

Lily Care Ltd

# Newhey Manor Residential 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This was an unannounced inspection which took place on 15 February 2016. The service had previously been inspected in August 2014 when it was found to be meeting all the regulations reviewed.

Newhey Manor provides accommodation for up to 24 older people who require support with personal care. There were 21 people living at the service at the time of this inspection.

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

During this inspection we found two breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. This was because the provider had not taken proper steps to ensure people always received safe care and treatment. The provider had also not taken the necessary action to ensure people who used the service were not unlawfully deprived of their liberty. You can see what action we have told the provider to take at the back of the full version of the report.

Risk assessments needed to be more detailed to ensure people were protected from the risk of unsafe care. Although systems were in place to monitor the nutritional intake and weight of people who used the service, these records were not always fully completed. This meant there was risk people's nutritional needs would not be met.

People who used the service told us they felt safe in Newhey Manor. Visitors we spoke with told us they had no concerns regarding the safety of their family member or friends in the service. Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse. However we noted an incident in which a person had sustained bruising following poor moving and handling practice had not been reported to the local authority as required. All the staff we spoke with told us they were confident they would be listened to and taken seriously should they raise any concerns about poor practice in the home.

Staff we spoke with demonstrated limited understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS); these are legal safeguards for people who may not be able to make their own decisions. The registered manager had also failed to recognise the requirement to submit DoLS applications to the local authority for people who were unable to consent to their care in Newhey Manor.

Staff had been safely recruited. People who used the service told us staff generally responded promptly to their needs. Our observations during the inspection showed staff provided support and assistance to people in a timely manner.

Staff told us they received an induction when they started work at the service. Systems were in place to record the training staff had completed and any supervision sessions they had attended. New staff were supported to achieve the Care Certificate; this is the minimum standards that care staff are expected to meet.

Records we reviewed showed a number of staff had completed training in end of life care. Four staff, including the registered manager were in the process of completing further training delivered by the local hospice.

People we spoke with told us that the staff at Newhey Manor were kind and caring. During the inspection we observed kind and respectful interactions between staff and people who used the service. Staff who had worked at the service for some time showed they had a good understanding of the needs of people who used the service. They told us they always promoted people's independence and choice when providing care.

Systems to ensure the safe management of medicines were mostly effective. Records we reviewed showed that people had received their medicines as prescribed. One person's medication administration record (MAR) chart had not been countersigned to ensure the handwritten record was accurate.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care such as utility failures. Personal evacuation plans (PEEPS) had been completed for people who used the service. These provided staff with information about the level of support people would require in the event of an emergency. Records we reviewed showed staff regularly discussed fire evacuation procedures during staff meetings.

People told us they generally enjoyed the food in Newhey Manor. Staff made the necessary referrals to help ensure people's health needs were met; these included referrals to the dietician, optician and GPs.

People who used the service and their relatives had opportunities to comment on the care provided in Newhey Manor. Systems were in place to record and investigate any complaints received in the service.

A programme of activities was in place to help maintain the well-being of people who used the service; this included activity sessions delivered by a local organisation aimed at people living with dementia.

Staff told us they enjoyed working in the service and received good support from both the registered manager. Regular staff meetings provided a forum for staff development and discussions regarding how the service could be improved. Staff also had access to policies and best practice guidance; these documents helped to support staff to carry out their roles safely and effectively.

There were a number of quality assurance processes in place. The registered manager had developed action plans to address any shortfalls identified during the audits in order to continue to improve the service provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not always safe.

Risk assessments needed to be more detailed to ensure people were protected from the risk of unsafe care. Systems needed to be improved in order to properly protect people identified as being at risk of poor nutritional intake.

People told us they felt safe in the service and there were enough staff to meet their needs.

Recruitment procedures were sufficiently robust to protect people from the risk of unsuitable staff.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Staff had limited understanding of the MCA. The registered manager had not taken steps to ensure that, where people were unable to consent to their care, any restrictions in place were legally authorised under DoLS.

People told us they generally enjoyed the food provided in the home. Staff made the necessary referrals to a range of health professionals. This action helped to ensure people's health needs were met.

### Is the service caring?

Good 

The service was caring.

People told us staff were always kind. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly. Staff supported people to be as independent as possible.

A number of staff, including the registered manager, had completed training to help them provide the care people wanted to receive at the end of their life.

### Is the service responsive?

Good 

The service was responsive.

People who used the service told us staff provided them with the care they needed.

People had opportunities to comment on the care provided in the service. Procedures were in place to ensure any complaints received by the service were recorded and investigated.

A programme of activities was in place to help maintain the well-being of people living in Newhey Manor.

### Is the service well-led?

Good ●

The service was well-led.

The service had a manager who was registered with the Care Quality Commission and was qualified to undertake the role. They were also the provider of the service.

Staff told us they enjoyed working in the service and found the registered manager to be both supportive and approachable.

Staff had access to both policies and best practice guidance to support them to carry out their roles safely and effectively.

Quality monitoring systems were in place to help drive forward improvements in the service.□

# Newhey Manor Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 15 February 2016 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of residential care services for older people.

Before our inspection we reviewed the information we held about the service including notifications the provider had made to us. We contacted the Local Authority safeguarding team, the local commissioning team and the local Healthwatch organisation to obtain their views about the service.

During the inspection we carried out observations in all public areas of the home and observed the lunchtime experience in the dining room and lounge. We spoke with five people who used the service and four visiting friends/relatives. We also spoke with the registered manager, the deputy manager, three members of care staff, the cook and the domestic.

We looked at the care records for five people and the medication records for all of the people who used the service. We also looked at a range of records relating to how the service was managed; these included three staff personnel files, training records, quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

All the people we spoke with who used the service told us they felt safe and had no concerns about the care they received. One person commented, "They [staff] are very kind and no one has ever hurt me." Visitors we spoke with also told us they were confident about the safety of people in the service. One relative told us, "I can go on holiday and know that [my family member] will be safe."

Two of the four staff we spoke with had completed safeguarding training; the two other staff had only been employed in the service for two weeks. The registered manager told us there was a plan in place to ensure these staff attended safeguarding training as soon as possible. All of the staff were aware of the safeguarding policy in place. They were able to tell us the correct action to take if they witnessed or suspected abuse had occurred. Staff told us they would also be confident to report any poor practice they observed and were sure their concerns would be listened to by the registered manager. We noted information about reporting abuse was on display in the registered manager's office.

Care records we reviewed contained risk assessments that identified if a person was at risk of harm from conditions such as pressure ulcers, poor nutrition and hydration, restricted mobility and the risk of falls. Risk management plans were in place on all the care records we reviewed. However, these provided generalised guidance for staff rather than detailed personalised information about how staff should support a person to manage any identified risks. We discussed this with the registered manager who told us they always added information to the risk management plans where necessary. However, we saw that this was not particularly detailed on any of the records we were shown. This meant there was a risk people might receive unsafe care.

We looked at the systems in place to ensure people were protected against the risk of receiving inadequate nutrition. The registered manager told us staff completed daily monitoring of the food and fluid intake for most people who used the service. However, when we reviewed these records we found that they had not always been fully completed. In addition there were no records completed on a total of eight days between 10 January and 4 February 2016. In addition, when we looked at the weight monitoring records for people who were assessed as high risk in relation to their nutritional needs, we noted there were no weights recorded for two people for two months. The lack of accurate recording meant there was a risk people's nutritional needs might not be met.

During the inspection we became aware that a person who had recently been admitted to the service had sustained bruising to their legs as a result of one staff member supporting them to transfer. When we looked at this person's care records we noted they stated two staff were always required to support the person when transferring. None of the staff we spoke with or the registered manager could explain why the staff member concerned had not followed the person's moving and handling care plan. Although we noted this incident had been documented, it had not been reported to the local authority safeguarding team. Following the inspection the registered manager made this referral at our request.

The lack of robust systems to ensure people received safe care and treatment was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the procedures in place to ensure staff were safely recruited. We reviewed three staff personnel files. We saw that all of the files contained an application form, at least two references, and confirmation of the person's identity. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

All the people we spoke with told us staff usually responded promptly when they required assistance. One person told us, "They [staff] come as soon as they can when I call; I don't have to wait long." During the inspection we observed there were sufficient numbers of staff available to meet people's needs. The staffing levels on the day of the inspection reflected the information in the staff rotas we reviewed. We saw that agency staff were not used in the service. This should help to ensure people received consistent care.

We reviewed the systems in place to ensure the safe administration of medicines. We saw that policies and procedures were in place for staff to follow. Records we reviewed showed staff responsible for the administration of medicines had received recent training. The registered manager had also introduced a competence assessment tool to assess the ability of staff to administer medicines safely.

We looked at the medication administration record (MAR) charts for all the people who used the service. We found these had been completed to show people had been given their medicines as prescribed. We noted the MAR chart for one person had been handwritten. This record did not include the administration instructions for one of the medicines prescribed. The administration record had not been signed by the person responsible for creating it. The record had also not been checked for accuracy and signed by a second trained and skilled member of staff before it was first used. This meant there was a risk the person might not receive their medicines as prescribed.

We noted there were protocols in place when people were prescribed 'as required' medicines. These provide guidance for staff on the reasons why a person might need an 'as required' medicine and the symptoms a person might display to indicate they needed the medicine if they were unable to ask staff directly.

We checked a sample of the controlled drugs held in the service. We saw that the stock of these corresponded accurately with the records we reviewed.

We noted that there were systems in place to ensure that people who used the service received an annual review of their medicines. This helped to ensure that people were prescribed the medicines they required to meet their health needs.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining room, lounge, bathrooms and toilets were clean. We spoke with the domestic on duty who told us they had completed training in infection control. They were able to tell us of the action they would take to prevent the risk of cross infection in the service. We were aware from the records we reviewed that the service had successfully managed the care of one person who had been diagnosed with a serious bacterial infection. This person was now clear of the infection and there had not been any other outbreaks in the service.

During the inspection we observed staff wore personal protective equipment (PPE) when handling food. Staff told us they would also wear PPE when they provided personal care. We saw that stocks of PPE were conveniently located for staff to use throughout the home. Hand hygiene dispensers were also available for staff and visitors to use. These measures should help reduce the risk of cross infection.



Records we reviewed showed that equipment including hoists and the passenger lift were serviced and maintained in accordance with the manufacturers' instructions. Required checks had also been completed to ensure the safety of the gas, electrical and water supplies. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

We saw a business continuity plan was in place for dealing with any emergencies that could arise. Inspection of records showed regular in-house fire safety checks had been carried out to ensure that the fire alarm, emergency lighting and fire extinguishers were in good working order. Personal evacuation plans (PEEPS) were in place to record the support people who used the service would need should the premises need to be evacuated. Staff had completed fire training and were involved in regular evacuation drills. Records we reviewed showed that the fire evacuation procedure was also regularly discussed at staff meetings. This should help ensure all staff knew what action to take in the event of an emergency.

During the inspection we noted an unused bed base had been stored in an alcove on to which a fire door opened. We discussed with the registered manager that this would potentially provide an obstruction to people's means of escape in the event of a fire. The registered manager told us they would arrange for the bed base to be removed as a matter of urgency.

## Is the service effective?

### Our findings

We looked at the arrangements in place to ensure staff received the induction, training and supervision they required to be able to deliver effective care. We spoke with a member of staff recently appointed to work in the service. They told us they had completed an induction which consisted of shadowing more experienced staff. They told us they had yet to complete any formal training but advised us they were being closely supervised while on shift. They told us they had no concerns about carrying out their role due to the support they received from the registered manager and other staff. We saw records which confirmed they had already met with the registered manager on two occasions to begin to complete the initial modules of the Care Certificate; this is the minimum standard that care workers are expected to achieve. Other staff we spoke with told us they also received regular supervision from the registered manager. This was confirmed by our review of records.

We reviewed the training matrix completed by the registered manager which recorded the training undertaken by staff. This showed that most staff had completed recent training in health and safety, moving and handling, first aid, safeguarding adults, food hygiene and infection control. The registered manager told us they accessed the local authority training courses for staff and had made bookings for a number of staff to attend required training. One staff member who had worked at the service for four months told us, "I have done three courses already." Another staff member also commented, "We have so many training opportunities."

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. The application procedures for this in care homes and hospitals are 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 were being met.

Although the care records we reviewed contained mental capacity assessments, they did not record the decisions to which they related. None of the capacity assessments had been reviewed since they were originally completed. This meant there was a risk they did not accurately reflect the ability of people to consent to their care in Newhey Manor.

At the time of our inspection no one in the home was subject to DoLS. We discussed this with the registered manager as the door to the home was locked to prevent people from leaving. We were also aware from the care records we reviewed that a number of people in the service would be unable to consent to their care and treatment in the home. The registered manager demonstrated knowledge of the case law judgment

which widened the scope of the DoLS legislation but could not explain why they had not made any applications to the local authority. This meant there was a risk that people's rights had been infringed. Following the inspection we passed this information on to the local authority. They advised us they would make contact with the registered manager to review whether any DoLS applications needed to be made.

Staff we spoke with demonstrated limited understanding of the MCA and DoLS. When we looked at the training matrix we saw that only eight out of a total of 21 staff had undertaken any training in the MCA or DoLS. This meant there was a risk staff would not understand their responsibilities to protect people's rights.

The lack of effective systems in place to ensure that people were not unlawfully deprived of their liberty was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they generally enjoyed the food served in Newhey Manor. One person commented, "The food is ok. They [staff] ask us what we want every day and we choose our meal." Another person who preferred to eat their meals in their room told us, "The food is ok. It's occasionally cold when I get it but not very often." We observed that the lunchtime meal was well presented. All the people we saw eating appeared to enjoy their food.

Our observations during the lunchtime period showed that staff were unhurried in their approach. Wherever possible they encouraged people to sit at the tables in the dining room to eat, although they respected people's choices to remain in the lounge or their bedroom. Staff were observed to provide individual assistance to people who required support to eat. We also noted that people were allowed to take as much time as they wanted to eat their meals. We saw one person remained in the dining room for a considerable period of time after other people had left and staff continued to offer them encouragement to eat in an unobtrusive manner.

We spoke with the cook on duty on the day of the inspection. They told us they were aware of the like and dislikes as well as any dietary needs of people who used the service. Records we reviewed showed a list was maintained of any allergens contained in any of the food served.

We noted that the kitchen was clean and well stocked. Records we reviewed showed that kitchen staff were completing the required checks to ensure the safety of the food they prepared and the environment. We saw that the most recent food hygiene inspection had awarded the highest possible 5 rating to the service.

Records we reviewed showed that people were referred to health professionals such as district nurses, opticians and GPs. However one person we spoke with told us they had asked staff to arrange a GP appointment for them over the weekend prior to our inspection but had not been informed that this had been done. When we asked the registered manager about this they told us they were unaware of the person's request but would arrange to make an appointment for them.

## Is the service caring?

### Our findings

People who used the service told us staff were kind and caring. One person commented, "They are very good here, very kind when I am in pain." Another person told us, "I think this is a lovely place. I think the staff are very good." One relative also commented, "The staff, the girls are really nice."

During the inspection we observed staff to be kind and compassionate when providing assistance to people. We also saw that staff protected people's privacy and dignity by ensuring they knocked on bedroom doors and ensured doors were closed before they provided any personal care.

All the staff we spoke with demonstrated a commitment to providing high quality care. A number of staff had relatives who lived in the home. These staff told us they were confident that their relatives were well cared for. The deputy manager also told us, "I always ask new staff to treat people as if they were their own grandparents."

We saw that a number of relatives and friends visited the service during the inspection. We observed that all visitors were made welcome by staff. One relative we spoke with confirmed they were able to visit without any restrictions.

Care records we reviewed contained limited information about the family history, wishes and preferences of each person who used the service. When we raised this with the registered manager they showed us that each person had a life story file which contained this personal information. It was not evident that this file was referred to by staff or relevant information shared within the staff team and included in the care planning process. However, when we spoke with experienced staff they were able to demonstrate good knowledge of people's needs, wishes and preferences.

We asked staff how they promoted the independence of people who used the service. They told us they would always encourage people to do as much as they could for themselves. We asked staff about the support they offered to a person who had been admitted for respite care and intended to return to live in their own home. One staff member told us, "We do as little for them as we can without anyone being put at risk. The more they do for themselves the better."

We saw that there was information available to staff and people who used the service regarding local advocacy organisations. These organisations can help to support people to express their views about the health and social care services they receive.

We noted that all care records were held securely in the registered manager's office; this helped to ensure that the confidentiality of people who used the service was maintained.

We asked the registered manager how they ensured that people received the care they wanted at the end of their life. They told us that a number of staff had completed the 'Six Steps' programme. This is a programme of learning for care homes to develop awareness and knowledge of end of life care. The registered manager

told us that four staff, including themselves, were currently undertaking the end of life passport training organised by the local hospice.

## Is the service responsive?

### Our findings

We asked the registered manager to tell us how they ensured people received care and treatment that met their individual needs. The registered manager told us that they always completed an assessment of the support people required before they were admitted to the home. This should help to ensure staff were able to meet people's needs.

We looked at the care records for five people who used the service and noted that these contained information about people's social and personal care needs. We saw that people who used the service were allocated a key worker who was responsible for completing monthly reviews of the care plan. The registered manager also invited relatives to attend an annual review meeting to discuss the care their family member received in Newhey Manor. We reviewed the comments relatives had made during these review meetings. One relative was recorded as stating they were very happy with the care their family member received. Another relative had commented, "I think [my family member] is happy here and receives good care."

During the inspection we observed the handover which took place at each shift change. The registered manager told us that, when on duty, they would always lead this handover to ensure staff were updated regarding any changes in a person's needs. We observed that the registered manager provided detailed information about any changes in the health of people who used the service as well as their nutritional intake during the day. They also advised staff of any action they should take to ensure they responded appropriately to people's needs.

We asked the registered manager about the activities available for people who used the service. They showed us a weekly activity plan which was in place. This included activities such as bingo, games and newspaper reading. During the inspection we observed staff encouraged people to take part in a bingo session. In addition to these in-house activities we saw that a local organisation which provided activities for people living with a dementia attended the home every two weeks. The registered manager told us an entertainer also visited the home on a regular basis. They also told us that the home had good links with the local school who visited to celebrate events such as Easter and Christmas.

The registered manager told us that the local library service delivered books to the home every two weeks. However, during the inspection we noted that the box of books was unopened in the lounge area. Some staff were not aware of the contents of the box, while another member of staff told us the boxes would sometimes be returned to the library unopened as people who used the service were not interested in reading. However, when we asked one person who used the service about the library books they told us they were not aware they were available.

None of the people we spoke with expressed any concern about the range of activities available to them. Comments people made to us included, "I sit here. I don't watch TV but I can go to my room if I want to", "I stay in my room watching TV or using my laptop. I can go to the lounge but I prefer to stay here" and "I usually watch TV or read my bible. I go to church on Sundays."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. Information about the complaints procedure was also located in each person's bedroom.

We noted there had been no complaints received at the service since 2012. The registered manager told us this was because they were always available to discuss and respond to any concerns people might have. People we spoke with during the inspection confirmed they would be happy to raise any concerns with the registered manager who they saw on a daily basis.

The registered manager told us they arranged annual meetings with relatives of people who used the service. They told us attendance varied these meetings and that no relatives had attended the last meeting they had organised. However, we saw that the registered manager produced regular newsletters to help inform people who used the service and their relatives about events which took place in the home.

## Is the service well-led?

### Our findings

The service had a registered manager in post as required by their registration with the CQC. The registered manager was also the provider of the service.

The provider had a set of policies and procedures in place to guide staff about the care they should provide. We noted that, in the policy folders, the provider also had included best practice guidance including NICE guidelines regarding the safe management of medicine and the Code of Practice regarding the prevention and control of infections in care homes. These documents provided important information to which staff were able to refer in order to support them to carry out their roles safely and effectively.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they had refurbished a number of bedrooms in the home as well as much of the flooring in the communal areas. They informed us that they had a plan in place to refurbish a further five bedrooms.

People we spoke with during the inspection were positive about the registered manager and senior staff in the service. Staff told us they enjoyed working in the service and found the registered manager to be approachable if they wanted advice or support. One staff member told us, "[The registered manager] is very approachable. You can go to him and he will listen. He likes staff to be open and honest with him and will take things on board." Another staff member commented, "[The registered manager] is a lovely boss and a great man to work for. He is always really approachable."

The registered manager told us that they provided direct care to people who used the service. They told us this helped them to ensure people were happy with the care they received. It also afforded them the opportunity to undertake direct observations of staff performance. We noted that on the day of the inspection the registered manager had been in the home since 6am. The registered manager told us this was a regular practice on their part in order to undertake spot checks on the quality of care provided by night staff.

Records we reviewed showed regular staff meetings took place. Staff told us they were able to raise any suggestions they might have for improving the service at these meetings. The registered manager told us they also used staff meetings to provide learning and development opportunities for staff. We saw that at the last meeting staff had learned how to use a fire evacuation mattress in the event of an emergency at the home. In addition staff had been provided with training in safeguarding adults and children.

We asked the registered manager about the systems in place to help monitor and review the quality of the service provided in Newhey Manor. They told us there were a number of audits in place including those relating to the safe management of medicines, care plan records and infection control. We saw that a system of daily environmental checks was also in place. From the records we reviewed we saw that an action plan was put in place to address any shortfalls identified during the audit process.



We saw that the provider distributed a satisfaction survey to people who used the service and their relatives on an annual basis. We saw that the aggregated results of the most recent satisfaction surveys completed in July 2015 were on display in the reception area of the home. We saw that the majority of responses had been very positive.

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 did not take formal enforcement action at this stage. 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>The provider had not taken proper steps to ensure people always received safe care and treatment. Risk assessments were not sufficiently detailed and staff had not always followed information in people's care records. In addition people identified as at risk of poor nutritional intake were not adequately monitored.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not taken the necessary action to ensure people who used the service were not unlawfully deprived of their liberty.</p>