Tudor Bank Limited

Douglas Bank Nursing 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
Douglas Bank Nursing Home is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The service can support up to 40 people across two separate units. One of the units specialises in supporting people who live with dementia.

People's experience of using this service and what we found
People continued to be at risk of avoidable harm because the management of accidents and incidents was inconsistent. We found continued failings in relation to the management of people's medicines.

Staff did not always ensure people's care plans and risk assessments were in place or updated in a timely way, this meant we could not be sure people were being supported in a person-centred or safe way.

There were sufficient numbers of staff deployed. Staff were safely recruited and training had continued across the lockdown period. Some nursing staff told us they did not feel they had enough oversight or intervention with people who lived on the ground floor unit. We discussed this with the registered manager and they assured us further consideration would be made to ensure staff felt supported to undertake their roles and responsibilities.

Staff continued to follow task-based routines on the dementia care unit. Care and support was not always person-centred. People living with dementia were not suitably engaged or stimulated and had little communal space to carry out meaningful activities.

We made a recommendation for the provider to review and implement national good practice guidance in the delivery of care for people living with dementia.

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.

People and their representatives told us staff were kind and empathic. We observed staff on the ground floor unit supporting people with kindness. However, some staff practices did always promote people's independence or protect their dignity.

There was a new registered manager who had been at the service for 10 weeks at the time of the inspection. We found the registered manager was committed to improving people's experiences and aware of the failures and had started to make improvements. The registered manager was responsive to our feedback and provided assurances of immediate improvement.

We received positive feedback from professional stakeholders in health and social care about the

improvements made in the home since the new manager arrived, and about the managers willingness to engage with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 20 May 2020). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.
The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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 coronavirus and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken action to mitigate the risks identified at this inspection and voluntarily submitted their action plan outlining how immediate action would be taken to ensure people's safety.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Douglas Bank Nursing Home on our website at www.cqc.org.uk.

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 monitor the service. 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 continued breaches in relation to medicines management, safe care and treatment, good governance and person-centred care at this inspection.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Douglas Bank Nursing Home

Detailed findings

Background to this 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
This inspection site visits were carried out by one inspector, one assistant inspector and a medicines specialist. A further two inspectors undertook a review of evidence remotely and made phone calls to staff and relatives.

Service and service type
Douglas Bank Nursing Home 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including, the registered manager, deputy manager, registered nurses, senior care workers and care workers. We spoke with the Nominated Individual during feedback. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of care records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, and environmental audits were also checked. .

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider also failed to ensure people's medicines were managed in a safe way. This was a breach of regulation 12 (Safe Care and Treatment) 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

● People were at risk of avoidable harm because management oversight of accidents and incidents was not always effective. The provider failed to ensure people were consistently assessed against the risk of malnutrition, choking, skin integrity, falls, use of bedrails and risk associated with people's mobility. For example, one person had not been adequately assessed following a fall which caused them to sustain a head injury.
● People's medicines were not consistently managed in a safe and effective way. We found shortfalls in the following areas: medicines were not always stored in a secure area; medicine allergies were not always recorded; protocols for medicines prescribed on a when needed basis were not always up to date or accurate; and directions for the administration of prescribed fluid thickening agents to prevent people choking were not understood by staff.
● The administration of covert medicines was not always recorded in a person's care plan.

We found evidence that people had been harmed. Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed all risk assessments had been reviewed and new processes were now in place to ensure staff followed best practice procedures. Medicines management systems were also fully audited and shortfalls rectified.

● Staff were trained and supported to ensure safe administration processes were adhered to.
● The provider ensured the environment was safe and well maintained. A series of environmental audits were in place.

Systems and processes to safeguard people from the risk of abuse
At our last inspection the provider failed to ensure systems and oversight were robust enough to demonstrate that people were consistently safeguarded from abuse. This was a breach of regulation 13 (Safeguarding Service Users From Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

● Since coming into position the registered manager had prioritised and thoroughly investigated concerns around unexplained bruising and skin tears which had been an ongoing safeguarding concern. We received positive feedback from the Local Safeguarding Authority who felt the registered manager had looked in great detail at why some people had unexplained bruising. The registered manager had developed an action plan and implemented strategies to help prevent further incidents happening. This included staff training, updated mobility assessments and a review of mobility equipment used at the service.
● Staff understood the importance of safeguarding people from abuse and told us they felt confident to raise any concerns with the registered manager.

Staffing and recruitment
● There were sufficient numbers of staff deployed. When agency staff were used the registered manager ensured the same staff were allocated to the home.
● The registered manager ensured staff were recruited in a safe way and checked for good character. Agency staff were also screened for good character and training.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● There were improved processes to ensure lessons were learnt when things go wrong. The registered manager followed up on reported accidents and incidents. People's representatives told us they were informed when things had gone wrong.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and failed to keep people's care and treatment assessments up to date. This was a breach of regulation 12 (Safe Care and Treatment) 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.

● At the last inspection we found changes in people's health needs were not always effectively recorded to show when an assessment had been undertaken, or what action had been taken. We continued to find examples were this was still the case. For example, we found that after a fall reassessments were either not in enough detail or had not being carried out. One person was found to have fallen and risk mitigation strategies were not looked into, such as to consider the use of a sensor mat, or if sedative medication could be a contributory factor, there was no mention of the level of observation required post falls.
● Actions recommended by healthcare professionals had not been entered in enough detail into people's notes to give staff clear instructions staff on how to meet their needs. In one person's care notes it was unclear whether a GP had assessed this person's breathing difficulties and whether they had aspirated.
● The home was not following national best practice for the management of falls, such as those recommended by the National Institute for Health and Care Excellence (NICE).

The provider had failed to robustly assess the risks relating to the health safety and welfare of people and include these in people's care and treatment assessments. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● There was evidence of partnership working with a range of health and social care professionals in people's care records.
● Pre-admission assessments were completed before people moved into the home. One relative told us they had been happy with how the moving in period had been handled and how this had helped their relative to settle.

● There was an effective process in place to ensure people's important information was taken with them if they were transferred to hospital.

Staff support: induction, training, skills and experience
● The high turnover of staff and increased use of agency staff had proved a challenge to delivering staff training during the pandemic. The registered manager had ensured that staff continued to receive essential training and supervisions. The majority of learning had been through e-learning.
● Staff also told us of face to face training in moving and handling, safe use of PPE and infection control had been delivered to small staff groups.
● Staff continued to tell us they needed more in-depth training on managing people who may display distressed reactions. Our observations support this view, that staff needed to have a better understanding of supporting people living who lived with dementia. A registered mental health nurse (RMN) had recently been recruited to support improvements in this area.
● Staff continued to tell us they needed more in-depth training on managing people who may challenge the service. Our observations support this view that staff needed to have a better understanding of supporting people living with dementia. A registered mental health nurse(RMN) had recently been recruited to support improvements in this area.

We recommend the provider review national good practice in the delivery of care and support to people living with dementia. This would help in developing a more detailed dementia care strategy that looked at the environment, training and delivery of person-centred care.

Adapting service, design, decoration to meet people's needs
● Douglas Bank is an older property that had been adapted for its current use. This included a passenger lift; adapted bathrooms and mobility aids such as hoists for moving and handling people safely.
● The provider continued to promote the use of technology to enhance people's care and support. This had been further developed over the pandemic and lockdown to helped people stay in touch with their relatives and for continued contact healthcare professionals remotely.
● We discussed with the provider about the issues associated in providing effective care with the current size and layout of dementia care unit. A number of staff told us, the unit and dining area was small, crowded and at times noisy. This made the delivery of care difficult. The provider agreed to review the layout to see if any improvements could be made.

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.
● Staff supported people in line with principles of the MCA and associated DoLS.
● Good record keeping in relation to the MCA had been sustained and the registered manager was currently reviewing everyone's MCA care plan, including consent for the use of CCTV in the home.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 (Person-centred care) 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 9.

● People were not always treated in a dignified manner. We continued to observe inconsistencies in staff practice and the delivery of care that was not always person-centred. We saw one person was continually told to sit down when they wanted to stand and move about. There was no exploration of this by the carers and nothing was written in a care plan on how to support this.
● While we saw some positive and caring interaction between staff and residents there was little positive engagement with people apart from when a task was being carried out.
● People were not always supported in a timely way with their personal care needs, staff although well-meaning did not always use approportionate and respectful language. We heard people being told that it was their turn next to go to the toilet and language that was more appropriate to use with infants.
● People's independence was not always promoted. One person had to use the nearest toilet rather than go back to their room as staff reported, "It was easier."
● The lounge for people who lived with dementia was small for the number of people using it and we saw that both a TV and radio was on, making the environment noisy and not a very restful. One person was sat underneath the TV.
● The majority of people looked better cared for however, we continued to see some people who looked dishevelled and unkempt.

We found no evidence that people had come to harm however, people were at risk of not achieving positive outcomes because the provider failed to ensure they consistently received person-centred care. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We received positive feedback from people and their relatives about the support they received. Relatives

expressed their gratitude on how the home had tried to keep them informed across the lockdown period when they could not visit.

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

● People and their relatives were involved in making decisions about their care. A relative told us, "The communication has improved a lot since the new manager came into post. We know they are very busy but she always takes the time to get back to us."

● People's care plans showed their views and opinions. We observed senior leaders interacting with people and it was clear they knew them well and had built trusting relationships with them.

Requires Improvement

Is the service responsive?

Our findings

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

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

At our last two inspection the provider had failed to ensure people received person-centred care. This was a breach of regulation 9 (Person-centred care) 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 9.

● We did see that improvements had been made in this area but more was still needed to ensure effective person centred care was being offered to people, especially for those people living with dementia.
● Staff continued to fail to update people's care plans when their needs changed. This meant responsive care could not be guaranteed, such as reporting changes in health to the GP so that they could responded in a timely way to prevent further deterioration, for example with weight loss. We found some of this was due to staff not implementing nationally recognised good practice assessment tools that assisted staff in identifying when a person was at risk.

We found no evidence that people had come to harm however, people were at risk of not achieving positive outcomes because the provider failed to ensure they consistently received person-centred care. This was a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's life story, their interest and preferences had been sought and was being better recorded in their care files.

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.
● There was information in people's care plans about their communication needs and preferences.
● People had access to important documents in accessible formats. For example, information could be translated into any language, changed to large font or provided in audio. The home had ensured since the last inspection that these were available in a more dementia friendly format.

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

● People and their relatives provided positive feedback about how they were supported to maintain relationships and how the home endeavoured to continue this across the pandemic.

● Staff had collated information about people's past times and interests, there was a good information in people's care plans about social activities. There was an interactive table which encouraged people to be stimulated and engaged with games and visual experiences. This was good use of information technology.

● People living in the home and staff were very positive about new activity co-ordinator who had started during the pandemic. They told us of art and craft sessions, bingo and quizzes that had been well received and enjoyed by people.

Improving care quality in response to complaints or concerns

● People, their relatives and advocates had access to an accessible complaints procedure. The registered manager maintained a good standard of record keeping which showed complaints were managed in line with the complaints policy and procedure.

● Relative's told us that the home had become much more open and responsive to suggestions since the new manager had started. One relative told us when they had raised issues her positive response had meant that they hadn't needed to use the formal complaints procedure.

End of life care and support

● Staff supported people to make informed decisions about their end of life care and support. There were procedures in place for staff to ensure principles of the MCA were adhered to and when needed best interest meetings were held. The home had set up safe procedures to enable family to visit people at the end of their life across the pandemic.

● Staff told us they felt confident to support people at end of life and they had received training in palliative care.

Requires Improvement

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to ensure that the service was well-led. The provider had also failed to have a robust system in place to ensure effective and accurate record keeping. 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.

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

● Quality assurance systems, while improved were still not identifying failings found at this inspection. These included ensuring up to date assessments of people's needs and safe medicines practices Staff did not always keep accurate, complete and contemporaneous records. For example, in respect of people's changing needs, recording health professionals input and resulting advice; and monitoring food and fluid intake for people.
● The home had a newly appointed registered manager since the last inspection and improvements were noted across the board. However, three of the four breaches made at the last inspection were not yet fully met and the home continued to be in breach of regulations 9, 12, and 17. We saw evidence that the registered manager and provider had committed time and resources and made good progress in some areas to improve the quality of the service given to people.
● We raised our concerns to the provider about the registered manager being responsible for two sizable nursing homes. Both the provider and registered manager assured us that this was working but agreed to monitor the workload.

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

● There was clear evidence of improved management oversight including quality assurance records. We were assured by the registered managers response to our inspection findings and ability to immediately

remedy them without needing direction. She was committed to driving up quality and wanted to do this by staff being fully involved and taking ownership so these new practices could be fully embedded into the workings of the home.

● The registered manager was promoting a more positive culture to allow people, staff and others to speak up and have a say in the running of the home. One senior staff told us, "Communication is much better and staff are made more accountable. The standards and expectations for new staff are much clearer right from inductions onwards. The new manager is setting down the standards expected from staff."

● We had feedback from professional stakeholders from health and social care to confirm that the provider and registered manager had engaged fully with the support offered by them to improve the service.

● Staff had a much more positive outlook on the home and morale had improved. Staff were keen to tell us where improvements had been made and attributed these to the new manager and a strengthened senior team who led by example. They told us, "The new manager and management team had a big job to bring about the improvements needed and have made a very positive start."

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

● At the last inspection we found that the provider and registered manager did not always inform us of notifiable incidents, as is there legal duty. This responsibility was now being met and we had received the appropriate notifications of events and incidents within the home.

● The duty of candour responsibilities were adhered toad n the registered manager and staff had a good understanding of their duty to inform people when things went wrong. The registered manager had worked hard to instil a culture where staff could speak up and to promote a no blame culture. She said she was keen to use lessons learnt to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People and stakeholders were encouraged to be involved and engaged in decisions made about the service they received. We found the registered manger was proactive at seeking feedback and views on the service and action on them.

● We received positive feedback from the local safeguarding authority which showed the registered manager had worked closely with them to find outcomes for long standing safeguarding concerns around skin marks/tears. This had taken a substantial amount of the registered managers time and had been very positive for learning lessons to reduce risk in the future.

● Staff continued to have regular meetings with the senior management team. Staff told us they were satisfied with the support they received from the registered manager. A number of staff spoke of the challenging times during the pandemic and felt they had received good support from both the registered manager, senior team and the provider. One staff member described the provider as "Brilliant! They are very approachable and listen to what we have to say."

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 failed to ensure people received consistent person-centred care. Regulation 9

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people. Systems were either not in place or robust enough to demonstrate safety was effectively managed. The provider also failed to ensure people's medicines were managed in a safe way. The provider had failed to robustly assess the risks relating to the health safety and welfare of people and include these in people's care and treatment assessments. 12(1)(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure that the

service was well-led.

The provider had also failed to have a robust system in place to ensure effective and accurate record keeping.

Quality assurance systems were not robust enough to assess, monitor and improve the quality and safety of the services provided.

17(1)(2)(a)(b)(c)