Victoria House (Wallasey) Limited

# Victoria House (Wallasey)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Inadequate |

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

# Summary of findings

## Overall summary

About the service
Victoria House (Wallasey) is a care home that provides accommodation for up to 56 people who need help with their personal care. At the time of the inspection 50 people lived in the home.

People's experience of using this service
At the last inspection, the provider was in breach of regulations 11, 17 and 18. People's consent was not always appropriately obtained and there was a lack of good governance and staff training. At this inspection, the provider had taken sufficient action with regards to regulation 18 (staff training) but remained in breach of regulations 11 (Need for Consent) and 17 (Good Governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Additional breaches of regulations 9 (person centred care) and 10 (privacy and dignity) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (Part 4) were also identified.

During the inspection, the manager did not demonstrate that they were of the concerns we identified. They did not demonstrate they understood their regulatory and legal requirements with regard to the service. In addition the provider failed to have sufficient oversight of the service's management.

There were no adequate or effective systems in place to monitor the quality and safety of the service. This resulted in people being exposed to ongoing risks. For example, the providers fire safety arrangements were unsafe. People's care plans were not sufficiently detailed to ensure people received safe, appropriate care and records showed people did not always receive the support they needed. Staff were kind and patient with people when providing support but they did not always ensure people's privacy and dignity was respected at all times.

The management of medication was unsafe. There were no effective systems in place to ensure people received their medicines as prescribed or to ensure that medicines in the home could be accounted for. During our visit there were two doses of controlled drugs missing and two people's medicines had run out.

People were not supported to have maximum choice and control of their lives. Staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice or the application of the Mental Capacity Act 2005 (MCA).

Accident and incidents were not properly investigated to ensure that staff learned from these events to prevent them from happening again in the future. Records showed that people sometimes sustained accidental injury during the delivery of support. This suggested that staff did not always show due care when supporting people. Furthermore, where the provider was legally required to report accidents and incidents to CQC they had not always done so.

The premises and the facilities available to people who lived in their home were not always suitable or sufficient. For example, there was a lack of communal bathrooms, the garden was not secure for people to be able to use independently and the smoking room within the home was hazardous.

As a result of the above, service delivery failed to adhere to legal requirements or best practice in respect of people's care. For example, NICE guidelines for the management of medication, health and safety guidance with regards to fire safety in care home, Department of Health infection control standards or MCA Code of Practice.

People received enough to eat and drink and told us the food and drink on offer was satisfactory. They had access to a range of activities and trips out in respect of their social and recreational needs and the atmosphere at the home was relaxed and homely. There were a range health and social professionals involved in people's care.

Staff members employed at the service were recruited safely. The number of staff on duty was sufficient to meet people's needs and staff had received sufficient training and support.

People told us the staff were nice and it was clear from our observations that people felt comfortable with the staff members supporting them. Staff spoken with, spoke with genuine warmth about the people they care for and knew how to safeguard people from the risk of abuse.

Rating at last inspection and update:
The last rating for this service was requires improvement (published 1 August 2018). At this inspection there were breaches of the regulations. The provider completed an action plan after this inspection to show us what they would do and by when, to improve. At this inspection we found that adequate improvements had not been made and the provider was still in breach of the regulations.

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service will be placed in special measures. 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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?**<br>The service was not safe.<br>Details are in our Safe findings below. | **Inadequate** |
| **Is the service effective?**<br>The service was not effective.<br>Details are in our Effective findings below. | **Inadequate** |
| **Is the service caring?**<br>The service was not always caring.<br>Details are in our Caring findings below. | **Requires Improvement** |
| **Is the service responsive?**<br>The service was not always responsive.<br>Details are in our Responsive findings below. | **Requires Improvement** |
| **Is the service well-led?**<br>The service was not well-led<br>Details are in our Well-Led findings below. | **Inadequate** |

# Victoria House (Wallasey)

**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
This inspection was undertaken by an inspector, an inspection manager and a medicines inspector.

Service and service type
Victoria House (Wallasey) is a care home. People in care homes receive accommodation and personal care. 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

During the inspection
We spoke with four people who lived in home and a relative. We also spoke with the manager, two care staff, the maintenance officer and the cook. We reviewed a range of records. This included five people's care records and a sample of medication records. Three staff recruitment files, records relating to staff training and support and records relating to the management of the service.

Inadequate

# 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 good. At this inspection, this key question has deteriorated to inadequate. This meant that people were not safe and were at risk of avoidable harm.

Using medicines safely

- Records in relation to controlled drugs were inaccurate and we found that two doses of controlled medication were missing. Two people's medicines had also run out.
- It was not possible to account for all of the medicines received into the home, as records in relation to this had not always been kept appropriately. This made it difficult to tell if the amount of medication in the home was correct and if medicines were given as prescribed.
- Some people required a prescribed thickening agent to be added to their drinks to make it easier for them to drink them. Senior staff signed for the administration of this medication even when they had not administered it themselves. This was not good practice.
- There were no adequate 'as and when' required administration plans to advise staff when, how or where to apply people's prescribed creams.
- There were no systems in place to assess whether people who were unable to communicate required pain relief or to ensure that medicines which must be given with food were given in this way.
- Medicines were not always dispensed in tamper proof containers and some medicines were not stored securely at all times. This meant they were at risk of unauthorised use.
- The temperature at which people's medications were stored was not properly monitored. Medications can lose quality and their effectiveness if they are not stored at the correct temperature.

Unsafe management of medicines places people at risk from serious harm. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's medical conditions and other risks were not adequately assessed and staff lacked sufficient guidance on how to mitigate risks in the delivery of care.
- Some people lived with allergies to medication, bee stings or certain types of food or ingredients. Staff had no information on the type of allergy experienced or the action to take if a reaction occurred.
- We had considerable concerns about people's safety in the event of a fire. There was a smoking room within the home which was very unsafe. Some of the automatic fire doors at the home were faulty and failed to close when the fire alarm was sounded. One of the fire evacuation routes out of the home was cluttered with debris and old furniture. Merseyside Fire Service had recently visited the home and had advised the provider that fire safety improvements were required.
- We asked the manager to take urgent action to mitigate the risks associated with the smoking room and fire safety immediately. On the second day of inspection, the manager had mitigated some of these risks and others were in progress. At our next inspection we will follow up on the action taken to ensure

adequate improvements have been made.
● There was little evidence that the service used information relating to accidents and incidents to learn and prevent a similar event occurring in the future.
● For example, some people had sustained accidental injury during the delivery of care. There was no evidence that the manager had investigated how these accidents had occurred in order to learn from and prevent the same thing happening again in the future.

The above issues were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as risks in relation people's care were not assessed or managed appropriately.

● The home's electrical and gas installations, moving and handling equipment and fire alarm system were all regularly inspected and safe to use.

Preventing and controlling infection
● We had concerns about the cleanliness of the home and its equipment. The provider's sluice facilities were inadequate and did not adhere to best practice. Sluices are used to wash and disinfect soiled items such as commode pans.
● During our inspection we alerted the NHS infection control team to our concerns. They visited the home and advised the manager that urgent improvements needed to be made to infection control standards within the home.

The systems in place to mitigate infection control risks was not robust. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●There were systems in place to assess and mitigate the risk of Legionella infection in the home's water supply
●Staff had access to personal protective equipment such as disposable gloves and hand sanitizer.

Staffing and recruitment
● Staff recruitment was satisfactory. Pre-employment checks were carried out prior to a staff being employed to ensure they were suitable to work with vulnerable people.
● Most of the staff we spoke with told us that there were enough staff on duty to meet people's needs. One staff member told us that the staff team sometimes struggled to get everyone up and dressed in a timely manner in the morning.
● During our visit, we observed there were enough staff on duty to meet people's needs. We did not hear or see people waiting for staff support.

Systems and processes to safeguard people from the risk of abuse
● People we spoke with told us they felt safe with the staff supporting them.
● Staff had completed safeguarding training and knew what action to taken to protect people from the risk of abuse.

Inadequate

# 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 deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Ensuring consent to care and treatment in line with law and guidance
At our last inspection the provider and manager had failed to ensure people's legal right to consent was respected and the Mental Capacity Act 2005 (MCA) had not always been followed. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider remained in breach of this regulation.

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.

- Some people living in the home received their medicines covertly. This meant their medicines where "hidden" in their food or drink so they were unaware they were taking them.
- Everyone has the right to refuse their medication providing they have the capacity to understand the consequences of their refusal. Where there are concerns about their capacity to do so the MCA must be followed. There was no evidence the manager had followed the MCA with regards to this or ensured the administration of covert medication was in people's best interests.
- The manager had been advised about their failure to ensure covert medication was appropriately authorised at the last inspection but had failed to act on this advice.
- Other decisions were also made in relation to people's care without the MCA being followed. For example, decisions in respect of CPR (cardio pulmonary resuscitation), permanent bed rest and the handling of people's personal mail.
- Information about people's mental health, communication needs and capacity was also limited. This meant staff lacked adequate information on how to communicate with them effectively so that their needs and wishes were known.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's consent was not always legally obtained in accordance with the Mental Capacity Act 2005.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's care plans lacked sufficient detail about their needs and risks in order for staff to ensure all of their needs were met.
● People's medicines were not managed in accordance with NICE best practice guidelines or those issued by the Royal Pharmaceutical Society of Great Britain.
● Fire safety arrangements did not comply with health and safety guidance issued by the Health and Safety Executive.
● The systems in place to prevent and control the spread of infections did not adhere to the Department of Health's Code of Practice for Health and Adult Social Care.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 the quality and safety of the service did not adhere to recognised standards.

Adapting service, design, decoration to meet people's needs
● The number of communal baths and showers for people to use was limited. There was one communal bath on each floor in working order and one shower room on the ground floor for the 50 people living there to use. Two of the home's bathrooms were out of order. The maintenance officer told us one of these bathrooms was out of use because there were problems with the bathroom's ceiling.
● The garden area of the home was not secure. People living in the home told us they were not able to use the garden of their own accord because of this. One person said "We are not allowed in the back garden without staff". They went onto say that this meant they hardly ever used the garden as staff were rarely available to take them outside.
● During previous inspections, the manager provided us with assurances that communal bathing facilities would be improved and the garden made secure. At this inspection these assurances had not been acted upon.
● There were no suitable outside smoking facilities for people to use and the smoking room within the home was in poor condition and unsafe. By the final day of our inspection, improvements to the smoking room had commenced.

This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the premises and the facilities available were not always suitable for their intended use.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they received enough to eat and drink. Their comments about the food and drink on offer included "The meals are good"; "It's okay" and "Yes we sort of get a choice". A relative we spoke with told us that their loved one always ate well.
● The cook was able to tell us about people's dietary requirements and how they ensured people's special dietary requirements were met. They had access to information on people's dietary needs and nutritional health.
● People's weights were monitored to mitigate the risk of weight loss and malnutrition.

Staff support: induction, training, skills and experience
At our last inspection staff members had not completed appropriate training to know how to care for people effectively. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014. At this inspection, we found appropriate action had been taken with regards to this and the service was no longer in breach of this regulation.

● Staff had completed training in range of areas such as safeguarding, first aid, moving and handling, infection control and fire awareness and additional training in mental capacity act and health and safety was planned to take place by the end of the year.

● Staff we spoke with said they felt trained and supported in their job role. Records confirmed they received supervision in their job role and had an annual appraisal of their skills and abilities.

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

● People received support from a range of health and social care professionals in respect of their needs. For example, district nurse teams, dieticians, mental health professionals and speech and language therapy teams.

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 good. At this inspection this key question has deteriorated to 'requires improvement'. 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

● Staff supporting people were kind and patient when providing support. Records showed however that some people sustained accidental injuries during the delivery of care. This indicated staff did not always ensure due care was taken when people's support was provided.

● During our visit, we observed an incidence of this, where one person was supported to mobilise by two staff using an under-arm lift that was unsafe and placed the person at risk of injury.

● Shower and toilet facilities on the ground floor were open and accessible at all times even when people were using them. For example, on day one of our inspection, we found a person left on the toilet with the door open. The person would have been visible to anyone entering this area. This was not very dignified or respectful.

● One person was having a shower with only the shower curtain protecting their dignity. The shower room was in the same area as the communal toilets. People using the communal toilets could access the shower area whilst this person was having a shower and the shower area was visible off the main corridor as the door had not been closed. This did not ensure people's right to privacy and dignity was maintained.

● People's continence products were observed around the home in places visible to others. For example on their bedside cabinets and chairs visible from the corridor. This did not promote people's dignity.

● Some of the language used in people's care plans and by staff to describe people's nutritional needs was inappropriate. For example, people who needed support to eat and drink were referred to as "Feeds". The use of this type of language de-personalises people and was drawn to the attention of the manager at the last inspection.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people privacy and dignity was not always maintained.

● One person we spoke with said staff were "Nice". Another told us "The staff are good". Everyone we spoke with said staff were kind.

● During our visit, we observed a number of positive interactions between staff and people living at the home. It was obvious that people were comfortable with the staff supporting them. Staff we spoke with spoke with genuine warmth about the people they supported.

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

● Records showed that people were not always involved in decisions about their care. For example,

decisions relating to CPR (cardio-pulmonary resuscitation) and the administration of covert medication. This was not good practice.

● A survey of people's views on the support they received had been undertaken. 64% of the people living at the home were reported to be satisfied with the care they received.

Requires Improvement

# Is the service responsive?

## Our findings

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

At this inspection this key question was rated as good. At this inspection this key question has deteriorated to 'requires improvement'. This meant people's needs were not always met.

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.

- The service did not comply with the Accessible Information Standard.
- People's communication needs were not properly identified and explained in their care plans. This meant staff had limited information on the best way to connect, reassure and communicate with them in a way they understood.
- For example, one person had communication difficulties. Their care records showed they sometimes became confused and upset during the delivery of personal care. Despite this, staff had no guidance on how to communicate with the person when they became upset or any guidance on how to alleviate their distress.
- Information about the service was primarily in written format. The service did not utilise pictorial aids or other alternative formats to share information with people using the service or to help them communicate with people who were unable to express their needs and wishes verbally.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support
- People's care plans were sometimes contradictory. This placed them at risk of receiving care that did not meet their individual needs.
- Care plans and risk assessments were regularly reviewed but these reviews were not meaningful or effective. There was no evidence of the person's involvement and information about people's needs and care was not always properly updated.
- People did not have suitable end of life care plans in place to advise staff of their end of life wishes and preferences.
- The service's accreditation for the NHS Six Steps End of Life Care Programme had lapsed. The manager told us at the last inspection they would renew but had not done so.
- Only some staff had received training in end of life care. After the inspection the manager informed us additional training had been organised.

This above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people's care was not always designed to ensure their needs and preferences were met.

- People's care records contained some information about their choices and likes and dislikes. For example,

there was information about what they liked to do during the day, personal care preference and dietary likes and dislikes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and take part in activities that are socially and culturally relevant to them

● People's visitors were able to visit without restriction and were warmly welcomed by staff working in the home. People had access to quiet communal areas within the home to meet with their visitors.

● There was a range of social activities on offer at the home for people to become involved in and regular trips out. People's views and suggestions on the activities on offer and trips out was sought. This ensured people's preferred social and recreational interests were supported.

Improving care quality in response to complaints or concerns

●People told us they were happy with the support provided and had no complaints. People told us they knew who to talk to if they had concerns.

● Complaints received were investigated and responded to appropriately by the manager.

Inadequate

# 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 good. At this inspection, this key question has deteriorated to 'inadequate'. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care

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

- The systems in place to monitor the delivery of care were not robust. This meant the concerns we identified during our inspection had not been identified and addressed.
- People's care plan and risk management information did not ensure people received safe and appropriate care. There were no adequate systems in place to check the quality and accuracy of this information which meant that any gaps or inaccuracies had not been picked up and addressed.
- Records in relation to people's care showed gaps in the support they received. There was no evidence the manager reviewed these records to ensure people received the care they needed. There were also no contemporaneous records in relation to people's day to day health and well-being. This meant that there was no complete or accurate record of the care people received each day.
- The manager did not demonstrate during the inspection that they were clear about their role, their regulatory responsibilities or published best practice guidance with regards to the care people received.
- The manager had been advised that improvements to the service needed to be made at the last inspection but had taken no adequate or effective action to ensure these improvements were made. This did not demonstrate robust and proactive management of the service.
- At the previous inspection, the manager had also provided CQC with assurances that the home's communal bathing facilities and garden security would all be improved upon but at this inspection no action had been taken.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider visited the service each month and discussed aspects of service delivery with the manager. We reviewed the minutes of these meetings and found that they failed to demonstrate that the provider had sufficient oversight of the service and the care people received.
- CQC had not always been notified of significant events occurring at the service as required. For example, notifiable accident and injuries were people had sustained harm.

The above issues were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities 2014). This was because the governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

● We identified a number of concerns at this inspection with regards to the service. These impacted on the ability of the service to provide good outcomes for people.

● The manager was open and honest about the failings in the service and acknowledged that action needed to be taken to improve the quality and safety of the care people received.

● The atmosphere at the home was homely and relaxed. Staff were observed to work well together and told us they felt supported by the manager in their job role.

● The manager had complied with their legal requirement to display the latest CQC rating of the service within the home.

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

● People's views on the service were surveyed using a questionnaire but we found improvements to the way the service engaged and involved people in their own care were required.

●The Local Authority told us the service engaged with a number of partnership organisations including Wirral falls prevention and safe steps teams, NHS tele-triage services when seeking medical advice in respect of people's health needs and sometimes liaised with the NHS End of Life team.

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<br><br>People's care was not always designed to ensure their needs and preferences were met. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 10 HSCA RA Regulations 2014 Dignity and respect<br><br>People privacy and dignity was not always maintained |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>People's consent was not always legally obtained in accordance with the Mental Capacity Act 2005. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People's support was not always assessed, planned or delivered in a way that mitigated risks to their health and well-being.<br><br>The systems in place to mitigate infection control risks were not robust.<br><br>The premises and the facilities available were not always suitable for their intended use. |

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The governance arrangements in place were ineffective in identifying and driving up improvements to the service and mitigating risk.<br><br>The quality and safety of the service did not adhere to recognised standards. |