The Franklyn Group Limited

Kirkwood Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Kirkwood Care Home on 8 March 2017 and the visit was unannounced. Our last inspection took place on 9 and 23 March 2015. At that time, we found the provider was not meeting the regulation in relation to safe care and treatment (management of medicines). We told the provider they needed to make improvements.

Kirkwood Care Home provides personal care for up to 20 people. Care is primarily provided for older people, including people living with dementia. The home is situated in Ben Rhydding which is on the outskirts of Ilkley.

On the day of the inspection there were 18 people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where their could discuss their on-going development needs.

People who used the service told us they felt safe at Kirkwood Care Home and we found staff understood the safeguarding process.

People who used the service were receiving personalised care and were very happy at the home. They told us staff were kind, caring and compassionate. Activities were on offer to keep people occupied and staff provided people with companionship. People's healthcare needs were being met and healthcare professions spoke highly about the care and support people received.

We found although peoples medicines were being managed safely, prescribed topical lotions and creams were not being stored safely and no records were being kept to show they were being administered as prescribed.

Meals at the service provided a wide range of choices and lots of home baking. Plenty of drinks were available, including alcoholic drinks if people wanted them.

We found action was not always being taken to mitigate risks within the service in relation to the premises and following accidents or incidents.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible..

Quality assurance systems were in place, however, they were not always effective in identifying areas which required improvement such as medicines management and safety within the service.

The views of people using the service were sought and acted upon to make sure people's preferences were met.

We identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

The services policies and procedures in relation to infection prevention, fire safety and management of medicines were not being adhered to which had the potential to leave people at risk.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Is the service effective?

Good

The service was effective.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Meals at the home were very good, offering choice and variety. The meal time experience was a social and pleasant experience for people.

People were supported to access health care services to meet their individual needs.

Is the service caring?

Good

The service was caring.

People using the service and relatives told us they liked the staff and found them helpful, friendly and kind. We saw staff treating people in a patient, dignified and compassionate way.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow and were being reviewed every month.

There were activities on offer to keep people occupied.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was a registered manager who provided leadership, direction and support to the staff team.

Quality assurance systems were in place, however, these were not always effective as they had not identified issues about safety in the service

The views of people using the service were sought and acted upon to make sure people's preferences were met.

Kirkwood 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 was a comprehensive inspection which took place took place on 8 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection, the provider completed a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service. We reviewed the information sent to us, for example, notifications from the service and the local authority contract monitoring report. We also contacted people who had an interest in the service, for example, the local authority safeguarding team. This information was reviewed and used to assist with our inspection.

We spoke with eight people who used the service, four relatives; three care workers, the chef, a GP, district nurse, head of care and registered manager. We looked at three care files, two staff recruitment files and records associated with the management of the service.

Requires Improvement

Is the service safe?

Our findings

The home was clean, tidy and fresh smelling. People who used the service and visitors all confirmed this was always the case.

When we looked around the building we identified some potential problems regarding infection prevention. We saw there were no paper towels in one of the toilets and the hand towel had faeces on it. We told a care worker who immediately replaced the towel. We also saw in three bedrooms there was liquid soap but no paper towels. This meant care workers could not wash and dry their hands correctly after delivering personal care in line with the services infection control policy which stated,"Liquid soap and paper towels to be used after each contact." We also saw staff wearing rings with stones in, watches and a bracelet, which was against the services dress code which stated only stud earrings and a wedding band could be worn. This showed infection control procedures were not always followed which created a risk people would receive unsafe care and treatment. This was a breach of the Regulation 12 (2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care records demonstrated risks to people's health and safety were assessed, for example, around moving and handling, skin integrity, falls and nutrition. Care plans were put in place where significant risk was identified. Where people presented specific risks such as around absconding from the building we saw additional control measures had been put in place to improve building security and care plans for staff to follow. Risk assessments were subject to regular review. Staff we spoke with had a good understanding of people we asked them about and how to reduce the risks to their health and safety.

However, we did note in two people's care files, following falls, updated care plans and risk assessments made no acknowledgement of these falls or if any additional control measures were required. Incident forms contained no information on the control measures taken following incidents to help prevent a re-occurrence. This meant we could not be assured the service was doing everything it reasonably could to mitigate the risks. This was a breach of the Regulation 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we arrived at Kirkwood Care Home at 7:00am we were able to walk straight into the home as the front door was not locked. Following the inspection the registered manager told us the front door would not have been locked as an alarm alerted staff when the door was opened. When we looked around the building we found a lot of the windows on the ground floor did not have restrictors on them. These windows could be fully opened wide enough for someone to climb in or out of. This posed a risk to the safety and security of people who used the service.

At 7:00am we also saw one of the fire exits on the ground floor was blocked by a hoist, stand aid and emergency evacuation sledge. This meant it would not allow easy egress in an emergency and was in contravention of the services policy which stated, "Fire exits must be kept free from obstruction at all times." We asked one of the night care workers what the procedure was if the fire alarms sounded and they were unable to tell us. They showed us an evacuation plan in the office and said they were waiting for training.

They were working with an agency member of staff who had never worked in the home before, which meant the permanent care worker would have had to take the lead should an emergency arise.

One person told us they did not have a supply of hot water in their room so staff had to bring in a bowl of hot water to ensure they were able to comfortably wash. We confirmed this was the case when we undertook a tour of the building and ran the water for three minutes. We spoke with the registered manager who was unaware of this problem and they told us they would contact their plumber. This was a breach of the Regulation 12 (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Also at 7:00am we heard an emergency call bell in one of the bedrooms was sounding continuously. We asked the night care worker about this and they told us there was one call bell in the home which needed a different key to all of the rest to turn it off. They said the night care worker they usually worked with was off sick and they had the 'key' to turn it off. The call bell was turned off at 7:23am when one of the day staff arrived who had the correct 'key.' We spoke with the person who occupied this room and they told us the had used the call bell at approximately 3am (although the night care worker said it was 6am) as they needed the toilet and then it could not be turned off. They said they this made them feel insecure as they could not use the call bell again if they needed assistance. They spoke with the night care worker about this and they said they would check them every hour. We asked the registered manager about this and they told us the 'key' to turn off the call bell was on the medicines bunch of keys which the night care worker had with them. This was a breach of the Regulation 12 (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service how their medicines were managed. One person told us, "They [staff] look after my medicines." Another person said, "I get my tablets regularly."

When we inspected the service in March 2015 we found the storage of controlled medicines needed to be improved. On this visit we found improvements had been made in that area, however, we identified issues regarding prescribed creams and lotions.

When we looked around the building we found prescribed creams and lotions in an unlocked cupboard in the bathroom and on the shelf in one of the toilets. We looked at the services medication policy, which clearly stated, medicines for external use, should be stored in a locked cupboard. We brought this to the attention of the registered manager who promptly removed the creams and lotions.

In one person's bedroom we found three tubes of the same cream. The one in use had been dispensed on 7 November 2016; there was no date to indicate when this cream had first been opened. The dates on the other two tubes of cream showed they had been dispensed on 1 April 2016 and 7 June 2016. This showed us they had not been used in date order and there was no need for three tubes of the same cream to be left in the bedroom.

We looked at the medication administration records (MARs) and saw prescribed creams and lotions were not being signed for as having been applied. The head of care assured us they were being applied by care workers and staff we spoke with were able to tell us about the creams they were applying. During our visit the registered manager obtained new recording sheets from the pharmacist, which could be left in people's bedrooms for staff to complete when they had applied any creams or lotions.

The registered manager and provider had not ensured that medicines were managed safely at the home. This was a breach of the Regulation 12(2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the MARs did not have photographs of each individual. The head of care told us medicines would never be given by a member of staff who did not know each individual in the home. We saw tablets administered had been signed as given by care workers consistently on the MAR charts.

We saw protocols were in place for any 'as required' medicines which provided guidance for staff about the circumstances in which these medicines should be administered. We checked the balances of some medicines and found the stick tallied with the balances recorded on the MAR.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled drugs. We inspected the contents of the controlled drugs cabinet and found stocks tallied with those in the controlled drug register. Staff were aware of the correct procedure for the administration and storage of controlled drugs.

We observed people were given their medicines in a caring way and those who required more encouragement and support received it. This showed us people were receiving their medicines at the times prescribed.

Appropriate recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. We checked recruitment records for two new staff. These confirmed the necessary checks had been undertaken which included a Disclosure and Baring Service (DBS) and obtaining references. However we did find one of these contained no record of the person's identity.

We asked people who used the service if they thought there were enough staff on duty to support them. One person told us, "There are two staff on all of the time and sometimes three during the day." A relative told us, "Yes I think there are enough staff and if someone is ill they get an extra member of staff in."

We found there were sufficient staff deployed to ensure safe and prompt care. Staff we spoke with said the current staffing numbers of three care workers during the day and two care workers overnight were sufficient. We looked at rotas which showed these levels were maintained. The registered manager and head of care also assisted with care and support including the medicines round to provide additional staff resource. People and relatives said there were enough staff; they were usually visible and able to respond to any requests for assistance. During the inspection we saw staff had the time to interact with people, engage in activities and meet care and support needs. For example, staff were quick to respond when people said they needed the toilet.

People who used the service told us they felt safe at Kirkwood Care Home. One person said, "Yes, I feel safe, there are people here to look after you and support you." Another person commented, "Yes, I feel safe and they have put up new fencing outside." A visitor told us, "Mum is safe here; I used to worry when she was at home, but not anymore." Another visitor told us, "Staff are good at protecting [relative] from harm"

We saw there were safeguarding policies and procedures in place. Care workers we spoke with understood how to identify and act on safeguarding concerns, giving us assurance the correct procedures would be followed.

At the last inspection we noted refurbishment of the lounge areas had been planned but had not commenced. Following this inspection the registered manager confirmed the lounge had been redecorated, a new carpet had been fitted and new furniture purchased. We saw the lounge provided a pleasant and comfortably area for people to use. Improvements to the kitchen, small corridor and lighting had also been made.

Good

Is the service effective?

Our findings

People and relatives said staff had the right skills and knowledge to care for them.

Staff received a range of appropriate training relevant to their role. Staff said training was comprehensive and gave them the skills they required to undertake their role. This consisted of a mixture of face to face training and eLearning and covered subjects such as safeguarding, moving and handling, infection control, equality and diversity and fire. We saw staff training was largely up-to-date with further updates booked in the upcoming months. Some staff had received more in-depth level 2 training in End of Life Care, nutrition and medication and staff were encouraged to obtain further qualifications in health and social care. The service had access to specialist training through their contract with a training provider. For example, they could access catheter care training if this was required. Key workers supporting people with diabetes had received training in diabetes to improve their awareness of the condition.

New staff without any previous care experience were also enrolled on the Care Certificate. The Care Certificate is a set of standards for social care and health workers to provide the knowledge and skills needed to provide safe and compassionate care.

Staff said they felt well supported. Staff received regular supervision and appraisal which was an opportunity for management to discuss any areas for improvement and support individual's developmental needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

We saw one person's relative had signed the consent to care documents on their behalf. Following the inspection the registered manager sent us evidence the relative had Lasting Power of Attorney for Health and Welfare and was therefore legally authorised to do this.

Staff were unsure about who had a DoLS in place or for which people they had been applied. However, the registered manager told us they were attending a MCA and DoLS training course on 13 March 2017 and following this they would be providing updates for all staff.

We asked people who used the service about the meals at Kirkwood Care Home. One person told us, "The food is excellent with plenty of choice and variety. The chefs are very good." Another person said, "On the whole the food is very good and they [staff] make sure I have plenty to drink." A third person commented, "You are always eating, they have a menu and you choose from that. They come round in the morning to ask what you want for lunch and after lunch what you want for tea. At breakfast time you can have whatever you want; a boiled egg or bacon and egg [were given as examples]. Mid-morning and afternoon there are drinks and homemade cakes." A visitor told us, "The food is good with plenty of choice and if you didn't like something they would make you something special. I can have a meal with my relative if I want, which is nice."

Two chefs were employed who covered seven days a week and were supported by kitchen assistants. A range of fresh food was on offer on a daily basis. At breakfast time, people had the choice of cereals, toast, porridge or a cooked option. At lunchtime, there was the choice of five main courses, followed by a dessert which provided people with an excellent variety. In the evening a choice of lighter hot and cold options were available. We spoke with the chef who demonstrated a good understand of the people living in the home, their likes and individual needs. For example, low sugar desserts were provided for people with diabetes.

We saw throughout the day, people had access to plenty of drinks and snacks. Freshly prepared cakes were brought around in the morning and further cakes and sandwiches later in the day with afternoon tea. People could have an alcoholic drink if they wanted and we saw one person request a beer which the chef had been cooling in the fridge for them.

People's weights were monitored monthly or more regularly where required. These were audited to identify any weight loss. We saw measures were in place to support people who were deemed nutritionally at risk, these included promoting extra snacks and fortification of foods. The GP told us care workers always tried 'Food first' before supplements were looked at. We looked at weight records and did not identify any concerns, we saw a number of people had put on weight since admission.

We asked people who used the service about their healthcare. One person told us, "The doctor comes in every Wednesday but they [staff] would call them if you needed them to. I didn't have to change doctors when I moved here which was good." A second person said, "They [staff] would get the doctor if I was unwell."

We spoke with a visiting GP and district nurse and they told us the following; "Staff are on the ball and quick to spot any healthcare issues such as urinary tract infections or chest infections. They are pro-active in contacting the surgery and follow any instructions we leave. They report any concerns about people's pressure areas and if a continence assessment is needed they complete the necessary diary." "It is an excellent service and staff are meticulous at following instructions. Staff are good with people who are living with dementia they respect people's autonomy and know how to reassure them. Staff understands how important it is for people to have plenty to drink and because people get lots of fluids there are low numbers of urinary tract infections."

In the three care records we looked at we saw people had been seen by a range of health care professionals, including GPs, district nurses, opticians and podiatrists. The service used the telemedicine scheme run by a local NHS trust. Telemedicine provides remote video consultations between healthcare professionals and patients in the care home. It helps to reduce the length of time people spend in hospital and also supports care outside hospital, including early discharge, or avoids unnecessary visits and admissions to hospital. The registered manager told us how the facility had been used several times in the last year and resulted in two people being able to stay in the home and not have to go into hospital unnecessarily. The service

worked with the local GP practice to reduce unnecessary hospital admissions and each person had a care plan in place stating how this would be achieved. We concluded people's health care needs were being met

Good

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "Very nice, helpful staff." Another person said, "A very nice place to come." A third person commented, "Staff all ok." A fourth person said, "It's not home but it's the next best thing. They [the staff] put us first." A relative told us, "The staff are amazing and treat people as individuals." A second visitor said, "The staff are lovely, kind and all very nice." The district nurse we spoke with told us, "The staff are really kind, caring and compassionate."

There was a caring and homely atmosphere within the home. Staff knew people well and provided social interaction and companionship to people as well as delivering care and support. We saw staff smiling at people and taking time to comfort any anxieties which indicated they truly cared for the people they were supporting. We saw people appreciated the warm, kind interaction with one person calling a member of staff, "A very nice person."

Staff understood the principals of dignity and respect and were able to give examples of how they ensured people were treated with respect and their dignity upheld. Staff demonstrated a motivation to provide person centred and compassionate care.

Information on people's life history was present within their care and support files. This demonstrated staff had taken the time to understand people's biographies to help support people in a person centred way. Staff we spoke with had a good understanding of the people they were caring for and their likes and dislikes.

The service valued people's opinions, and used them to make changes to the service. The registered manager was very 'hands on' and much of this was done with informal contact with people who used the service and their relatives. We saw people's comments were sought through various mechanisms such as relatives meetings and questionnaires. We found people's comments had been acted on showing people's opinions were valued.

The home was working to the Gold Standards Framework to ensure people nearing the end of their life got the best possible care and support. The GP we spoke with told us the palliative care at the service was very good. People's end of life needs were assessed and plans put in place to reduce hospital admissions. The service worked with external health professionals to ensure people received a dignified end of life. We saw some positive comments had been received about the end of life care in the home from relatives; "You made the last few days comfortable, warm and relaxed for [relative]" and "Thank you for caring for mum with such great kindness in the last years of her life. It really helped she was so looked after."

Prior to our inspection we had received information from an anonymous source telling us people were being got up too early in the mornings. When we arrived at the service at 7am there were six people up and dressed in the lounge. No one we spoke with raised any concerns about having to get up early and people and relatives said people could get up when they wanted. Daily records showed people got up at a variety of times both by the day or the night staff.

Relatives told us there were always made to feel welcome and were always offered a drink.

Good

Is the service responsive?

Our findings

We asked people how they had chosen Kirkwood Care Home. One person who used the service told us initially that had come for a 'short stay,' but had then decided to live at the home on a permanent basis. One relative told us they had looked at four or five homes before choosing Kirkwood. They said, "It was very homely, friendly, clean and good staff." Another relative said they too had visited a number of homes before picking Kirkwood, they told us, "This one felt like home, the staff were efficient and explained things well."

A care summary was present within people's care files which provided at glance information as to their care and support needs to support staff. People had detailed care plans in place which covered areas such as eating and drinking, socialisation, personal care, behaviour and continence. These were reviewed monthly and demonstrated a full assessment of people's needs had taken place.

One person's care plan stated, "Daily walks to be taken with (Name)." However, there was a lack of evidence of this within the person's daily records of care. We did, however, see staff spent considerable time during the inspection with the person engaging them in conversation and activities.

A range of activities were available to people, the weekly schedule was on display so people knew what was available. During the inspection, we saw staff engaging people with reminiscence, reading magazines to people and playing cards. In addition, on the day of the inspection an exercise class took place, which was well received with many people getting involved. Care workers had time to talk to people and provide companionship as well as delivering care and support. Activities were person centred and focused around people's interests, for example, one person liked to draw and staff supported them to do this. A relative we spoke with said that staff tried to involve their relative in as many activities as possible.

We saw evidence people's individual needs and requirements were catered for. People's religious and spiritual needs were assessed. We saw one person was supported to attend a church service every week. One person was vegetarian and the chef's liaised closely with the person to make them dishes which met their needs and preferences. This demonstrated the service practiced a person centred approach.

People we spoke with all said if they had any concerns they would be able to talk to the registered manager about them.

Information on how to complain was displayed within the entrance area of the home. No formal complaints had been received about the service since the previous inspection. People were given opportunities to raise concerns through care reviews, resident meetings and annual quality questionnaires and we saw evidence these mechanisms had been used to make improvements to the service, demonstrating people's concerns were acted on. A significant number of compliments had also been received about the service and were kept on file so the provider was aware of the areas in which the service exceeded expectations. The quantity received showed a large number of people were very happy with the care and support provided.

Requires Improvement

Is the service well-led?

Our findings

Audits and checks were undertaken on a monthly basis, by the registered manager and head of care. The provider regularly visited and also undertook audits and checks although no copies of these were available for us on the day of the inspection.

The registered manager said they were behind with their quality audits and February 2017's had yet to be completed. The monthly quality audit undertaken by the management looked at the environment and the head of care also undertook a monthly medicines audit. Although these were identifying issues, we found they should have been more effective in identifying some of the shortfalls we found during the inspection, for example, around management of topical creams and environmental issues.

Although incidents and accidents were recorded, these were kept in people's individual care and support files This meant there was no collation of incidents and made it difficult to establish the number of incidents occurring within the service. It also meant there was a lack of audit and analysis to look for themes and trends.

When we inspected the service in March 2015 we found there was a breach of regulation 12, safe care and treatment. Although we saw the provider had taken action to address the issues we raised at the last inspection, regarding the management of medicines, We identified new areas of non-compliance on this visit in relation to the management of medicines which meant they were still in breach of this regulation. We also found a further breach of regulation during this inspection. The fact that the provider has been in breach of regulations on two consecutive inspections calls into question the effectiveness of their governance systems.
This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives all said the home provided good quality care. One person said of the home "Very nice, one of the better ones." People and relatives spoke positively about the registered manager and said they were visible and knew their name.

Staff all said the service was well led. One staff member said, "Manager is really good, supportive and listens." Staff said they felt able to raise issues with the registered manager and they [the registered manager] took action to address any concerns they may have.

Staff all said it was a good home to work in and they would recommend it to family members.
A registered manager was in place. They were supported by a 'Head of Care' and senior care worker. The manager explained that a member of the management team worked seven days a week to ensure that there was sufficient oversight, supervision and management support available.

Staff meetings were also regularly held. These were an opportunity for the findings of any audits to be discussed along with any other quality issues to help further improve the service.

People's feedback was gathered and used to make improvements to the service. We saw annual quality questionnaires were sent to people and relatives. These encouraged people to raise any minor concerns to drive improvement of the service. We saw the majority of these were overwhelmingly positive. For example, out of the 12 surveys sent, eight rated the home as 'excellent' and four as 'very good'. Positive comments received about the service included, "They are always attentive and professional towards meeting all her needs." "Very often when I arrive at Kirkwood, staff are sat actively talking to resident on one to one." A clear process was in place to listen and act on people's negative comments. We saw a number of minor concerns had been gathered and acted on and then a residents meeting held to discuss the surveys and any changes. This demonstrated people's views were used to shape and improve the service.

A newsletter was also sent to people informing them of changes and improvements made to the service and any events and activities.

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 Service users were not protected from the risk of infections. The registered person did not demonstrate what actions were being taken to mitigate risks to service users. Service users were not provided with a safe environment.or equipment. Service users were not provided with care and treatment in a safe way in relation to the proper and safe management of medicines Regulation 12 (1) (2) (b) (d) (e) (g) (h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established or operated effectively to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. Regulation 17 (1) (2) (b)