

Equinox Care

# Aspinden 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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aspinden Care Home is a residential care home providing personal and nursing care to 26 younger and older people. At the time of our inspection there were 22 people living at the service and one person was in hospital. People have their own rooms, but they share bathroom facilities. The service was previously registered as accommodation for people who require treatment for substance misuse. The home supports people who have a history of alcohol dependency.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The home did not always have effective measures in place to ensure the environment people lived in was safe. The registered manager did not always appreciate the risks people faced and did not make sure the risks were appropriately mitigated. We observed the home was not very clean in places. Medicines were not always managed safely. The provider did not have safe procedures in place to prevent the spread of infection.

The provider was not recruiting staff safely. Staff training had not always been completed. The provider was not recording people's fluid intake, and this placed people at risk. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed some occasions when people were not cared for in a dignified way. People and their relatives told us staff were kind although our findings did not suggest a consistently caring service or a service that was always respectful of people's choices. There was a lack of meaningful activities happening within the home.

People's end of life wishes were not always documented appropriately. This meant in event of a death, staff would not always be aware of people's preferences. The provider had effective processes in place to handle complaints. There was a lack of person-centred practices to ensure people's needs were met. Staff told us they felt supported by the management team. The home did not always have effective quality assurance and governance systems in place.

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

This is the first inspection as the service was registered with another directorate and registered with adult

social care on 02 September 2020.

### Why we inspected

The inspection was prompted in part due to concerns received about a recent fire at the service. A decision was made for us to inspect and examine the risks. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Caring, 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.

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so. We have identified breaches in relation to safe care and treatment, staffing, person centre care, dignity and respect, meeting people's nutritional needs and good governance. We made a recommendation to the provider regarding training, staffing and providing activities. Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below

**Requires Improvement** ●

# Aspinden 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team included two inspectors and a member of the CQC medicines team.

#### Service and service type

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

The service 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 held about the service which included notifications of significant events. The provider was not asked to return a provider return form. 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.

#### During the inspection

We spoke with three people who used the service. We spoke with four members of staff including the registered manager, senior staff, and the chef. We reviewed a range of records. This included five care records and 11 medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We requested further information from the provider to validate evidence found. We spoke with two relatives and five members of staff. We looked at training data, risk assessments, policies and quality assurance records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as 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 to people had not always been considered, assessed or planned for to ensure people received care safely. The risk of fire had been assessed and personal emergency evacuation plans (PEEPs) were in place for each person. However, we identified six people who smoked in their rooms and were prescribed paraffin-based skin products which placed them at increased risk of being harmed by fire and or smoking.
- The provider was not aware of the need to implement risk assessments for these people to ensure potential and specific individual risks were reduced. Risk assessments for people who smoked were out of date and did not record actions staff needed to take to reduce the immediate risk.
- The provider was carrying out monthly fire drills, but we could see no action taken by the provider when people did not evacuate when fire drills took place. For example, in May of this year six people did not evacuate and in April four people did not respond to the fire alarm.
- The provider did not always have effective arrangements to help protect people from risks associated with the environment. One person needed substantial repairs to their room but due to their behaviours that challenged the work could not be completed. There was no risk assessment completed for the impact the environment was having on this person's physical health as a result of the repairs not being carried out.

This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection we raised our concerns with senior management. Since the inspection, the provider has provided us with evidence to demonstrate that these risks have been mitigated.

### Using medicines safely

- Medicines were not always managed safely. People had been prescribed medicines to be administered as required (PRN). The service did not have detailed guidance in place specific to each person. We reviewed 11 people's records who were being administered PRN medicines almost every day for a month, but we could not see any record that this had been escalated to a healthcare professional for review of their medicines.
- Staff who were administering medicine patches did not record where they applied the patches. This meant people could be at risk of skin irritation as this medicine should not be applied to the same site in succession.
- Staff told us nobody at the service self-administered their medicines. However, during the medicines round we observed some people self-administering medicines such as inhalers. There were no individual risk assessments in place to ensure people were doing this properly.
- Medicines were not always stored safely. On the day of the inspection we identified a loose box of tablets

which was unsecured on the desk and was accessible to people living at the home.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Controlled drugs were stored safely and securely. Stock checks were completed by two members of staff weekly.
- Staff were trained and supported in their roles to administer medicines. Staff received training annually for medicines management and then competency checks were completed by a qualified nurse who worked for the service.

#### Staffing and recruitment

- The provider did not always follow safe recruitment procedures before employing staff. We reviewed five staff records and we found there was gaps in two people's application form as their employment histories were incomplete. The provider had not obtained a satisfactory written explanation for these gaps.
- The provider had not always recorded if they sought suitable references regarding the staff they employed as two staff files did not have references.
- Another staff member had been recruited from an agency, but we could find no suitable checks completed by the provider to ensure this person was recruited in a safe way.

Systems were either not in place or robust enough to demonstrate staff recruitment procedures were effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider did not have a suitable system for assessing staffing levels in the home. The registered manager told us that staffing levels were determined by the funding levels. This meant the provider may not have appropriate staff in place to care for people.

We recommend the provider further assesses and reviews the level of staff deployed to support people at the home.

#### Preventing and controlling infection

- We were not assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Parts of the home were unclean and in disrepair. The ground floor toilets were dirty with faecal matter and other body fluids. We could also see no evidence of regular cleaning for high touch areas.
- Throughout the inspection we observed one person spitting on the floor, staff did not clean it up and we could see no process for making domestic staff aware so the areas could be cleaned.
- The provider did have a pandemic action plan, but it was not updated since January 2021 despite changes to the government guidance.
- The providers referral policy stated that all new referrals needed to self-isolate for ten days however someone had just moved into the home and they were not asked to self-isolate. There was no risk assessment in place to describe the level of risk of not following this policy or any documented steps to manage the risk.

The provider failed to ensure that the risks relating to the safe care and treatment of people were assessed and mitigated, this is a further breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



During the inspection we signposted the provider to resources to help develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, discrimination and harm. We saw the provider had investigated and responded to safeguarding concerns in line with their policy.
- Concerns about people's safety were investigated and where required, reported to the relevant agencies such as the Local Authority and the CQC.

Learning lessons when things go wrong

- Records showed incidents and accidents had been investigated and risk assessments had been updated where necessary. Incidents and accidents were discussed in team meetings and this was used as an opportunity for staff to share their experiences and to discuss options to reduce or prevent reoccurrence.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's dietary needs and nutritional requirements were not always assessed and accurately recorded to help keep people safe. For example, staff were not recording people's fluid intake which meant they could be at risk of dehydration.
- One person spent long periods of time in their room. We read they needed to be encouraged to drink more water. There was no other information recorded on how best to support this person with this task. We raised this with staff, and they told us they only recorded people's alcohol intake.

The provider had not ensured people's hydrational needs were being met. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- After the inspection the provider told us they would be reviewing how they recorded people's fluid intake. We will look at this when we next inspect.
- People were not offered an enjoyable mealtime experience. The dining room was cluttered with furniture which was in disrepair. There was no menus or condiments on the table. One person asked staff for a tissue and they were given a piece of tissue from a kitchen roll."

Staff support: induction, training, skills and experience

- Staff did not always have the skills and training which was deemed mandatory by the provider as we identified gaps in the staff training matrix. For example, none of the staff team had attended alcohol withdrawal training since 2018 despite the service supporting people with complex alcohol issues.
- We were told by the registered manager that all staff received an induction and shadowed experienced staff before they worked with people on their own. There were no records to show this shadowing had happened which meant we were not assured that the induction had been completed.
- We could see no evidence of how the provider was trying to address the gaps in people's training.

We recommend the provider review their training systems to ensure staff receive training in line with the providers policy.

- Staff received supervision; however, the provider was not following their policy. The registered manager told us supervision was on hold during the pandemic, but they were planning to ensure all staff had up to date supervisions and appraisals.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home was working within the principles of the MCA. Risk assessments noted whether specific decisions had been made on behalf of people and whether this was in their best interest.
- The provider kept a record of all the DoLS authorisations, when these were authorised and due dates for renewal were recorded. We saw evidence these were in date.

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

- The provider had not ensured all of the premises and furniture used by the people were clean and suitable for the purpose for which they were being used. The building was leased, and we read in staff meeting notes that repairs often took significant time to be fixed.
- We conducted a tour of the building and we found some floors to be dirty. Some bedrooms were unclean, with some furniture in a poor state of repair.
- Some people had memory loss. There was limited signage and points of reference throughout the building and the layout of the communal area was hard to navigate. The walls were painted in plain colours and there were very few photographs or pictures around the building to provide a homely feel. The registered manager told us the repairs issue was a long-standing concern.

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

- The service supported people who were alcohol dependent and people were supported to consume alcohol in a controlled environment. One staff member told us people were supported through a harm reduction approach through regular key working sessions. People were also supported by a visiting GP. The home also had a nurse who worked with people to ensure their health needs were addressed.
- When required referrals were made to other healthcare professionals such as the hospital, mental health services and opticians.
- If people were reluctant to attend hospital or medical appointments due to past negative experiences staff worked in partnership with healthcare professionals to ensure people attended these appointments.

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

- The service was not always delivering care in line with current guidance and law. The referral form considered people's protected characteristics under the Equality Act (2010), such as religion and disability however when we reviewed two people's referral forms these sections were left blank. We raised this with one staff member, and they told us it was because the referral agents were not completing the paperwork

properly. We could also see no evidence if this was covered in people's key working sessions.

Following the inspection, the provider sent us some updated paperwork which included categories to meet the Equality Act. We will look at this when we next inspect.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- We found that the service was not always caring and did not ensure people were always well treated as we identified a number of concerns with the way the service was providing care and support to people. During the morning of the inspection one person was shouting in the reception area. One staff commented, "I can't be listening to this shouting today."
- People came to the office at specific times to be given their alcohol and tobacco. We observed three people coming early and one staff just responded, "You are early, go away and come back when it is 9.00am."
- We observed one person telling a member of staff they hadn't slept well, but the staff member did not request to know any further information, so the person just walked away.

The provider had not ensured that people were always treated with dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding this, the home was working with people who had some very complex issues, many had a history of street homelessness and had been evicted from previous services due to their behaviours that challenge. This home had made a positive impact on these people's lives, for example, people had been able to address their alcohol issues and people's health issues had significantly improved since moving into the home.
- Staff spoke about the positive impact they felt they were making on people's lives. Comments included "I never give up on people no matter what challenges they face" and "I ensure people have access to the care they needed" and "We always accept people for who they are and we work with them and help improve their lives for the better."
- People also spoke fondly about each other and there were at times some very caring interactions between people. One person told us, "This is my only real home since moving away from the streets."
- We saw evidence within team meetings of a request for nominations for an ambassador role for Equality, Diversity, and Inclusion and this was a regular agenda item at team meetings.
- Staff understood key principles in relation to maintaining confidentiality and protecting people's personal information.
- Records were stored securely in the providers office and the provider understood the importance of

protecting people's personal information.

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

- Relatives and staff members confirmed people were supported to retain their independence. One relative said, "They keep [Person] independent by encouraging them to pick their clothes."
- Staff said that they were always trying to encourage people to become independent, they did this by working with people to have financial independence which was so important to many people living at the home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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; End of life care and support

- People did not always receive person centred care. People did not have care plans in place which meant it was hard to find information on how people wished their care to be delivered. There was no information recorded on people's likes and dislikes, how they liked their personal care to be delivered, oral hygiene, people's backgrounds, hobbies or interests. This meant there was a risk staff were providing care which did not meet people's needs. We raised this with the registered manager, and they recognised the need to review how they recorded information.

- The provider was using the drug and alcohol outcome star which seeks to empower people to seek achievable goals which were reviewed every three months. We reviewed one person's outcome star for emotional health, and it focused on the impact their behaviour was having on people living at the service however there was no goal written on how best to support this person.

- The provider was not supporting anyone who was at the end of life. In two people's file there was DNACPR (Do not attempt Resuscitation) but there was no other information on their end of life wishes.

- Staff confirmed they had received end of life training, but they were not recording people's end of life wishes. One senior staff told us, they worked with the GP as they felt end of life wishes should be discussed as part of someone's clinical care.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) 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.

- People's communication needs were not recorded in their care plan. We raised this with the registered manager during the inspection and they were not aware of the AIS standard.

The lack of person-centred care plans placed people at an increased risk of not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the inspection the provider sent us evidence of a new care plan which included people's communication needs that they were implementing.

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

- There were activities for people to participate in but we saw no activities for people who stayed in their rooms and did not join others in the communal areas. Staff spoke about the challenges of trying to get people to come together and socialise as some people simply preferred to stay in their room.
- Activities included attendance at a day centre, hand massage and gardening. On a Wednesday one of the activities recorded was the GP visiting. Senior staff recognised that the activities programme needed to be updated as a GP visiting was not an activity.
- Relatives however spoke positively about the activities and they felt these had a positive impact on people's lives. One relative commented that this service was the only one which got their loved one to attend a gardening class.
- People and their relatives confirmed that they were able to keep in contact with their loved ones during the pandemic.

We recommend the provider seek and implement national guidance to ensure people are supported to engage in activities to avoid social isolation.

Improving care quality in response to complaints or concerns

- The home had received no complaints. We reviewed the providers complaints policy and relatives confirmed they knew how to make a complaint.



# 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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had recently registered the home as a care home with nursing. The registered manager lacked an understanding of the regulatory requirements to keep people safe. Overall, we found a lack of oversight in relation to assessing risk, managing medicines, care planning, ensuring people's hydration needs were being met, risk assessments, person centred care, cleanliness, maintenance and recruitment systems.
- The provider's processes for assessing and acting on risk was inconsistent, for example they were not aware that people needed risk assessments for the use of paraffin-based creams. Risk assessments for people who smoked were out of date. People's hydration needs were not always been met.
- Risk assessments were completed on the provider's online system but people's files also did not have the most up to date risk assessment printed. This meant staff did not always have access to the most up to date version of the person's risk assessment.
- The registered manager did not always have appropriate oversight of the management of medicines as people did not have PRN protocols in place.
- Staff were not always recruited safely and there was no effective process in place for ensuring staff had the necessary training to carry out their roles.
- The provider's systems and arrangements did not always ensure people received care which was person centred.

The above shows that systems were either not in place or robust enough to demonstrate the quality and safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

On the day of the inspection we communicated the significant concerns we found at the service to the provider's senior management. The provider took urgent action following the inspection to demonstrate to CQC that people were receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Notwithstanding the above people spoke well of the service and staff felt the home was well managed. Their comments included " The registered manager is good," and "Yes I am supported" and "Yes, I feel the

home is well run."

- The home held monthly resident meetings, and these were well attended by people. Staff told us these were used as an opportunity to discuss how the service was run and we saw evidence that people were consulted regarding issues that affected their homes.
- There were monthly staff meetings. The registered manager also conducted group supervision and issues arising from incidents and accidents were discussed. These meetings were also used as opportunities to discuss concerns and agree on changes to the way care and support was delivered. Staff told us they found these meetings very helpful.

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 understood their responsibilities under the Duty of Candour and recognised that improvements needed to be made. When we raised all of our concerns with the management team they were open and transparent and they told us they were committed to improving the home for the people.

Working in partnership with others

- The provider had developed good working relationships with local services including local health services. Relatives and staff spoke highly of the local GP who supported the people living at 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	Regulation 9 HSCA RA Regulations 2014 Person-centred care  The provider did not ensure the care and treatment of service users always met their needs and personal preferences. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect  The provider did not always ensure people were treated with dignity and respect. Regulation (10)(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not always ensure safe care and treatment because they had not always assessed risks to service users safety nor had they done all that was reasonably practicable to mitigate the risks to the safety of service users.  The provider did not always ensure the proper and safe management of medicines.  The provider had not taken steps to prevent, detect and control the spread of infections. Regulation 12(1) and (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs</p> <p>The provider had not ensured people's nutritional needs were being met. Regulations 14</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not always ensure that staff were safely recruited. regulation 19</p>