

Warwick Park House Limited

# Warwick Park Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Warwick Park Care Home is registered to provide accommodation and personal care for up to 50 older people. At the time of our inspection, 39 people were living at the service.

### People's experience of using this service

People told us they felt safe, supported and were happy living at Warwick Park Care Home. Staff were kind, caring and treated people with dignity and respect.

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. At this inspection we found improvements were still required as people were not always protected from risks associated with their health needs, life style choices, medicines and the environment.

Medicines managed by the service were stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so. However, we found some aspects of medicines recording could be improved and have recommended the provider update their practice in some areas of medicines management to incorporate current best practice.

People were supported to have maximum choice and control of their lives; however, we have recommended that the registered manager reviews all documentation and guidance relating to how staff record best interests' decisions.

Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly, therefore had not identified that some records were not complete or up to date. We have recommended the provider undertakes a review of the effectiveness of the systems and processes in place.

People had confidence in the registered manager and told us the home was well managed. There was an open culture where people, relatives and staff were encouraged to provide feedback. Staff felt they received a good level of support and could contribute to the running of the home.

People's privacy and dignity was respected, their independence promoted, they had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable by their circumstances.

Other risks were well managed. Risks had been identified, in relation to people's care needs such as mobility and skin care, and action had been taken to minimise these.

Warwick Park Care Home was clean, and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

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 and update

The last rating for this service was 'Requires Improvement' (published on 21 August 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found not enough improvement had been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This was the second consecutive inspection where the service has been rated as 'requires improvement'. Prior to this the service was rated inadequate.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach of regulation in relation to safe care and treatment. We have also made recommendations in relation to medicines and the recording of best interests decisions.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress and continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme.

## 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 caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Warwick Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

On the first day the inspection team consisted of one inspector and a specialist advisor of nursing care for older people. On the second day, one inspector visited the service with 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

Warwick Park 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 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 reviewed the previous inspection report and other information we had received about the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. To help us assess and understand how people's care needs were being met we reviewed nine people's care records. We also reviewed records relating to the running of the service. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems. 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.

# 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 requires improvement. At this inspection this key question has remained the same. 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; Learning lessons when things go wrong

At our last inspection we found the provider was failing to ensure they were doing all that is reasonably practicable to manage and mitigate risks. At this inspection we found insufficient improvement had been made.

- People were not always protected from risks associated with their health needs or life style choices. For instance, where people were living with long term health conditions such as diabetes, care records did not identify how they were to be supported to reduce risks and maintain their safety. There was no guidance for staff on how to identify high or low blood sugars or what action staff should take to keep the person safe and staff were unable to tell us. There was no information about dietary needs or regular diabetic checks, such as specialist foot and eye care services. On the second day of inspection, action had been taken and guidance was in place.
- Risks associated with some people's life style choices had not always been identified or mitigated. For example, we found three people's care records lacked detail of the action staff had taken or should take to manage/mitigate risks associated with smoking. Following the inspection, the registered manager confirmed guidance for staff was now in place.
- People's medicines were not always stored or managed safely. We found the service did not have a robust system in place to ensure that people or unauthorised staff could not access people's medicines. Where safe to do so, people were encouraged to manage their own medicines. We checked people's rooms and found one person's medicines where in plain view and not stored safely or securely. The person told us they had not been provided with a secure place to store their medicines. This meant people had been potentially placed at an increased risk of harm. We discussed what we found with the registered manager, who took immediate action and provided this person with a secure place to store their medicines.
- Regular checks of the environment and the maintenance and safety of equipment had not been sufficiently undertaken to protect people from the risk of harm. For example, we found the inappropriate use of bedrails, the wrong size bumpers [bedrail protectors] and the lack of bedrail risk assessments had placed people at an increased risk of entrapment. Following the inspection, the registered manager confirmed that bedrail risk assessments were now in place, new bumpers had been purchased and bedrails had been removed where they were not required.
- People remained at risk of scalding as the water temperatures were above the recommended temperature of 43 degrees centigrade. Records showed temperatures exceeding 43 degrees centigrade were being recorded but no action was taken. We brought this to the attention of maintenance staff who told us it was on their list of things to do. Following the inspection, the registered manager confirmed that action had now

been taken.

- Windows above ground level had not been risked assessed or fitted with an appropriate tamper-proof restrictor. This did not comply with Health and Safety Executive guidance placing people at risk of falls from height. We brought this to the attention of maintenance staff who assured us they would act to mitigate this risk. On the second day of the inspection the registered manager confirmed, appropriate restrictors had been purchased and we saw these were being fitted.
- Where some risks had been identified, action had not always been taken to minimise the risks of reoccurrence or protect people from harm. For example, following an incident within the home where a staff member sustained an injury from an electronic smoking device (vape). Insufficient action had been taken to prevent or reduce the risk of similar occurrence. On the second day of the inspection the registered manager confirmed they had reviewed their advice and storage arrangement for electronic smoking devices and updated the homes smoking/vape policy.

Whilst we found no evidence that people had been harmed, systems were either not in place or robust enough to demonstrate people's safety was effectively managed or mitigated. This placed people at an increased risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

- Other risks were managed well.
- Records showed people were protected from risks associated with their mobility, nutrition, falls and skin damage. Management plans guided staff to support people in a way that mitigated those risks.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. For example, people who were at risk of developing pressure ulcers had equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses and cushions.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. People had individual evacuation plans for emergency situations. These detailed the level of support required to keep people safe.
- Accidents and incidents were recorded, and records showed appropriate action had been taken in response.

#### Using medicines safely

- Some aspects of medicines recording could be improved including information for 'when required' medicines, those requiring regular monitoring and dose alteration, medicines applied in the form of patches and medicines which were required to be return to the pharmacy to be destroyed.

We recommend that the provider update their practice in some areas of medicines management to incorporate current best practice.

- Medicines held by the service were stored securely, administered safely, and people received their medicines in the way prescribed for them.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff received medicines training and were checked to make sure they were competent to give medicines safely.

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

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.

- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues.

### Staffing and recruitment

At our last inspection we found the provider had failed to complete the necessary pre-employment checks before allowing staff to provide care and support. At this inspection we found improvements had been made.

- People were protected by safe recruitment procedures. Systems were in place to ensure staff were recruited safely and were suitable to support people who might potentially be vulnerable by their circumstances.
- Most people, staff and relatives felt there were enough staff on duty to support people and keep them safe. One person said, "If I need to use the call bell they [meaning staff] respond quickly." Another said, "I only need assistance occasionally, but when I have called for assistance, I have never had to wait." However, a relative told us on occasions people had needed to wait for assistance as staff were not always available within the main lounge and there was only one call bell available for people to use." We raised this with the nominated individual and registered manager who agreed to speak with the relative and investigate their concerns.
- Throughout the inspection we saw call bells were answered promptly, and people did not have to wait for assistance.

### Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- The home was clean, tidy and fresh smelling.
- Systems were in place to prevent and control the risk of infection. Staff confirmed they had attended training in infection control and we observed staff wearing appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.

## 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 consistently good, and people's feedback confirmed this.

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.

- Some of the people living at Warwick Park Care Home did not have capacity to make their own decisions. Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives. However, we found some records relating to decisions made in one person's best interests were not clear. For example, one person lacked the capacity to make decisions about their medicines. Staff gave this person their medicines covertly [hidden in food or drink]. Records showed this decision had been discussed and agreed with the person's GP, but there was no best interests' decision to show this was the least restrictive option or in the person's best interests. Whilst we did not find this person had been placed at a disadvantage we were unable to tell if the decision had been made in consultation with the right people, such as relatives and/or pharmacist. We discussed what we found with the registered manager who assured us the right people were involved.

We recommend the registered manager reviews all documentation and guidance relating to how staff record best interests' decisions.

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 home 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.

- We found where restrictions had been placed on people's liberty to keep them safe, the registered manager had worked with the local authority to seek authorisation to ensure this was lawful.

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

- People's needs were assessed before they started using the service to help ensure their expectations and

needs could be met.

- Care was planned and delivered in line with people's individual assessments.
- People were encouraged and supported to use a range of healthcare services and staff supported people to attend appointments. Referrals were made to GP's, community nursing services and older persons' mental health team when needed and people had opportunities to see a dentist, or optician regularly.

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

- People continued to be supported to maintain a balanced healthy diet and made choices about the kind of foods they enjoyed. One person said, "The food is always very nice, if I'm not happy with the meal I can always choose something else." A relative said, "There's always plenty for my father to eat and the food I've seen has always been of a good quality."
- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was provided in line with their assessed need.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely and professionals were involved when required, to support people and staff.

Staff support: induction, training, skills and experience

- Staff told us they received training to support them in their work and we saw from the providers training matrix that a range of training was available on an annual basis. For example, fire, first aid, moving and handling and safeguarding adults. However, the training matrix showed gaps in some staff's training. For example, not all staff had received training in nutrition and diet. We discussed what we found with the deputy manager who explained this had been identified and assured us the necessary courses had been booked.
- The registered manager told us all staff completed an induction and did not work unsupervised until they had been assessed as competent to do so.
- Staff new to care were supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
- Staff had opportunities for regular supervision and appraisal of their work performance. Records showed actions for improvements were planned when shortfalls in staff performance were identified. Staff told us they felt supported and appreciated by the service's management team. One staff member said, "I have always felt very supported and I can speak to the registered manager about anything." Another said, "The manager is very approachable, honest and proactive. They don't sit back, they are always looking for different ways to engage with staff, people and relatives."

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

- Warwick Park Care Home is a period property set over two floors, with access to the lower and upper floors via stairs or a passenger lift. Communal areas included two lounges, a dining area, a conservatory, a patio seating area and a garden where people could spend time with friends and family.
- People's rooms were personalised and contained pictures and possessions that were important to them.
- There was some signage throughout the service to assist people who were living with dementia to orientate themselves and increase people's independence. However, more was needed to make the environment dementia friendly.
- There was an ongoing programme of refurbishment and the registered manager told us of their plans to develop the dining room area to encourage greater social interaction and make meal times more of an experience for people.

# 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 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 they were happy living at Warwick Park Care Home. Comments included; "I'm very happy living here", "The staff are very kind I have no complaints", "I enjoy living here" and "If I ring the call bell they come as quickly as possible." A relative said, "Mum tells me she's happy, and it seems alright when we visit." Another said, "The staff are really friendly and very helpful."
- People were supported by staff who had a good understanding of their individual needs. Staff were seen to be friendly, respectful and attentive to people's needs.
- Care plans contained information about people's past, cultural and religious beliefs as well as their future wishes.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic, were respected.

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

- People and their relatives were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, residents' meetings, verbal and written feedback.
- People were encouraged to make decisions about day to day matters such as food and the clothing they chose to wear. Staff offered people opportunities to spend time where and how they wished, and staff respected people's choices about how and where they wanted to spend their time.
- People and their relatives were given the opportunity to provide feedback about the service through regular reviews and questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy, conversations of a private nature about people were held in private and staff were careful not to be overheard. One person said, "The staff are very good and have always treated me with respect."
- Staff treated people with kindness and compassion and people told us they felt valued by the staff who supported them. One person said, "I receive personal care and have never felt rushed or made to feel like a nuisance. Nothing is ever too much trouble; all the staff are really nice here."
- Care plans contained clear information about what each person could do for themselves. Staff described how they encouraged people to be as independent as possible. For example, by encouraging and supporting people to brush their hair or wash their face.
- People continued to be supported to maintain relationships with those close to them.

## 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 remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People continued to receive person-centred care. Most care plans we saw were detailed and personalised. This information guided staff on how best to support people, recorded people's health needs and behaviours and how to work with people in a way that best suited them.

- People's needs were regularly assessed and monitored, and care plans amended when changes occurred or if new information came to light. Where a person's health had changed it was evident staff worked with other health professionals.

- Staff told us people had opportunities to go out and to take part in activities of their choice. Regular in-house activities, such as music and arts and crafts, occurred spontaneously. For example, staff had assisted one person, who had passion for wildlife to set up a hide in the garden. However, some people we spoke with told us they were bored and there was often a lack of things to do. A relative said, "There doesn't seem to be an awful lot going on when we visit." We discussed what we had been told with the registered manager who explained an activities co-ordinator had recently been employed and was due to start next week.

#### Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in care plans. This helped ensure staff understood how best to communicate with each person. For instance, staff used a board to communicate with one person who found it difficult to communicate due to hearing loss.

- The deputy manager told us that information, such as people's care plans and the providers complaints procedure, could be made available in an accessible format depending on people's needs.

#### End of life care and support

- Where discussions had taken place with people regarding their end of life wishes, these were recorded. The registered manager told us they aimed to support people's wishes to remain at the service for end of life care, whenever possible.

- Staff had received training in end of life care and worked in partnership with community healthcare professionals to ensure people had a comfortable and pain free death.

- Care plans recorded if a person had a 'do not resuscitate' document in place. These were kept in the files, so they were accessible to emergency services.

Improving care quality in response to complaints or concerns

- People who were able, told us if something was not right they would let someone know. One person said, "If I had any concerns I would talk to the manager in the office." Another said, "I have never needed to complain, but I would tell the staff."
- Most relatives we spoke with knew how to make a complaint and felt confident they would be listened to and appropriate action would be taken. However, one relative told us they had raised several concerns with staff but did not feel the situation had been resolved or that action had been taken. We advised the relative to speak with the registered manager and/or nominated individual which they did.
- Although the service had not received any formal complaints since the last inspection. The registered manager told us they would always act upon concerns in an open and transparent way and use them as an opportunity to improve the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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:

At our last inspection we found the registered manager and provider had failed to ensure systems were effective in assessing, monitoring and improving the quality and safety of the services provided. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found insufficient improvement had been made and the provider was still in breach of regulation 17.

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, we found the systems in place had not been undertaken robustly and therefore had not identified that some records were not accurate, complete or up to date. For example, monthly care plan reviews had not identified that some care records did not contain enough information or guidance for staff to mitigate known risks; records relating to one person's best interests' decisions had not been fully completed. Risks relating to the environment and storage of one person's medicines had not been identified or actioned.
- We discussed what we found with the registered manager, who acknowledged that some of the discrepancies had been caused because of the implementation of a new computerised care planning system. In that not all records had been fully transferred, which had led to gaps in some cases and meant some records had not been reviewed/updated as they should have.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care.
- Concerns and complaints were listened to and used to help improve the services provided.
- The management team spoke openly and honestly throughout the inspection process.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider had systems in place to provide effective oversight of the service. They regularly met with the registered manager and nominated individual to discuss all aspects of the running of the home, including staff performance, people's care needs and the environment. The registered manager told us they felt supported by the nominated individual and provider.
- People, relatives, staff and healthcare professionals had confidence in the registered manager and told us the home was well managed. One person said, "The home is very well managed." Another said, "[Registered managers name] always drops in to see us and checks that everything is okay." A relative said, "Yes overall, I think it's well managed." Staff were very complimentary about the management team and felt the home had very much improved under the new management structure.
- The registered manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The provider displayed their CQC rating at the service and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others: Continuous learning and improving care:

- The registered manager and staff had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. For example, we saw the registered manager had recently been part of a project to identify how to reduce hospital admissions, as well as looking at ways of developing intergenerational approaches between care homes and local services.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were exposed to the risk of harm as care and treatment was not always provided in a safe way.</p> <p>Risks to people's health and safety had not been identified or mitigated.</p> <p>People were not always protected by the safe management of medicines.</p> <p>Regulation 12(1)(2)(a)(b)(d)(g)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There were ineffective systems and processes in place to assess, monitor, and mitigate risks to people.</p> <p>Records were not accurate, up to date or complete.</p> <p>Regulation 17 (1)(2)(a)(b)(c)</p>