

Maryland Carehome Ltd

# Maryland Care Home

## Inspection report

5-7 School Lane

Formby

Liverpool

Merseyside

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Tel: 01704873832

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24 July 2017

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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

This unannounced inspection took place on 18 & 24 July 2016.

A registered manager was 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.

Maryland is a care home which provides personal care for up to a maximum of 30 people. The care home is situated in the centre of Formby with easy access to public transport and shops. The home has three lounges, a dining room and conservatory. There is limited car parking and the front door entrance provides disabled access.

Risk assessments were in place, however, some lacked specific guidance and personalisation with regards to specific risks for people.

Some information concerning records relating to the health and safety of people living at the home were not always robust enough. Some information about falls, was available, however, the analysis of falls was not in depth enough to help prevent future occurrences. For example we saw that despite the provider taking action in response to a recent incident, they had not thoroughly documented this. This meant that there was no evidence to show what actions were taken. Also, some records such as weight, food and fluid charts were difficult to find because they were not always kept organised. Audits were in place and took into account the environment, care planning, medication and any incidents in general; however, these audits were not always robust enough as they did not identify remedial action needed.

Medication storage and stock checking was not always in line with guidelines. The temperature of the room where medication was stored had not been recorded. Dates were not recorded on open bottles of medication to show when they were first opened, and protocols were not in place for the use of as and when required (PRN) medications. Stock balances of medication were difficult to count as totals had not been carried forward. We have made a recommendation about the management of medicines.

The registered manager and the staff had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. People's consent was recorded for most areas of care. We did highlight the wording of the mental capacity assessments the registered manager was using as they did not always make it clear which decision was being taken into consideration. We have made a recommendation regarding this.

People could not always remember whether or not they had been involved in the development of their care plans. Some care plans were signed by people where they had the capacity to do so; however care plans for some people showed no evidence of the person's involvement. Care plans contained some information

about people's preferences and wishes for support. Information was recorded with regards to people's backgrounds, hobbies and interests. Some of the information required further expanding to be more person centred and to show people's involvement and how their choices influence their care.

People told us they felt safe living at the home and we received positive comments in relation to this. People also told us there was enough staff on duty at the home and there did appear to be enough staff.

There was a safe process in place for the recruitment and selection of staff. Staff were only offered positions once a DBS check had taken place and references were obtained.

Staff described the process they would follow if they felt someone was being harmed in any way, this included reporting their concerns to their line manager in the first instance, and reporting to external organisations.

Infection control procedures were evident in the home, and the provider had recently updated some of their policies in relation to this.

All of the staff had completed mandatory training in line with the providers training policy which was a mix of e-learning and face to face courses. Medication training was completed separately and consisted of longer face to face training sessions and annual competencies.

People had access to health care as and when they needed it. Records detailing visits with healthcare professionals were kept in people's care files.

People told us they liked the food. The chef was aware of people's individual dietary needs and preferences.

People told us they liked the staff, and we received positive comments concerning how staff treated people.

Complaints were managed well, and the registered manager kept a log on all complaints and any remedial action taken as a result.

There was provider oversight at the home, as the provider was there most days and was heavily involved in the running of the home. On day one of our inspection, the provider and registered manager were on leave. The deputy manager supported this inspection; however they were unable to provide us with some information which we asked for because they were unsure where some things were kept. We discussed this with the registered manager and provider at the time of our inspection.

People spoke positively about the registered manager and the provider and said they were very visible within the home.

Team meetings took place, however they were not always regular. The last team meeting took place in September 2016, and there had not been one since.

The rating from the last inspection was displayed in 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.

Risks assessments did not always contain enough information to help guide staff about keeping people safe.

Medication storage and documentation was not in line with best practice guidelines. We have made a recommendation about this.

People said they felt safe living at the home.

Infection control procedures were in place in at the home and these had been recently reviewed. We shared some additional information from our observations with the provider.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions however this was not always clear. We have made a recommendation regarding this.

Staff were regularly supervised and had an annual appraisal. Staff were appropriately inducted into their roles.

Staff training was in date and they received regular refreshers in line with the providers training policy.

### Is the service caring?

**Good** ●

The service was caring.

We observed kind, friendly and familiar interactions between

staff and people who lived at the home.

Staff preserved people's dignity and respect whilst supporting them, people gave us examples of this.

Advocacy services were displayed for people who may wish to make use of this facility.

### Is the service responsive?

The service was not always responsive.

People's information was not well organised. It was difficult to find some people's information within their care plans.

Information about people's backgrounds, likes and dislikes was recorded at some level in their care plans.

Complaints were well managed and responded to in accordance with the providers complaints policy. People said they knew how to complain.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

There were audits (checks) taking place on service provision such as health and safety checks. Some audits, such as medication audits and care plans audits were not robust enough.

People spoke positively about the provider and the registered manager and said they were approachable.

Documented records such as team meetings and resident meetings did not occur often. However, took place more informally.

The ratings were displayed from the last CQC inspection. The registered manager was open and transparent and acknowledged the need to improve in some areas.

**Requires Improvement** ●

# Maryland Care Home

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 18 & 24 July 2017 and was unannounced. At the time of our inspection there were 28 people living at the home.

The inspection team consisted of an adult social care inspector and an 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 instance, the expert had expertise in care of older people.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This included information the Care Quality Commission had received about the home. We had not requested a PIR from the provider, We had received concerns from the local authority with regards to risk assessments, records and provider oversight of the home. We checked these concerns as part of this inspection.

During the inspection we spoke with eight people who were living at the home and they shared their views of the home with us. We also sought feedback from three relatives who were visiting the home at the time of our inspection. We spoke with six staff, including the registered manager, the chef and the provider.

We looked at the care records for three people living at the home, two staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas.

# Is the service safe?

## Our findings

Prior to our inspection we had received concerns that risks, particularly in relation to falls, were not always managed effectively. We checked this as part of this inspection. We saw that most risk assessments were in place for people who required them; however the risk assessments did not always contain enough information to help keep people safe.

For example, one person's care plan described them as being at risk of blackouts. We saw that this was something the person regularly experienced. The person's care plan recorded that if the person 'feels dizzy staff are to point a medical device at the person's heart and take a reading'. There was no further explanation, and there was no accompanying risk assessment which explained what the device was, how staff were to use it, and what the readings meant for the person. Also, there was no remedial action for staff to follow depending on the reading.

Another person was at risk of weight loss and was assessed as needing a special diet and required 'prompting' to eat. We saw in the back of the person's care plan there was information around what the person's diet should be, and the chef was able to demonstrate they had knowledge of this. However, there was no risk assessment in place around the person's risk of weight loss and what remedial action staff should take to encourage the person to eat, and what level of staff support the person required.

We saw that one person's falls risk assessment was not completed accurately. Some of the information contained in the rest of the person's care plan and in their pre-assessment information did not marry up with the falls assessment. For example, the person had a hearing impairment, and wore two hearing aids; however the falls risk assessment stated that their hearing was fine.

The falls risk assessments for people also did not capture if they had a history of falls which would help to assess if they were high risk. There was an incident and accident analysis in place which the provider had completed each month in relation to incidents and accidents which had occurred at the home. Falls were included in this; however, the actual falls analysis lacked sufficient detail to help mitigate future risk. For example, what remedial action had been put into place since the person had fallen, and any referrals which had been made. This meant that any emerging patterns or trends might not be identified, therefore appropriate action might not always be taken.

This is a breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people's health and safety were not always assessed and mitigated.

We did see however, that people were being referred to both the falls clinic and the Occupational Therapist (OT) for reassessment following a fall. One person had their mobility equipment changed because of this from the OT. This information was not documented, however, on the falls analysis as an action that had been taken.

We looked at the procedure in place for medications. We saw that medication was stored in two locked

trolleys, in a locked room. We saw that the temperature of the room was not being recorded. This is important, because if the medication is stored with the exceeded temperature range it could affect its ability to work. We highlighted this at the time to the deputy manager, and they said they would put this in place. On day two of our inspection we saw this was in place.

There was a procedure in place to store, record and administer controlled drugs (CDs). Controlled drugs are medications with additional safeguards placed on them under the misuse of drugs act.

We counted the stock balance for three people's loose medications. We found that stock balances were right, however, it took us some considerable time to work out these balances due to the fact that numbers of medication carried forward were not documented on the medication administration record (MAR). We looked back at previous MARs and saw these totals had been carried forward. We highlighted this at the time, and were told that the provider usually does the medication check, and as they had been away on holiday this might not have been done this time.

We found some liquid medications were opened, however the date they had been opened was not written on the label. This meant there was a risk that the medication had exceeded its use by date. The medications we looked at had only recently been dispensed from the pharmacy, so they were safe to use. We checked the eye drops for one person, and saw that they were all within their use by date, and being stored correctly.

We saw one person's medication contained eardrops which had been prescribed in November 2016. The pharmacy label directed that the eardrops were to be discarded after six months of opening. We asked the deputy manager to action this straight away. The eardrops had been discontinued some months previous, so the person was not at risk, as the staff were not administering them, however, the stock had not been returned to pharmacy and the records were not updated to reflect this.

People were prescribed pain relief such as paracetamol to be given as and when required (PRN). We saw on the first day of our inspection there were no plans in place for people about the use of PRN medication. This meant that staff might not be aware of when to offer PRN, what the PRN medication is for, and how the person asks for it if they are able too. We saw on the second day of our inspection that plans for the use of PRN medication were being put into place for people. We recommend that the provider seeks current guidance on medication procedures and take action to update their practice accordingly.

All people living at the home said that they felt safe. Comments included, "I feel comfortable" "Always feel safe". "Yes, they're very precise with that they have CCTV. They're very keen on visitors signing in".

All people, except one, told us there was enough staff on shift to be able to meet their needs. Comments included, "Plenty of staff – tripping over them at times". "Plenty of staff". One person however told us they felt there was not enough staff, but also added that they did not feel this impacted on the care they received. All of the staff we spoke with said there were enough of them to deliver safe care and that they never felt rushed or pressured. Our observation around the home on the two days of our inspection found there was enough staff to keep people safe. We did however raise that the deployment of staff rather than the numbers may need to be looked at, as there were times throughout the day when communal rooms people occupied were left unattended, but not for long periods.

The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each member of staff and ensuring two references were obtained and kept on file.



The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid check is a requirement for all staff employed to care and support people within health and social care settings. This enabled the registered manager to assess the applicant's suitability for working with vulnerable adults prior to an offer of employment.

We saw that all firefighting equipment had been checked, and new equipment was in place in various parts of the home to help people evacuate safely. Personal emergency evacuation plans (PEEP's) explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

We checked the process for preventing the spread of infection in the home. The home had recently been audited by the local authority's infection control team and had been assigned some actions. We saw they had met all of the actions on their action plan. We saw there was personal protective equipment (PPE) in place for staff to use. We did raise with the provider on day two of our inspection that staff were not wearing aprons when serving people food on day 1 of our inspection. We felt this was important because staff did not wear uniforms and were also completing laundry for people. This could increase the risk of cross contamination. On day two of our inspection, we saw that the staff wore disposable aprons whilst serving people their lunch.

## Is the service effective?

### Our findings

We sat and dined with people during lunchtime. The meal tasted good and was nicely presented. There were 21 people seated in the room with the chef serving from a hatch to four staff who served and attended to people. The atmosphere was quiet and relaxed. The staff worked together well and were efficient in their work. They interacted well with people and encouraged people to eat.

There was orange juice and tea available at the start of the meal and tea again at the end of the meal. All people were asked if they wanted a drink and for their choice of main course. We observed people were not rushed at the end of the meal. They were asked where they would like to go after the meal if they needed escorting/support. We asked people what they thought of the food and we received the following comments, "Very good food and plenty of it. "Choice of meals. Plenty of tea and coffee". "Nice meals". "The cooks are very good". "Enough to eat and drink, we get a choice of meals – pretty good quality, some things are better than others." "Fine, lovely – as much as you want, drinks whenever you want". "Food is very good, I get a cup of tea in my bedroom at 7am".

The provider had invested recently in the home. All of the bedrooms had en-suite facilities, and there was an additional section added to the home for the sole purpose of more space. There were quiet lounges people could spend time in if they wished as well as a large conservatory and garden area.

People were supported to access medical care when they needed it. Each person's care plan contained a log of professional's visits. These were completed by staff following each appointment people attended, including the reason for the appointment and the outcome.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that applications had been submitted to the local authority to deprive people of their liberty in their best interests and these were being monitored by the registered manager and further applications had been made when needed.

We spent time with the deputy manager on the first day of our inspection discussing the MCA, and the registered manager and provider on the second day of our inspection. It was evident that there was a good

amount of knowledge in relation to the MCA. Staff had received training around the MCA, as they were able to explain the key principles of the act. However, there was some inconsistent information in people's care plans relating to decisions and what they could decide for themselves which needed to be further explained.

For example, we saw that a mental capacity assessment for one person stated that the person 'did not have capacity.' However it did not state what decisions the person was unable to make. We saw from looking at the person's care plan that they were able to 'follow instructions' from staff verbally; which would suggest this person could make some choices for themselves. There was also a section in the person's care plan, which stated things that they could do, and what they needed help with. We raised with the provider that the MCA assessments implied that the person could not make any decisions, which was confusing and contradictory. We checked some other people's mental capacity assessments against their care plans and saw that the wording was the same, which meant that the registered manager had not taken into account people's individual decision making abilities. We recommend that the provider refers to the relevant legislation around the MCA and takes action to update their practice accordingly.

We saw that consent was documented in people's care plans and we heard staff asking people for their consent for different things during the course of our inspection.

The provider emailed us a copy of their training matrix after the inspection had taken place. We saw that all staff had received regular training in accordance with the providers training policy. Training was a mixture of face to face training and e-learning. All of the staff we spoke with said they had completed training, and had attended refreshers to update their knowledge, understanding and skills. We saw certificates in staff files which confirmed the training had taken place on the specified days. There was additional more in depth training rolled out to staff who administered medications. This involved shadow opportunities and competency checks for the staff member to ensure they had the correct skills and were completing this correctly.

Staff had an induction which was aligned to the principles of The Care Certificate. Once the modules of this were completed a senior staff member signed off the induction as being complete. The Care Certificate is the governments 'blue print' to assist staff who are new to health and social care to become more knowledgeable at their roles. This is split up into modules and is usually completed within the first 12 weeks of employment.

Staff received a one to one supervision every 12 weeks, and all staff told us that the registered manager had an open door policy where they were able to request a supervision if they needed one. Appraisals took place annually.

## Is the service caring?

### Our findings

We received mostly positive comments in relation to the caring nature of the staff. Comments included, "Very well treated". "Overall very, very happy". "Staff are very good". "Very good staff - kind and caring". "Well looked after – very pleased". "Staff treat me in a friendly way. Always kind and cheerful". We spoke to a visitor who said, "Fantastic, staff know them all really well." Also, "Not seen any staff with a bad attitude".

People told us that staff respected their privacy, dignity and choice and were able to give us examples of this. One person said, "They never interfere with my business. Always knock on my door" "If you wanted them to give you a shower they would but I do it myself". "They treat me with dignity and respect – especially in the bath". We asked staff to describe how they ensured they treated people well, and what types of things they thought were important. One member of staff said, "I always asked their permission before I do things." Another member of staff said, "Never just barge into their room, this is their home."

We observed staff talking to people with kindness and familiarity throughout the duration of our inspection. Staff spoke quietly to people in communal areas so others did not over hear, and asked people if they wanted support with anything.

One person did say that they felt forgotten about as they spent a lot of time on their own. We raised this with the registered manager on day two of our inspection and they assured us both through documented information and verbally this was through the person's own choice.

We saw that most people had signed their care plans to say they had been involved in the completion and the reviewing of them, however some people told us they could not remember seeing their care plan, but they might have forgotten about it.

We saw that there was advocacy information displayed around the home. There was no one making use of advocacy services at the time of our inspection.

People's confidential information was stored securely in a lockable cabinet. There was no confidential information on display around the home.

## Is the service responsive?

### Our findings

We spent time looking through people's care plans. We saw that some information was in place to help keep people safe, and this was being updated every month. There was however, some confusing information in people's care files which led to some parts of the care plans appearing disorganised. For example, there was a contents sheet on the front of each person's care file; however the information was not where it was supposed to be. In one person's care file we found some hand written blood pressure readings which had been taken by staff in response to advice from the person's GP. There was however, no further record to say why this was needed or when the staff should record the person's blood pressure. The readings were recorded in another section in the person's care plan and no one knew why the hand written readings had been left in the care file. People had information in their care plans they needed, such as weight charts, food and fluid balance charts, and skin care plans, however they were not always easy to find due to the setup of the care plans. This meant it was difficult to find some information for people as the care plans did not follow a specific order.

This was a Breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records about people were not always accurately maintained and kept up to date.

We discussed this with the registered manager on day two of our inspection, and they acknowledged that the care plans did require re-formatting so information was easy to find and followed an organised order.

There was personalised information in people's care plans. For example, we saw that one person liked books and not newspapers, and it was important to them that their glasses were clean. Some of the information was basic, stating what time the person goes to bed and gets up. Some care plans stated choice of staff gender, others did not always state this. Most people had some background information about their past, family and hobbies recorded in their care plans.

We received mostly positive comments when we asked people about opportunities available at the home to keep them occupied throughout the day. Some visitors felt there could be more going on. Comments included, "Not much for people," And it would be nice if there was more for them to do." However most people spoke positively about this, comments included, "They have concerts – haven't been yet but been asked to go". "Go out in garden, go to church". "Occasionally a group will come and play music and a keyboard man twice a week, yoga once a week". "Gardens are nice". "I sew and do word searches". "One of the clergy came this morning – that was very nice". "They have poetry readings, band came in a few weeks ago, get a newspaper every day, hairdresser comes". Also "I think it's beautiful and perfect – sit in lounge or in garden or whatever". "Go out for walks and do a bit of pottering in the garden".

There was an events table in place with regards to activities. On day one of our inspection people were taking part in chair yoga. Most of the activities were arranged from external organisations. The provider did not employ an activities coordinator, the staff arranged and facilitated activities for people between themselves.

People we spoke with told us they knew how to complain. Comments included, "Yes, would talk to staff". "If I had a complaint I'd soon tell them". "No complaints at all, very nice". We saw a copy of the provider's complaints procedure displayed in the main hallway of the home, as well as in the Service User Guide. We looked at records of a complaint made to ensure the manager had followed the process, we saw that they had.

## Is the service well-led?

### Our findings

We checked the auditing systems in place at the home. We saw there were audits in place for the environment and health and safety where systems had been appropriately checked and action plans formulated. We saw however, despite there being some form of auditing in place with regards to care plans and medication, these audits were not robust enough to identify some of the concerns we found during our inspection. Some of the information contained in these audits, for example, the falls audit, was not thorough enough, and did not provide sufficient detail into the responsiveness of the staff, and action taken to prevent further falls. Additionally, the organisation of records and wording of documentation was not picked up on in an audit. Also, the medication audits did not identify the issues we raised with regards to medication. This meant that auditing systems were not always effective.

This is a breach of regulation 17 (2) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Systems in place for assessing, monitoring and improving the service were not always effective.

Provider oversight was sometimes difficult, as one of the providers was also the registered manager and the owner of the home. In addition, they worked at the home delivering support, so it was not always easy for them to see the gaps in service provision. The provider did acknowledge these shortfalls during our discussions with them on the second day of inspection. In some ways, the provider was so hands on, it was evident that not all staff knew where things were kept or were able to find some information, this was apparent on the first day of our inspection because staff were unable to find some documentation which we asked for.

There was a registered manager in post who was also one of the owners of the home. They had been in post for a long time.

Everyone we spoke with said they liked the registered manager and the provider. Comments included, "Yes, they're approachable – very nice". "Can talk to registered manager - we get on alright". "Can talk to them whenever I want". "Yes, very approachable". "Registered manager comes to see me to ask me how I am". All of the staff we spoke with said that the registered manager was hands on and supportive. One staff member said, "You can always approach them, they are really nice."

All of the staff said they would recommend the home to other potential employers, and commented on the homely feel. Additionally, people who lived at the home commented, ""Very good". "Nice and peaceful".

The provider had policies and guidance for staff regarding safeguarding, whistle blowing, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles and responsibilities within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

We saw that the Care Quality Commission had been notified appropriately of incidents and events which

occur at the service, as legally required by law.

The provider had developed good systems for getting feedback from people living at the home and their relatives. We saw that feedback was regularly acted upon, for example, people had raised they no longer wanted bananas, so these were taken off the menu.

Team meetings and resident meetings took place every year and we were able to view minutes of these. The last meetings took place in September 2016. We raised with the registered manager, as the gap in between meetings was quite large. The registered manager explained that feedback is mostly gathered informally, due to the provider and registered manager being at the home every day, they always chat to people.

From April 2015 it became a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Maryland was displayed for people to see.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Up to date records were not always being kept and well organised.  Some auditing systems were not robust enough to highlight concerns.