The Grange Care Centre (Cheltenham) Limited

The Grange Care Centre (Cheltenham)

Inspection report

Pilley Lane
Cheltenham
Gloucestershire
GL53 9ER

Tel: 01242225790

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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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected The Grange Care Centre (Cheltenham) on the 28 January and 2 February 2016. The Grange Care Centre provides residential and nursing care for older people; many of the people living at the home had a diagnosis of dementia. The home offers a service for up to 60 people. At the time of our visit 58 people were using the service. This was an unannounced inspection.

We last inspected in May 2015 and found the provider was meeting all of the requirements of the regulations at that time.

There was not a registered manager in post on the day of our inspection. The previous registered manager had left in July 2015. A new manager had been appointed in November 2015 and they were in the process of applying to become the 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People did not always receive their medicines as prescribed. Care staff did not always keep an accurate record of when people had received their medicines. People were not always protected from the risks of the spread of infectious diseases as some people had to share some pieces of equipment.

Staff told us they felt supported; however staff did not have access to supervision and training to enable them to be confident in their role. There were enough staff to meet people's needs, however they were not always suitably deployed round the home to meet people's needs.

The home's manager was implementing new activity plans which included specific activities for people living with dementia. Care staff spent time with people and talked with them about things which were important to them, however there was not always structured activities available to them.

People's care plans were not always current and accurate. The provider was aware of this concern and was in the process of reviewing and updating people's care and risk assessments.

The provider had not ensured that systems were in place and regularly undertaken to sufficiently assess, monitor and continually improve the quality and safety of the services provided. The manager had identified concerns regarding the quality and the management of the home and had implemented an action plan. They had a clear goal to improve the service and provide good quality dementia care to people living in the home. Staff were aware of this goal, and people and their relatives spoke positively about the new manager.

People felt safe and were cared for by caring, compassionate and supportive staff. Care staff supported people to celebrate important events in their lives, such as anniversaries and birthdays. Relatives spoke positively about the impact staff had on their and their love ones lives. Care staff treated people with dignity

and respect when they assisted them with personal care and mobility. Care staff offered people choice, and ensured people were treated compassionately.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. We have also made a recommendation regarding staffing within the home.

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. People did not always receive their medicines as prescribed. Staff did not always accurately record the support they had given people around their medicines. People were not protected from the risk of infection, as equipment needed to assist people with their mobility was shared.

The risks of people's care were identified and managed by care staff. There were currently enough staff to meet the needs of people living within the home; however staff were not always deployed effectively.

People told us they were safe. Staff demonstrated good knowledge about safeguarding people and would raise any concerns.

Is the service effective?

Requires Improvement

The service was not always effective. Staff told us they felt supported, however they did not have access to the training and the formal support they needed to confidently meet people's needs and develop.

People were supported with their nutritional and healthcare needs. Where people were at risk of malnutrition, care staff took appropriate action.

People were supported to make decisions. Care staff and the management ensured people's legal rights were protected.

Is the service caring?

Good

The service was caring. Care staff and nurses knew people well and what was important to them.

People were supported to maintain their personal relationships. Staff helped them support important events such as anniversaries and birthdays.

People's dignity was promoted and care staff assisted them people to ensure they were kept clean and comfortable. Care

staff engaged with people positively whilst assisting them with mobility around the home.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care records did not always reflect their needs and were not always personalised. People's care records were in the process of being updated as the manager was aware of these concerns.

People did not benefit from a structured activities programme. However care workers took time to engage with people throughout the home.

People and their relatives told us they felt involved and their concerns and complaints were listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led. The provider had not ensured that systems were in place and regularly undertaken to sufficiently assess, monitor and continually improve the quality of service people received.

There was a recently appointed new manager who was applying for registration with the CQC. The manager had a clear plan of how they planned to develop and improve the quality of service people received. Staff were clearly aware of the manager's goals to improve and provide good quality dementia care.

The Grange Care Centre (Cheltenham)

Detailed findings

Background to this inspection

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

This inspection took place on the 28 January and 2 February 2016 and was unannounced. The inspection team consisted of two inspectors and a specialist advisor in nursing and dementia care.

At the time of the inspection there were 58 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with healthcare professionals, including social care commissioners and a local GP service.

We spoke with six people who were using the service. We also spoke with four people's relatives and one people's visitors. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with seven care staff, two nurses, the clinical lead, an activity co-ordinator, the chef, the deputy manager and the manager. We reviewed eight people's care files, five care staff records and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. Some staff were not competent with the proper and safe management of medicines. For example, staff had not given three people their medicines in accordance with their prescription, however staff had recorded they had administered this medicine. We discussed this concern with the manager, who informed us they would discuss the concern with staff to ensure people received their medicines as prescribed.

People may not always receive their medicines as prescribed as an accurate record had not always been maintained. Care staff did not always keep an accurate record of when they assisted people with their medicines. For example, staff had not signed to say they had administered four people's medicines.

People were not always protected from the risk of infection. Staff told us that they had to use the same body slings to assist people with their mobility as not everyone who needed a sling to assist them with their mobility had an individual sling. Staff were unable to wash the sling in between assisting people and were concerned about the risk of cross infection. We discussed this concern with the manager, who told us they would take immediate action to remedy this concern.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records relating to the recruitment of new care staff showed most relevant checks had been completed before staff worked unsupervised in the home. These included disclosure and barring checks (criminal record checks) to ensure support workers were of good character. However, not all staff files contained a record of employment references from the staff member's most recent employer. Some staff files only contained one reference, which was not in accordance with the provider's recruitment procedures. We discussed this with the manager. They told us they had identified this concern after they started working at the service and were ensuring remedial action would be taken as part of their service improvement plan.

People told us they felt safe in the home. Comments included: "I feel safe and they see to me at night", "We're fine thank you" and "I'm safe and I feel looked after". A relative told us, "I definitely have peace of mind. It's priceless".

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the manager, or the provider. One staff member said, "I would go to the manager, then if I wasn't I'd go to local authority safeguarding. There was a recent safeguarding issue and it was dealt with and we reflected on it". Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I would whistle blow, If I have a concern it's my duty. There are contact numbers available for staff". Staff told us they had received safeguarding training.

The manager and deputy manager raised and responded to any safeguarding concerns in accordance with local authority safeguarding procedures. Since our last inspection the provider had ensured all safeguarding concerns were reported to local authority safeguarding and CQC.

People had assessments where staff had identified risks in relation to their health and wellbeing. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled staff to help people to stay safe. Each person's care plan contained information on the support they needed to assist them to be safe. For example, one person was being cared for in bed and were unable to call for assistance. Care staff checked the person every 15 minutes to ensure they were okay. They assisted the person to reposition and regular intervals to protect them from the risks of pressure damage. On the person's bedroom wall was a summary of their care needs, which provided staff a good overview of the person's needs. The person was comfortable throughout the inspection.

People were supported to maintain their independence. For example, one person liked to make their own hot drinks and meals in the home. Care staff had discussed this with the person and carried out risk assessments to ensure the person was safe and aware of any potential risks. The person spoke confidentially about making their own drinks. They said, "I like to make my own drinks, I make them for my visitors too".

People and their relatives told us there were enough staff to meet their needs. Comments included: "When I press the buzzer they come"; "I don't have to wait long for help when I need it"; "There is always someone around to help" and "I think it's got better recently".

There was a calm and homely atmosphere in the home. Staff were busy however they had time to assist people in a calm and dignified way. Staff took time to talk to people and engage with them, such as showing them a new activity board in the home. Staff told us there were enough staff available on a day to day basis to meet people's needs. Comments included: "Staffing levels have got better since the manager has come" and "We work really hard. We're used to it and we manage. If someone calls in sick, it's dealt with very quickly and their absence is covered".

Whilst we found there were enough staff to meet people's basic needs, people could be at risk of harm as staff were not always suitably deployed. During our observation of people in one of the home's lounges, we found people had no engagement or support from care staff for twenty minutes. People in this lounge were unable to use a call bell to alert staff, and therefore were dependent on staff to check on them to ensure their needs were met. One staff member told us, "There is normally a carer present but sometimes it is difficult to maintain, especially at late morning". In another lounge there were three staff engaging with three people. We discussed this with the manager, who told us they would look at how staff were deployed in the home to ensure people's needs were maintained.

The manager told us staffing in the home was worked out on a set ratio of people to staff, rather than based on people's needs or dependency. Whilst this method was managing people's needs at present, this may not be suitable if peoples needs changed. The manager told us if they had any concerns they would ensure staffing was in place to meet people's needs, they would also discuss this with the provider.

We recommend that the provider seek advice and guidance from a reputable source, about managing the deployment of care staff to ensure people's individual needs are met.

Requires Improvement

Is the service effective?

Our findings

People were not always supported by staff who had been trained to meet people's needs. Staff told us they did not always feel they had access to the training they needed. The service's training records showed only a limited number of staff had received and completed training around dementia care, end of life care, first aid and health and safety. The manager told us they had identified staff had not received the training they needed prior to their arrival at the service in November 2015. They had subsequently arranged dementia training for staff and was arranging for all staff to be enrolled on training programmes.

People were not always supported by staff who had access to effective supervision (one to one meetings with their line managers). Staff told us they had not always received supervision or an appraisal from their line manager. Comments included "I haven't had a supervision yet. I am able to discuss concerns if I need to" and "I've not had a supervision." There were limited records of supervision meetings on staff care files. We discussed this concern with the manager who informed us they had identified not all staff had received supervision as in line with the provider's requirements. The manager had started appraisals for all staff working in the home to identify any training and development needs.

These issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However staff told us they received informal support in the home and spoke positively about the recent changes in management. Comments included: "Things are definitely getting better with [manager]"; "I do feel supported, I know I can go to the senior carers, the nurses and managers for support" and " I think it's a good place to work, I definitely feel supported."

People and their relatives spoke confidentially about staff, telling us they thought they were skilled and well trained. Comments included: "I think the staff are genuinely very good and attentive. They have a good understanding of people's needs"; "They know what they need to do, I have no concerns."

People's ability to make choices were respected. Whilst staff had not received some training, most staff had undertaken training on the Mental Capacity Act (MCA) 2005. 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. Staff showed a good understanding of this legislation and were able to cite specific points about it. One staff member told us, "You can't assume someone can't make specific decisions. Someone might not be able to choose where they live, however they could choose their food or drink". Another staff member said, "It is about supporting choice. If we are concerned someone can't make a decision, such as medicines, then we need to mental capacity assessments, and if needed best interest decisions".

The manager ensured where someone lacked capacity to make a specific decision, a best interest

assessment was carried out. For one person a best interest decision had been made as the person no longer had the capacity to understand the risks to their health and they were living under continuous supervision. The manager made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us they enjoyed their food. Comments included: "I enjoy the food here", "The food always looks appetising, and people seem to enjoy it" and "The food is good".

People's dietary needs were known by staff. The home's chef was aware of people who required special diets, such as people with diabetes and people with swallowing problems. They also told us they were informed when people had lost weight and required their meals to be fortified by using full fat milk, cream and butter in food such as mashed potatoes and soup. The chef was aware of people's individual preferences, and ensured people had access to a choice of meals, which included two main courses and two puddings at meal times.

People who could not eat independently received assistance and support from care staff. We observed one member of staff assisting a person with their main meal. They sat at the same level as the person and did not rush them. The staff member ensured the person had finished each mouthful before they proceeded. Staff also gave people support to eat independently. For example, one person often liked to have soup for lunch as they could eat this without assistance from staff. They were assisted to sit down and were given a meal which they clearly enjoyed.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, records of appointments with healthcare professionals were clearly documented on people's records.

A number of people living in the home had a diagnosis of dementia. The manager and deputy manager informed us that they were updating the décor of the home to become more dementia friendly and enable people with cognitive difficulties to orientate themselves and promote their independence. They were working alongside students from a local arts college and had already painted murals relevant to the local area, such as a local fountain and horse racing. The clinical lead told us they had plans to develop the unit corridors, to include a bus stop, and shop fronts with reflective material. Additionally, the manager had created an activity board which contained household objects, such as light switches and locks. People were supported to use this board and interacted with the board throughout our inspection.

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of staff working at the service. Comments included: "The staff are lovely"; "They are good to him, they help him to walk and they have been good to me, I have no complaints"; "The staff are genuinely very good, attentive to the resident's needs" and "The staff are kind, thoughtful and compassionate".

People were cared for by staff who interacted with them in a kind and compassionate manner. Staff adapted their approach and related with people according to their communication needs. They spoke to people as equals. They gave them information about their care in a manner which reflected their understanding. For example, one staff member talked with one person about their lunch, what they would like. They also supported the person to have a look at decoration changes which were happening in the home. The person enjoyed seeing the changes.

People were supported to maintain their personal relationships, and celebrate key events in their life. For example, one person was celebrating their anniversary. To support this person, staff had brought them a card and some flowers to give to their relative. Staff had also assisted the person to write the card. Throughout the morning staff talked to the person about their anniversary and reassured and reminded them about the day. The person enjoyed talking and joking with staff.

People were cared for by staff who were attentive to their social needs. For example, one relative told us about how staff from the home supported their loved one to spend their birthday at an external function. They told us, "The staff realised I couldn't spend time with them on their birthday, as I was organising a function. The staff said this wasn't a problem. The hairdresser told me they would come in the morning to get their [relatives] hair sorted. They [relative] came to the function with staff members". They explained how the event was important to them and brought their extended family together for a day and how their relative enjoyed the day. The relative was clearly thankful of all staff involved and told us, "It was an incredible act of kindness and thoughtfulness".

Staff were attentive to people's relative's needs. For example, one relative told us how they were anxious about going on holiday and not visiting their loved one for a few days. Whilst on holiday, they told us how staff at the home texted them and messaged them pictures of their loved one. The relative told us, "They didn't have to do it, however it reassured me. It's priceless. You can't put a price on it". They expressed how this caring attitude had given them peace of mind regarding their relatives care.

Staff spoke confidently about people and knew their likes and dislikes. For example, one care worker was able to tell us how they spent time with one person who was at the end of their life , and how they supported them to stay comfortable at the home. A nurse at the service ensured the person's relative was informed of their condition and provided them with information which was important to them.

People were supported to make day to day decisions in the home. Throughout our inspection staff ensured people had choice of drinks, food and small activities. For example, one person was supported to make a

choice regarding their lunch. The staff member also asked if the person wanted to wear a clothes protector. They took time to allow the person to communicate their choice. One staff member told us, "It's important. People should have choices. Also it's not very dignified if people are left in dirty clothes".

People were able to personalise their rooms. One person had items in their room such as pictures of places and people who were important to them. One person talked about why one picture was important to them as they owned and ran a business. They spoke positively about their personal space. They said, "It's my room. I've got my television, which I don't watch much, and my music and CD's. I can also go to the kitchen and make my own drinks".

We observed care workers assisting people throughout the day. People were treated with dignity and respect. For example, one staff member was assisting someone who had chosen to remain in bed. When they went to assist the person they knocked on their door and after entering ensured the door was shut to protect their privacy.

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to be cared for at The Grange Care Centre and not go to hospital for any treatment which may prolong their life and not improve the quality of their life. A Do Not Attempt Cardio Pulmonary Resuscitation form was in place which stated they did not want to receive active treatment in the event of heart failure.

Requires Improvement

Is the service responsive?

Our findings

People's care needs were documented in their care plans; however, there was not always clear guidance for care staff to follow about people's support requirements. This put people at risk of not receiving the care and support they need. For example, one person's care plan did not provide clear information on the support they needed regarding their end of life care needs.

People's care plans did not always contain information that was important to them, or their life histories. Information about their preferences and what was important to them had not been documented. For example, for one person, there was limited information about the support they needed in the home, including what was important to them and their personal care needs. When we discussed these people with staff, they were able to tell us about their needs and the support they were providing them. Another person told us about their life history, including where they lived and worked. They told us what was important to them within the home. None of this information was recorded on their care plan. This meant that information which care staff and activity co-ordinators needed to engage with people were not always recorded.

The manager informed us they were aware that people's care plans were not always current and a programme was in place to review and rewrite people's care records. A number of care plans had been rewritten which provided clear information on the person's care needs and the risks associated with their care.

These issues were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's ongoing needs were recorded and showed the support staff provided people on a daily basis. These records provided information on the activities people had been supported with and any changes in their daily needs. Where concerns had been identified, these concerns were clearly communicated to ensure staff had the knowledge they needed. Care staff and nurses also had access to information which documented specific needs of people, such as diets and any time specific medicines. One staff member told us, "It's important we all have the information we need to meet people's needs".

People and their relatives were involved in their care. The manager had identified records in relation to people's Power of Attorneys (PoA's are people who have been appointed to act on behalf of people and can make decisions around their property, affairs and or health and wellbeing) had not been maintained and were not accurately recorded. They contacted people's relatives and documented PoA's to ensure records were correct. The aim was to ensure PoA's were involved in people's care and their decisions respected.

Where people's needs changed, staff assisted them to ensure they were kept comfortable and safe. For example, one person's health had recently deteriorated in the home. The person wanted to be in a quiet environment. Staff ensured the person was comfortable and was not disturbed. Nurse staff ensured the person had the medicines they needed to maintain their comfort.

People told us they enjoyed their time in the home, however they did not always benefit from a structured activities programme. People enjoyed adhoc activities, such as skittles and reading, however there was no structured plan of activities in relation to people's interests and hobbies. Staff told us there were not always activities available. The manager had recruited a new activity co-ordinator, and was looking to provide dementia friendly activities to the home, such as SONAS which focused on cognitive and sensory stimulation.

We spoke with the activity co-ordinator who spoke positively about people's needs and had undertaken specific training on music therapy to help stimulate people with dementia. People responded well to the activity co-ordinator and enjoyed spending time with them. Staff all took time to engage with people, walking with them around the home and showing them murals which had recently been painted as well as new activity boards. People clearly enjoyed the engagement with staff and enjoyed warm and light hearted conversations.

People and their relatives knew how to make complaints to the provider. People confirmed they knew who to speak to if they were not happy. One relative told us, "The service is very good. I've got no complaints, however if I did I would bring my complaints to the manager". The manager kept a log of compliments, concerns and complaints. One person had made a complaint around their relative's care at the home. They discussed their concerns, and told us, "[The manager] is sorting things out, the home is settling down and moving in the right direction".

Requires Improvement

Is the service well-led?

Our findings

The home did not have a registered manager at the time of the inspection. There was a recently appointed new manager who was applying for registration with the CQC. The manager had started to work in the home from November 2015. The manager was aware of the requirement to notify the Care Quality Commission of important events affecting people using the service. We had been notified of these events when they occurred.

The quality of the service provided to people was not always effectively managed and monitored. The manager and representatives from the provider carried out a number of audits in the home. These audits were detailed, focusing on areas such as the management of medicines, health and safety and people's care plans. An audit was carried out in December 2015, which identified shortfalls in the service, around infection control, people's care plans and staff training and supervision needs. No actions had been generated from this audit. Another audit of the service carried out in January 2016, identified similar shortfalls.

Health and safety audits have identified actions around fire drills within the service and fire safety training. These actions were detailed however there were no clear targets of who were responsible for the actions, how they needed to be completed or when they needed to be completed by

Medicine audits were carried out by the manager and nursing staff. Recent audits had identified concerns around excessive stock of medicines, and medicines for people who were no longer living at the service. Audits also focused on any documentation errors or omissions on people's medicine administration records and identified gaps. The medicine audits however did not pick up on concerns found during this inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these concerns with the manager. They informed us that they were taking all concerns identified from our inspection and from audits carried out by the provider and staff from the service, as well as external advice from local quality assurance terms to inform a comprehensive action plan for the home. The manager also informed us they had met with all staff to discuss quality concerns and were focused on improving the quality of service people received.

People's relatives spoke positively about the new manager. Comments included: "The new manager is more approachable, compassionate and understanding" and "I feel things have really improved".

People and their relative's views had been sought about the service. Since the manager had started working at the service they had carried out residents and relative meetings to understand their views. A meeting carried out in November 2015, discussed meals, activities, the environment and staffing. The manager also used the meetings to convey their goals and views of the service. One relative told us, "They've taken time to meet with us, get our views and people's views and they're making changes". The relative also told us that they were aware of agreed outcomes and the manager made changes. For example, one comment was for

gentle music to be played at mealtimes to improve the dining experience. Staff ensured this was now happening.

The manager had also carried out a questionnaire with people living in the home. They discussed if people felt anything could improve in the service and asked them questions about their likes and dislikes. For example, people were asked what colour they would like their bedroom doors to help them differentiate and identify their bedrooms from other people.

The manager had clear aims of providing a service which was focused on the needs of people living with dementia. This included redecorating areas of the building to enable people with dementia to orientate themselves. They also had plans to provide activities suitable for those who lived with a dementia. All staff were aware of the manager's goals and agreed with them. One staff member said, "The manager has a clear focus on good quality dementia care. We're all involved in making differences".

Accident and incidents that occurred in the home were monitored. The manager used this data to identify any areas or patterns of concerns. For example, the data identified specific locations and times when falls were more prevalent. This had resulted in more staff being available at specific times and places around the home to keep people safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People did not always receive safe care and treatment. People did not always receive their prescribed medicines. People were not always protected from the risks of infection. Regulation 12 (f) (g) (h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been developed sufficiently to assess, monitor and improve the quality and safety of services provided. Regulation 17 (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have access to supervision, training and professional development. Regulation 18 (2) (a) (b).