

# Affectionate Care Home Limited

# Ersham House Nursing Home

## Inspection report

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22 August 2022

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

### About the service

Ersham House Nursing Home is a care home with nursing and accommodates up to 40 people in a purpose-built building. The service supports adults whose primary needs are nursing care. Some people also live with additional mental health disorders, and dementia. They have recently removed the service user bands, learning disabilities and autistic spectrum disorder, and people who misuse drugs and alcohol as the service is not suitable to provide this support. At the time of our inspection there were 23 people living at the service

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

The providers' quality assurance and governance systems had not consistently identified the shortfalls found at this inspection. The improvements seen at the last inspection had not been sustained sufficiently to the meet breaches of regulation. There was a lack of clear and accurate records regarding some people's care and support. For example, oral care, nutrition support, lymphedema and diabetes. There was a lack of oversight by the provider and management team. The leadership within the service had been impacted on due to the changes with the management of the home.

Risk of harm to people had not always been mitigated as good practice guidelines for the management of medicines, pressure care management, and nutrition had not been followed. There was a lack of guidance for peoples' specific needs, such as lymphedema. This meant that people's safety and welfare had not been maintained at all times. Whilst Infection control audits and cleaning schedules were in place, not all areas of the home were clean, and there were potential cross infection risks. COVID 19 guidance was not being consistently followed. There were not enough suitably trained and experienced staff deployed to meet people's individual needs, and the rota in the premises was not accurate and up to date.

We have made a recommendation about the mental capacity assessments for people who live at Ersham House Nursing Home.

Following the inspection, the provider informed us they had made changes to improve medicines management, records, care planning, cleanliness, personal emergency evacuation plans and governance,

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 (25 March 2022) and there were breaches of regulation.

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 the provider remained in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns received about cleanliness of the service, infection control, care delivery and staffing. A decision was made for us to inspect and examine those risks.

As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained Requires Improvement. This is the third time the service has been rated Requires Improvement.

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

#### Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified continued breaches in relation to safe care and treatment, staffing and good governance at this inspection.

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. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led

Details are in our well-led findings below.

# Ersham House Nursing 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 Health and Social Care Act 2008.

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 consisted of three inspectors.

#### Service and service type

Ersham House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ersham House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 12 people in detail to understand their views and experiences of the service and we observed how staff supported people. We spoke with the manager, deputy manager and providers. We also spoke with nine members of staff, including senior care staff, chef, maintenance person and housekeepers. We were able to speak with three visitors during the inspection.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service.

Following the site visits, we continued to seek clarification from the provider to validate evidence found during the inspection process. We were sent, staff rotas, training and supervision data and immediate actions taken by the management team following the site visit. We also spoke with five professionals who visit the service and two family members.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating 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 the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks to people had not always been assessed and their safety had not always been monitored and managed safely.
- People's risk of pressure damage was not managed safely because staff had not followed the guidance for pressure relieving equipment such as pressure relieving mattresses. Incorrect settings are counterproductive to relieving pressure damage and cause pressure damage by the setting placed too high. We found six mattresses set incorrectly. This had been identified at the last inspection and has not been addressed.
- Risk assessments and care plans for wounds or bruises were not always accurate. For example, a person had been admitted to the service with multiple bruising and skin damage and had developed further skin damage. There were no wound care plans, or risk assessments that reflected the wounds, dressings used or preventative action taken. Therefore, they could not monitor effectively the extent of damage or if the management of risk and treatment was effective at reducing risk of further damage.
- There were areas of the risk management for nutrition that had not ensured people's safety and placed them at risk from choking/and or aspiration. For example, we were not assured that people were given drinks with thickener as prescribed. One person had fluids in their bedroom but it was not of the correct texture for them. Staff told us that they had run out of thickener. Staff had not informed the nurse in charge that the thickener was not available until CQC asked.
- Not all staff had received training in preparation of thickened fluids. On checking consistency of thickened drinks on the 18 August 2022, we found that they were not prepared accurately and were a risk to the person's health due to lumps and residue.
- Staff had identified that one person had been holding food in their mouth and not swallowing a week prior to the inspection. Due to an incident regarding this on the 18 August 2022, we looked at the persons' risk assessment and care plan and found they had not been updated to reflect this development and to alert staff to this risk. The handover sheet still stated the person was on a normal diet. This placed the person at

risk of harm.

- People receiving assistance with eating and drinking were not all sat up in a safe position, which placed them at risk of choking and/or aspiration. Some people were seen to be assisted whilst on their side in a semi reclined position with their head down.
- Staff competencies had not been checked following completion of e-learning training. This meant that the provider could not be assured that staff were competent in their roles and fully understood the needs of people they were supporting. For example, fluids and nutrition, food safety and dysphagia.
- Good food practices in the kitchen were not being followed regarding the storage of food. Food was stored uncovered and with no dates of preparation. This had the potential to impact on peoples' health and well-being.
- The emergency evacuation lists for use by staff and emergency personnel were not accurate and therefore would be misleading in the event of an evacuation placing people and staff at risk of harm.

The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff are competent. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the manager sent us written confirmation that care plans had been updated, that a new form to check mattress settings had been introduced, that PEEPS had been updated and that staff had received training regarding nutritional needs and been assessed as competent to assist people safely.

- People who were identified at risk from falls had an assessment that highlighted the risk and described the actions staff should take to reduce that risk. Sensor mats were used to alert staff that a person was up and was at risk of falls.
- Premises risk assessments and health and safety assessments continued to be reviewed on an annual basis, which included gas, electrical safety, legionella and fire equipment. The risk assessments also included contingency plans in the event of a major incident such as fire, power loss or flood.
- There was an incident on the first day of inspection that identified staff were not sufficiently trained or experienced to support people who were experiencing swallowing problems. Two different staff at first tried to get the person to swallow, and both left the person with food in their mouth and in a semi reclined position before going to find the nurse. Following the inspection, to ensure staff took learning forward the manager had ensured all staff received training and a competence assessment before supporting people with special foods and fluids.

#### Preventing and controlling infection

- The home was not clean in all areas. Communal lounge areas had been cleaned but bedrooms and some communal bathrooms were unclean, there was debris on floors, dust on tables and sticky surfaces. There were bed rail covers and toilet seat arms that were not impermeable due to being torn, which was a cross infection risk.
- People told us that that no-one had cleaned their room for three and five days. This was confirmed by the level of cleanliness seen, cleaning schedules and staff. One person said, "It's really upsetting me, my room is a mess." Another said, "No-ones been in to clean my room, my bin is overflowing."
- We were not assured that the provider was preventing visitors from catching and spreading infections. There was an electronic devise at the reception desk of the service which all visitors were meant to use. This asked COVID related questions. There was a thermometer and a signing in book. Neither the electronic device nor the thermometer were used. We were not asked for proof of negative COVID tests but only to sign the visitors' book. We saw relatives visiting during the inspection some of whom were not wearing masks.



The registered manager told us masks were no longer required. The provider told us that they were. On the second day of the inspection, we saw improvements to the mask policy and signing in process had been made

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was not clean throughout. We were told by people that their bedrooms had not been cleaned for three days and we saw overflowing bins in people's rooms. We were told that there were two domestic staff but one was on leave. Two of the three housekeepers were currently not working, leaving one housekeeper to cover laundry and cleaning.. We were shown cleaning schedules. The past three weeks had several gaps with cleaning completed being marked for three days out of seven. The domestic staff told us they could not clean the home sufficiently. Cleaning schedules were not checked by managers.
- We were somewhat assured that the provider was using PPE effectively and safely. Most staff were seen wearing PPE appropriately and we saw staff washing hands and using sanitiser between tasks. However, we saw one staff member without a mask and two others consistently wearing their masks below their nose. One bin was not foot operated meaning it needed to be used by hand.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff told us there were no processes in place to support staff absent through COVID related sickness. The provider said there was a support line through their insurers.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The COVID policy was dated September 2021 with no updates or review shown since that time. However the correct policy was in place on the second day of the inspection. Risk assessments were in place for COVID within people's care plans. However, several of these were blank.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.

We have also signposted the provider to resources to develop their approach.

At the time of the inspection there were no restrictions for relatives and loved ones visiting people.

The provider had not appropriately assessed the risk of preventing, and controlling the spread of infections, including those that are health care associated such as COVID-19. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the second day of inspection, we saw improvements to the mask policy and signing in process had been made.

#### Using medicines safely

- Medicines were not always given safely. On one occasion it was seen that the medicine was dispensed into a pot and left on the person's bed table. The medicine giver did not stay to ensure it was taken. There was nothing in the medicine administration chart to say that was an agreed and safe practice. The person had a diagnosis of dementia. We did check that the medicine had been taken but this practice does not follow the medicine procedure for Ersham House or the Nursing and Midwifery Council (NMC) good practice guidance.
- We found medicine for one person on the floor where it had dropped. There was no record of a missed pill on their MAR sheet.
- The main clinical room was cluttered. Equipment which may be needed in a medical emergency was not ready for use or easily accessible. For example, the suction machines.
- Not all medicines prescribed on an 'as and when required' basis (PRN) had protocols which informed staff of when the medicines were required. For example, sedation and pain relief.

The provider had not ensured the safe storage, management and administration of medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines practices and policies had been reviewed and systems now ensured that people received their prescribed medicines in a timely way. However, changes to one persons' medicine dosage had not been managed in a timely way which meant that they had missed four full doses of their time specific medicines. The GP had been informed and appropriate action taken by the staff.
- We asked people if they had any concerns regarding their medicines. One person said, "The staff give me my tablets, I can ask for pain killers if I need them." Another said, "I'm not aware of any issues, the staff make sure I get them."
- All registered nurses who administered medicines had the relevant knowledge, training and competency that ensured medicines were handled safely.
- We have been informed that a full audit was completed on the 21 August 2022. We were also informed that the clinical room has now been decluttered. Emergency equipment is now ready for use

#### Staffing and recruitment

- There were insufficient trained housekeeping staff deployed to ensure that the premises were kept clean and hygienic. Two of the three housekeepers were currently not working, leaving one housekeeper to cover laundry and cleaning. The impact of this has been reflected under infection control.
- Whilst there were sufficient numbers of care staff deployed, the mix of inexperienced and agency staff had not ensured people received the appropriate support to keep them safe and ensure their well-being. This had impacted on risk management. We were informed that experienced new staff had been recently recruited from overseas and will be working at Ersham House from September 2022.
- There was a new chef in post who had received an induction from the part time chef. However, not all key information was shared regarding the fortifying of food. The chef thought that staff fortified food and the staff thought the chef had fortified the food. This meant people who required fortified food had not received it.
- The staff rota in the home was not correct and the nurse in charge could not explain why it was not up to date. For example, the manager was on annual leave but the rota said she was working, the housekeepers hours were incorrect as were the kitchen staffs.
- Staff told us, "Things have been tough but I think things are getting better, we have a new manager, and new staff," and "It's been a strange time, managers come and go, staff leave, but it's a lovely home and we are improving, we just need to have staff team work."
- Recruitment checks were carried out before staff started work at Ersham House. These included a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or adults. This ensured only suitable people worked at the service. We found some shortfalls in the quality of references received.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

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

- We found the service was not always working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. For example, locked doors to prevent people leaving the premises without support.
- However people on continuous bed rest had no rationale documented for being in bed for long periods of time. There was no reference to how the decision had been made and with whom it had been discussed with. The decision for continuous bed rest had not been risk assessed for what impact this may have on people's health and mental well-being.
- One person was in receipt of close one to one supervision to prevent them leaving the premises during the day. Whilst this had been arranged with the local authority, there was no best interest documentation or DoLS in place for this restriction.

We recommend the provider consider current guidance regarding health and well-being decisions made on peoples' behalf when they lack capacity to make their own decisions.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risks of abuse and harm. Whilst the systems were in place, and safeguarding training provided, staff and visitors were approaching external professionals, rather than approaching the management team as per the providers policy.
- There are safeguarding concerns which are currently being investigated and not yet concluded. The provider was working with the local Authority to investigate and act on the concerns raised.
- There was a safeguarding and accident/incident folder that contained the referral and investigation documents. It also contained the outcome of the investigation with action plans where required. The manager used this as a learning tool and involved all staff in the learning.
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local authority. Staff told us they had safeguarding training.

# 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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had not operated effective systems and processes to make sure they assessed and monitored the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- There was no registered manager in post. There had been six managers since the service was registered in March 2020. The lack of a consistent management approach and leadership had impacted negatively on the service, resulting in high staff turnover, inconsistent delivery of care, lack of oversight and poor communication. This was the third time that improvements were required with continued breaches of regulations 12 and 17.
- A manager who was registered with CQC at the sister nursing home in Lewes was now in permanent day to day charge at Ersham House Nursing Home. This was a recent agreement in August 2022.
- The organisations' quality assurance systems had not identified the gaps in staff experience and competencies. The audits had not identified the lack of assessment and mitigation of risk, for example, risk of choking, oral health, skin integrity, poor meal experience and the lack of cleanliness in the premises. Oral health had been identified as an issue in June 2021, improvements had been made in February 2022, but the improvements had not been sustained.
- The provider had not assured that all staff had the necessary skills to provide safe care to the people they supported. For example, we identified that staff were supporting people with eating and drinking without the necessary training. The management team had been allocating staff and preparing staff rotas without checking staff experience and competency.
- At the time of the inspection, the deputy manager was working consistently supporting people which impacted on other duties to support the running of the home. The providers confirmed that two new registered nurses were joining the organisation in September 2022.

- Internal audits on infection prevention and control had not been consistently completed and we found significant shortfalls in the cleanliness of the home, this included, the laundry, bedrooms and bathrooms and this was a potential source of cross infection.
- The working staff rota that was used in the home was incorrect. The deputy manager and staff all said that they never knew who was on duty. The provider provided an up to date rota regarding staffing numbers that showed there were sufficient staff. However, the deputy manager and staff were not aware of whether there would be sufficient staff on duty and who they were.
- Care plans and risk assessments for health needs were in place, however there were important areas that had not been considered, within the care plan such as, lymphedema, swallowing difficulties and diabetes.
- Daily notes, food and fluid charts were not consistently completed and therefore staff would not be able to monitor people effectively. This had been identified by the provider and new charts had been introduced to help reduce the risk of this happening again.
- There had been a lack of clear leadership to guide new and inexperienced staff in delivering a consistently good level of care. At present there was a task orientated culture that lacked a person-centred approach. Care staff told us they knew bedrooms were unclean but none had acted on it. The staff worked hard but admitted that changes to staff, staff leaving and the deployment of staff had caused disruptions to the improvements made to care delivery.
- The staff were not all positive, comments included, " Could do with a handover, it would make job easier," and "A big rotation in staff but doesn't really affect me.'
- Staff meetings had been held but communication about the running of the home and changes to the home were not discussed.
- There had been no surveys sent out to gather feedback since the last inspection in February 2022. The provider was intending to send them out soon to gather important feedback regarding the service, which will include nutrition and the meal service.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people and to seek and act on people's views. The provider had failed to maintain accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Both during and following the inspection we received action plans from the provider. We were informed new check lists for pressure mattress checks were introduced during the inspection process along with new wound care plans and new risk assessments.

- Resident meetings, to gain people's views, had stopped during the pandemic and we were informed that one was held on the 9 July 2022. The provider told us a staff meeting was held on 30 June.

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

- The provider and manager understood their responsibilities under duty of candour. The Duty of Candour is to be open and honest when untoward events occurred. We have received notifications as required.
- People and relatives confirmed that the provider kept their website up to date with changes from the government regarding visiting and COVID-19.
- Staff told us that staff meetings had been held but not as regular as they would like. One staff member said, "It would be good to have regular meetings when all staff attend so we can share and meet everyone," and "We are now meeting up everyday which really helps." Comments from people identified that they didn't know who the manager was, people said, "'I've never seen a manager, I haven't a clue who the manager is."

- Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The provider had an equalities statement prominently displayed in the entrance of the home. The statement recognised the organisations commitment as an employer and provider of services to promote the human rights and inclusion of people and staff who may have experienced discrimination due to their ethnicity, religion, sexual orientation, gender identity or age.

#### Continuous learning and improving care: Working in partnership with others

- The manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. One staff said, "We monitor all falls and injuries, and discuss at our new safety meeting to decide on actions." The lessons learnt were used to enhance staff knowledge and to improve on the service delivery.
- The provider had introduced new training that meets the needs of the people supported.
- The manager had developed links with the local community and worked in partnership with health and social care professionals. This included GPs and social services, who were contacted if there were any concerns about a person's health and well-being. There had been a fractured relationship between the service and GP, however it has been confirmed that communication has improved under the new leadership in the home. For example, the manager has reviewed the procedure regarding contacting the surgery for advice and queries.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider failed to provide safe care and treatment to people, including failing to assess and mitigate risks and ensuring staff are competent.</p> <p>The provider had not appropriately assessed the risk of preventing, and controlling the spread of infections, including those that are health care associated such as COVID-19.</p> <p>The provider had not ensured the safe management of medicines.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people and to seek and act on people's views. The provider had failed to maintain accurate, complete and contemporaneous records.