

Archmoor Care Limited

Archmoor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service:

Archmoor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home can accommodate up to 20 older people, some of whom were living with dementia. At the time of this inspection there were 19 people using the service.

People's experience of using this service:

People felt safe and told us that staff were kind and caring. There was a calm and relaxed atmosphere during the home during the three days that we inspected.

There was good feedback from visiting health and social care professionals about the care provided and about the friendliness of the care staff.

There were continued concerns about the quality of the recording in both care plans and in medication administration records. There were concerns about the application of the Mental Capacity Act 2005.

Quality assurance systems would benefit from a review to ensure that they are targeted, thorough and effective.

There were significant concerns reported by people and their relatives about the lack of activities and the impact this could have on people's wellbeing. The wellbeing principle is central to the Care Act 2014.

Rating at last inspection:

This service has been rated requires improvement at the last two inspections including the last inspection (published 9 April 2018).

Why we inspected:

This was a planned inspection based on the current timescales for returning to re-inspect services rated requires improvement overall.

Follow up:

We will continue to monitor the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe
Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective
Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive
The service was not responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our Well-Led findings below.

Inadequate ●

Archmoor Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service; in this case they had experience of older people and people living with dementia.

Service and service type:

Archmoor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The 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. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health & Social Care Act 2008 and associated Regulations about how the service is run. At the time of the inspection, a manager was not registered with us.

Notice of inspection:

This inspection was unannounced.

What we did:

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. No concerns were raised about the service.

During the inspection we spoke with eight people who used the service, one manager, four staff members, one cook, three visiting relatives and four visiting professionals.

We looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, four staff recruitment files, training and supervision records, five care plans, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management and safety of the service.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us.

Is the service safe?

Our findings

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

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.

Using medicines safely

The last inspection identified concerns in relation to how medicines were recorded. This was a breach of regulation 12 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that the recording of medicines continued to be unsafe.

- Staff were trained in the safe administration of medicines. Medicines competencies were not recorded. The manager told us that competencies were checked before staff could administer medication and staff we spoke to confirmed this. The last recorded competency checks for medication were in 2017.
- Recording systems were not always in line with best practice. For example, when Medicines Administration Records (MARs) were hand written this was not always checked and countersigned by a second person to ensure it was correct.
- The systems for storing creams in people's bedrooms was not in line with best practice guidance. Senior care staff responsible for medication administration signed that they had applied the creams despite the creams being applied by carers. There was insufficient information in people's rooms to guide carers to ensure this was carried out correctly. The previous inspection in April 2018 had recommended changing this system to ensure that the staff who administered the cream recorded their actions. This had not improved.
- Some people were prescribed 'thickeners'. Thickeners are added to drinks and sometimes food. They are prescribed to help prevent a person with swallowing difficulties from choking. Thickeners were given as prescribed. Recording issues were identified at the last inspection, which had not been addressed. Staff did not always record when the drinks with the prescribed thickener in, were given. It is important that this information is recorded to ensure that people are given their medicines consistently and as prescribed. We discussed the need for accurate recording of the prescribed thickeners with the manager and a new form was created during the inspection.
- Medicines with a 'when required' dose (PRN) were not recorded correctly. PRN can be prescribed to treat short term medical conditions, such as nausea and vomiting. Other common examples include medicines for pain, indigestion, anxiety and insomnia. The PRN protocols and the medicines administration record were not detailed enough. They did not specify whether people were able to ask for the medicine or if they need prompting or observing for signs they were needed. Where there was more than one option available, for example multiple pain killers, the order in which they should be tried was not made clear.
- People were not offered medicines in a person-centred manner, at times when they were experiencing the symptoms. Medicines were offered at medicines rounds at times printed on the MAR charts.
- The above concerns were brought to the attention of the manager to address.

This demonstrates a continued breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Assessing risk, safety monitoring and management

The last inspection found unguarded radiators and pipework that posed a risk of harm to people. This was a breach of regulation 12 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that action had been taken to ensure that the radiators were now safe. There were pipes in the shower room that were still exposed. The manager explained that this shower was an assisted shower and people were not left alone, so there was no risk.

- Systems were in place to identify and reduce the risks involved in the delivery of care to people.
- People's care records included assessments of specific risks posed to them, such as risks arising from mobility, nutrition and falls. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- Environmental audits were carried out monthly to ensure the safety of people's living space. The premises and equipment were well maintained.

Staffing and recruitment

- Staff were not always recruited safely. Appropriate pre-employment checks had not been carried out in one personnel file that we checked. Two references had not been obtained as required. All other files that we checked were recruited safely.
- Staff rotas demonstrated staffing levels were suitable to meet people's physical and emotional needs.
- Staff confirmed there were enough staff to support people in a way they preferred.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to support staff. Appropriate information was on display on a notice board. This supported residents and families to raise safeguarding concerns if required.
- Staff had undertaken safeguarding training and safeguarding was covered in the induction for new staff.
- Staff recognised potential safeguarding issues and understood it was their responsibility to report any concerns. They were confident the manager would respond appropriately. The manager made referrals to the local safeguarding authority when required.
- People told us staff supported them to stay safe. One person told us, "It's a lovely home, very nice indeed and I feel very safe here". One person's relative also told us, "I've got peace of mind now because I know she's safe here".

Preventing and controlling infection

- The home was clean, tidy and with no malodour.
- Infection control policies and procedures were effective and provided appropriate guidance to staff. Staff received infection control training and understood their infection control responsibilities.
- Cleaning schedules were detailed and up to date. Staff had access to personal protective equipment such as gloves and aprons. We observed these being used during the inspection.
- People told us the home was clean. One person told us, "My room is spotless and they ask whether I want my sheets changing every day".

Learning lessons when things go wrong

- Systems were in place to ensure details of any accidents or incidents were recorded and reported to the manager. There was no prompt to see if any lessons had been learnt. The manager agreed to add a column to ensure this was prioritised in future.
- Staff reported an open culture where they were encouraged to report any incidents or accidents.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager had made appropriate applications for DoLS authorisations. They had oversight of which people were subject to authorisations and when they were due to expire. The registered manager also made sure the service complied with any conditions attached to authorisations.
- We saw that policies and procedures were in place to guide staff on MCA and DoLS. These need to be reviewed and updated as we found errors in the policy. The last inspection report in April 2018 found there was no evidence in people's care records to show they had been involved in, or consented to, the planning of their care and support. This had not improved. A review of people's records did not evidence that capacity and consent was explored or assessed.
- The administration of covert medication had not followed best practice guidance. Covert medication is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them. A best interest meeting is required after the person has been assessed as lacking capacity around the issue where a decision is needed. No best interest meeting had taken place. There was a signed letter from a GP who had made the decision.

This demonstrates a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

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

- People's needs were assessed before a placement was accepted. This helped to ensure the service was suitable for them.
- The care plan was divided into sections and provided a description of what was required to meet the person's needs. The care plans that we looked at had not been updated when care needs had changed. We discussed, with the manager, the need to alter the system to ensure that there is a regular review of each

section of the care plan. Better oversight was required to ensure that this was done effectively.

- There were other care files in place, stored separately to the main care plan, that ensured that good care was provided in areas such as personal care and repositioning schedules to help prevent the development of pressure areas.
- Care needs were being met and we received good feedback from health and social care professionals about the quality of the care provided. One visiting professional told us, "It's great here they always follow advice and they alert us if there's any changes. Staff are polite and friendly. They go above and beyond here. Care is good they are well cared for here".

Staff support: induction, training, skills and experience

- The last inspection report in April 2018 recommended improving the induction to ensure that staff worked within the standards of the care certificate as recommended in the 'Guidance for providers on meeting the regulations'. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff received an induction. The induction consisted of shadowing experienced staff until they were judged to be competent to carry out the role unsupervised. There was an induction checklist that a senior signed to say that the staff member was competent in each area.
- Training was provided on an annual basis and covered topics including diabetes; dementia in care; infection control; health and safety and moving and handling. Additional training was available and included medication, end of life, dignity in care and pressure relief.
- There was not enough evidence provided to demonstrate that the induction and training matched the standards required by the care certificate. Further improvement was required to ensure that staff are working within these standards.

This demonstrates a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

Supporting people to eat and drink enough to maintain a balanced diet

- We received mixed feedback about the support people received to maintain a balanced diet. There was good feedback about the mealtime experience. People told us, "The food's quite good really. I don't know what I'm having for lunch today, they come around and ask us what we want" and "I've had my breakfast; I have toast. I like to have toast. I don't know what's for dinner yet; they come around with a list and ask us what we want. I always get plenty to eat".
- There was negative feedback about the provision of hot drinks and snacks. People told us, "We can only have a hot drink when the trolley comes around" and "We can't have a hot drink at lunchtime, and I like a hot drink with my meal". One relative told us, "They can't ask for a cup of tea when they want one, it's only at set times and they never ask visitors if they want a drink, except for today".
- We observed that people were not offered fresh fruit during snack times and people were not happy that they could only have one biscuit. People told us, "Oh no, we only get one and then the tub is whisked away" and "we're not allowed another one". People nodded in agreement.
- There was not enough detail about people's preferences in care files or surveys.

This demonstrates a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Meeting nutritional and hydration needs.

- People could choose where they ate. One person told us, "I tend to eat my meals in my room which is my choice. I find it difficult with some of the other people's behaviour".
- People's risk assessments considered whether there were any risks in relation to eating and drinking. For

example, one care plan recognised the risks around swallowing and guidance was in place for staff to follow.

- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff. Food and fluid charts were audited monthly.
- The registered manager had not implemented national guidance designed to help ensure people's needs in relation to modified consistency diets were met. The manager agreed to access training from the local Speech and Language Team.

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

- The service worked closely with other agencies to provide the care that people needed. Positive feedback was received during the inspection from four health care professionals about the support offered by staff. Comments included, "People are happy with care generally and we have no concerns. The manager is very accommodating, easy to contact and responsive".
- If someone needed to go to hospital a system was in place to ensure all of the relevant information would be sent with them.
- Staff arranged specialist health referrals when required.
- Daily records were maintained of all healthcare visits and contacts. The five files we looked at included records of visits and contacts with district nurses, speech and language therapists, GPs and social workers.

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

- The premises were adapted appropriately for the people who lived there.
- Signage for rooms was in place throughout the building to assist people who were living with dementia.
- We saw aids and adaptations were provided to promote independence as well as maintain people's safety.
- There was a secure and pleasant garden at the rear of the building that was accessible.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a caring staff team who knew them well and treated them with respect.
- People and their relatives told us people were treated with kindness and respect. People told us, "All the staff are lovely and very good but two or three are outstanding. [Staff Name] has got a heart of gold", "All the staff are very patient and caring" and "The staff are all very nice".
- The service welcomed people's relatives and friends into the home to support people to maintain important relationships.
- Equality and diversity was covered in the induction and the manager was working with the local council to support staff to improve this area. They had recently carried out a presentation with staff. An equality & diversity audit tool had also been introduced in February 2019.
- We were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- There was a specific section in the care plan focusing on people's communication needs. Where people struggled to communicate verbally, the service accessed communication tools such as talking mats. This supported people to remain involved with decisions about their care as far as possible.
- Independent advocacy services were promoted and representatives from this service were present on two days that we inspected. People can have a legal right to an advocate in some circumstances under the Care Act 2014, and when they are under a DoLS. The advocate acts as a safeguard by supporting people to express their views and checking that people's rights are being met.

Respecting and promoting people's privacy, dignity and independence

- We observed that people were supported by staff who were attentive, kind and caring. Staff had a good understanding of people's needs and wishes. Care staff ensured people's privacy and dignity was respected.
- We observed that staff called people by their first names or preferred names. During informal conversations, staff spoke about people with knowledge of their backgrounds, their likes and dislikes and their current individual needs.
- Staff could describe to us in detail how they supported people with personal care to ensure it was done with consideration and respected people's dignity. Staff told us they had no concerns about the standard of personal care provided. One staff member told us, "I have no concerns, personal care is spot on here, people are supported throughout the day including people being well groomed".
- Staff told us how they promoted people's independence by letting them do as much for themselves as

possible. One staff member told us, "Some residents can bath themselves we just need to help them use the hoist".

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our last inspection care plans had not been reviewed and kept up to date. This was a breach of regulation 17 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found that this had not improved.

- An assessment of people's needs had been undertaken before any care and support was provided.
- The care plan was divided into sections that covered each area of support people required and included personal care, moving and handling and medication.
- People's care records were not detailed and were not up to date. In one file that we looked at these sections had not been updated since August 2018. Their mobility had reduced and they now required two carers to mobilise. The care was being provided correctly but the care plan had not been updated to reflect this change.

This demonstrates a continued breach of Regulation 17 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.
- Care files contained information on people's life history. This provided a platform to support genuine engagement with people.
- We observed that there was no set programme of activities in the home and that people were bored. The home did not employ a dedicated activities coordinator and despite their efforts, staff did not have time to take on this additional role.
- People told us, "There's nothing much to do here, it's really boring. There's absolutely nothing to do. A friend of mine does activities at another home and they do all sorts, craftwork, baking and stuff. It would be good if we had something to do", "I'm bored to death", "We're all bored to tears, there's nothing to do", "We're just killing time especially now until bedtime", "We just sit here all day like this, there's nothing organised. There's nothing going on all day never mind just the afternoon", "There's nothing to do really; it's good that we three talk". "It's really boring. It would be great if we could have some day trips", "They don't really do anything for our entertainment. Other places celebrate all special days. We didn't even celebrate poppy day with poppies and [name] was really upset because she likes to remember her Dad".
- Relatives told us, "There's no activities co-ordinator and they're all bored to death. [Staff Name] tries, god bless, she gets them colouring in sometimes, but the staff just haven't got time", "About three times a year, they get an entertainer in and a physiotherapist has been in twice to do armchair exercises but that's about it. There's no stimulation for dementia sufferers. It's just not good enough", "The home doesn't provide any entertainment. Occasionally people sing and they all join in, and another gentleman's wife brings dominoes

in and he joins in with them".

- All the staff we spoke to expressed concerns about the lack of activities and the manager could only explain that the staff did their best with the time that they had.

This demonstrates a breach of Regulation 9 (1) of The Health and Social Care Act (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Information about how to complain was accessible and displayed in communal areas.
- The complaints procedure outlined how to complain and where to go externally if people were not happy with the outcome of the complaint.
- People told us that the manager was approachable if they needed to complain.
- There was not enough evidence to demonstrate that the service managed complaints appropriately and effectively. We reviewed the most recent complaints and found that the file was disorganised. It was not clear if appropriate action had been taken and corrective actions put in place where required for all of the complaints.

End of life care and support

- The registered manager informed us no people were receiving end of life support at the time of our inspection.
- Staff had received training to enable them to support people at the end of their life.
- Staff worked closely with the local hospice when people were at the end of their life. This supported staff to ensure people received any specialist support and medicines they needed to remain comfortable and pain-free.

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

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- The provider was in regular contact with the manager and was involved in running the service.
- There was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager is in the process of applying to be the registered manager.
- The quality assurance systems in place to monitor the service had not always been effective. There had been a failure to correct issues from the previous inspection. We discussed the benefit of the provider carrying out a regular external audit to support the manager.
- The last inspection report in April 2018 had recommended that the auditing of the services and facilities needed to be improved. There were several audits in place. They included care plan audits, medication audits, call bell audits, and infection control audits. The care plan and medication audits had not been effective. The audits had not resolved or factored in issues identified at the last inspection. At this inspection, issues identified by the last inspection had still not been resolved and additional issues were identified.

This demonstrates a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager was not clear about what the duty of candour entailed. People, families and health and social care professionals told us that the management culture was open and responsive. The manager gave examples where they consulted with families to resolve issues as they arose.
- The provision of activities to meet people's emotional and social needs was not person centred and people told us it was impacting on their wellbeing. Staff told us they did their best to meet this need, but they did not have enough time to do it effectively.
- The provision of food and drink was not person centred enough and required more engagement with people to find out their preferences in a meaningful way.
- The evidence provided demonstrated a basic induction and training programme for care staff that fell short of the required standard.
- The service had a business continuity plan that was up to date and included details of the actions to be

taken in the event of an unexpected event such as severe weather or loss of gas supply.

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

- Staff meetings took place, so the provider and manager could share information about the service and discuss any areas that required improvement with staff. Staff reported an open culture and were confident that their ideas or concerns would be responded to.
- Improvements had been made to equipment in the home in response to a staff survey. All staff reported feeling valued. Surveys with residents were less clear and some appeared to be filled out by relatives on their behalf. There were no residents' meetings. The manager said they engaged better one to one. People told us that the manager was approachable and that they could raise concerns if they needed to.

Working in partnership with others

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and commissioning group who commissioned the care of some people living at the service. There was positive feedback from health and social care professionals in a survey about their experience of the home. Comments included, "No concerns at all. All staff happy to help. All staff know the residents well and all are advocates for them".

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 There were insufficient activities in place to meet people's emotional and social needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care records did not evidence that capacity and consent was explored or assessed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We found the recording of medicines was not safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provision of food and drink was not person centred.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care plans were not reviewed regularly to ensure they reflected people's changing needs and the support and care they required.

The quality assurance systems in place to monitor the service had not always been effective.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The induction did not meet the required standard.