Pre admission assessments were not robust.
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not ensured that the premises were always well maintained.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The audit process had not identified the

concerns found at this inspection.
Opportunities to improve the service had been missed.