

DRS Care Homes Limited

DRS Annexe Care Home

Inspection report

2-4 New Villas
Baronet Road
London
N17 0LT

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22 August 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 inspection took place on 22 August 2017 and was unannounced. At our last inspection in October 2015 the service was rated 'Good'. At this inspection the rating of this service changed to 'Requires improvement'.

DRS Annexe Care Home is a registered to provide accommodation and personal care for up to eighteen people with mental health needs and learning disabilities. At the time of this inspection there were 18 people living at the home.

There was a registered manager in post but they were not present on the day of the inspection. 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.

Recruitment procedures were not always being operated effectively to ensure that suitable people were being employed at the service.

Systems used by the provider to assess, monitor and improve the quality and safety of the service were not always effective. These systems had not identified potential problems with the quality of care planning, the safety of medicines management or the safety of the premises.

Medicines were not always being managed safely.

People enjoyed the food provided and were offered choices of what they wanted to eat. However, safe food hygiene practices were not being followed and staff were not always following the advice of healthcare professionals regarding nutritional supplements.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. However, it was not always clear from records that people had or were able to give their consent to care and treatment.

People's care plans did not always contain sufficient detail in order to make sure people's preferences in relation to their care and chosen activities were being met.

People told us they liked the staff at the home and friendly and supportive relationships had developed between staff and people using the service.

Individual risks to people's safety had been identified and staff were aware of the actions they needed to take to mitigate these risks.

People had access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff were aware that the people they supported needed help to stay safe and they understood their responsibilities to keep people safe from potential abuse and discrimination.

Staff were positive about working at the home and told us they appreciated the support and encouragement they received with their learning and development.

People using the service and their relatives told us they could raise any concerns they had with the staff and management of the home.

People using the service, their relatives and other stakeholders were asked about the quality of the service and had made comments about this.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to staff recruitment, safe care and treatment, consent, person-centred care and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff recruitment practices were not always being appropriately followed by the provider to ensure only suitable staff were employed at the service.

The management of medicines at the service was not consistent or robust enough to ensure the safety of people using the service.

Individual risks to people's safety had been identified and ways of mitigating these risks were detailed in people's care plans.

People told us there were enough staff to meet people's needs.

Staff understood their responsibilities to keep people safe from harm and potential abuse and discrimination.

Requires Improvement ●

Is the service effective?

The service was not always effective. Systems for staff induction were not always being followed so not all staff were being effectively supported when they started working at the service.

People's ability to consent to their care and treatment was not always being accurately recorded.

People were being put at unnecessary risk from poor food hygiene practices.

The advice from healthcare professionals was not always being recorded in sufficient detail to ensure people's needs could be fully met.

Staff were positive about the way the management supported their learning and development.

Requires Improvement ●

Is the service caring?

The service continued to be caring. Staff treated people with respect and as individuals with different needs and preferences.

Staff understood about various types of discrimination and its

Good ●

negative effect on people's well-being.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Is the service responsive?

The service was not always responsive. People's care plans did not always contain sufficient detail in order to make sure people's preferences in relation to their care and chosen activities were being met.

People using the service and their relatives told us they were happy to raise any concerns they had with any of the staff and management of the home. Most complaints had been dealt with appropriately however one complaint had not been identified or acted on.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. Management systems to assess and monitor the safety of the services provided were not always effective at identifying potential problems.

People using the service, their relatives and other stakeholders were asked about the quality of the service and had made comments about this.

Staff were positive about the team manager and the support they received.

Requires Improvement ●

DRS Annexe 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 checked 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.

This unannounced inspection was undertaken on 22 August 2017 and was carried out by two inspectors.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This 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. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

Prior to the inspection we received anonymous concerns about the provider. These included concerns about medicines management, staff recruitment and staffing levels. The local safeguarding authority was aware of these concerns and, at the time of this inspection, was undertaking further enquiries in accordance with their responsibilities under the Care Act (2014).

We spoke with four people who gave us their views about what the home was like. As a number of people did not always communicate verbally or did not want to speak with us, we observed how staff interacted and treated people throughout the day of our inspection. We wanted to see if the way that staff communicated and supported people had a positive effect on their well-being. We spoke with four relatives of people using the service.

At the inspection we spoke with four support workers, the manager, operations manager and the registered provider of the organisation. After the inspection we spoke with three social care professionals who had contact with this service.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at other records held at the home including staff files, meeting minutes, health and safety documents and quality audits.

Is the service safe?

Our findings

The provider did not ensure people were always cared for by suitable staff because recruitment records showed staff were not being consistently recruited in a safe way. Records showed applicants completed a competency based application form. However, this was not always fully completed and there was no record the application had been assessed by the provider despite their recruitment policy stating that all shortlisting decision making would be recorded.

Records of completed interviews were not available during the inspection. The operations director initially told us the records were stored at head office. They then told us they were destroyed in line with the provider's policy. This meant the provider was not able to show how they had assessed applicants' suitability for the role.

The provider's policy contained conflicting information about the storage of recruitment records. One section stated records should be kept for six months. A different section of the policy stated that interview records would only be kept for one month. In addition, in three staff files checked, references had not been supplied until after the staff member had started working at the service. In one case the references did not match those supplied by the applicant and did not include an employment reference. The provider's policy stated that a start date would be agreed after the receipt of satisfactory references and a criminal records check.

Staff files contained a record to show that people's criminal records had been checked. However, one member of staff's criminal records check was dated over five months after their start date. This meant people were at risk of being supported by staff who were not suitable to work in a care setting as insufficient checks had been carried out before they started working in the home.

The above issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicine administration records (MAR) for 15 people who required support in taking their medicines were reviewed. Records of administration indicated that people were being given their medicines at the required time. However, records of the receipt of medicines coming into the home were inconsistent. The majority of records contained the amount of medicines that should be provided for the month but these had not been signed by staff to confirm this amount had been received. In two of the 15 records we checked there was no record of the amount of medicines received.

A selection of medicines were audited with the senior care worker. Three records showed inaccurate balances of medicines. The provider told us these may have been returned to the pharmacy but this had not been recorded. This meant these medicines were unaccounted for.

The provider told us medicines were audited monthly. The last monthly audit had been carried out in July 2017. None of the issues we found had been identified at that audit. This meant that systems for checking

the management of medicines were not effective.

Staff training records showed that 12 of the 14 staff had completed medicine training. We were informed that only senior staff, who had completed training, administered medicines. Senior staff confirmed that they had completed medicines training and had been observed by the team manager as being competent but this had not been recorded.

People's care files contained various places where the medicines they were prescribed were recorded. These included their missing person's profile, their medicines care plan and their health action plans. However, there were inconsistencies between these records which meant there was a risk that incorrect information about people's medicines may be taken with them in an emergency situation. For example, dosages had not been updated and changes in medicines had not been updated across all the places where medicines information was held.

The home had a log book in which water temperatures were recorded on a daily basis. However, the records did not correspond with the hot water outlets in the building. The records showed a bath, a kitchen tap and a sink were tested in each of the three parts of the property on a daily basis. This was not possible as there only one bath which was located in one part of the building. The team manager told us the en-suite shower temperatures were checked on a daily basis, however, there was no record to show the provider had ensured the water from showers were at a safe temperature to use. This meant the service was not able to demonstrate the risks associated with hot water had been mitigated against, and people were protected from the risk of being scalded.

The service was last inspected by the local authority's food hygiene inspectors in 2009 when it had been given the top rating of five stars. However, observations showed the provider had not maintained this good practice in terms of food hygiene. Staff food was stored in unlocked cupboards in a way that presented a food hygiene risk. The fridge contained opened containers of food that had not been labelled with an opened and use by date. The storage of food in the freezer was not in line with good food hygiene practice as meat was stored above bread and vegetables. This meant people were at risk from poor food hygiene practices.

The home had a fire risk assessment in place with individual evacuation plans for people who lived in the home. It was noted that the locking of the front door with a key was not identified as a potential risk on the fire risk assessment. The provider had a contract with a local supplier who completed regular checks on the safety of the fire alarm, emergency lighting and fire fighting equipment. However, the records of the testing of fire fighting equipment did not show fire extinguishers had been tested. Seven extinguishers were checked and only two showed they had been checked as being fit for use within the last 12 months. Two of the fire extinguishers did not appear to have been checked since 2013. This meant the service had not ensured the risks associated with fire had been appropriately mitigated against. The provider arranged for their contractor to come and service the extinguishers the next day.

The home completed regular fire drills with people living in the home to ensure they knew how to evacuate in the event of an emergency. Records showed these were completed on a monthly basis with the time taken to evacuate recorded. It was noted that three people had not taken part in a practice drill for over six months as they were always out during drills. The operations manager told us they would complete a drill at a different time to ensure all people who lived in the home knew what action to take.

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

Care files contained a range of risk assessments to mitigate risks faced by people during their daily lives. These included risks associated with their mobility, accessing the community, road safety awareness, social interactions, drug and alcohol issues, self-harm, aggression and finances.

These risk assessments gave clear instructions for staff to follow to mitigate risks. For example, one person's mental health relapse risk assessment contained contact details for relevant healthcare professionals and instructed staff how to keep the person safe until healthcare professionals were available. Staff understood the potential risks to people in relation to their everyday care and support needs. These matched the risks recorded in people's care plans.

We saw that staff treated people in a friendly manner and were respectful to the people they supported. A relative commented, "I think he's safe. He doesn't speak so it can be a worry. I watch them and how he responds to them. They look after him well." One person told us, "I'm not frightened."

Staff had completed safeguarding training and understood that the people they supported were at risk of abuse because their circumstances made them more vulnerable. Staff knew how to recognise potential abuse and understood they should always report any concerns they had to the management. Staff told us that they could also report any concerns they had to the local authority, the police or the Care Quality Commission.

The service supported people with their finances as they were unable to manage their money independently. Records showed people's money was being stored securely and monies available matched the balance in their records.

People who used the service and their relatives told us they did not have any concerns about staffing levels in the home. Staff told us they did not feel rushed when supporting people and that staffing levels were only a problem when staff called in sick at the last minute.

We arrived at the home at 8:50am and saw there were six care staff on duty, including the team manager. One person working did not match the names on the staffing rota and we were informed this staff member had swapped shifts. The rota indicated that there were six staff on duty during the day and evening and two waking night staff and another staff member who moved between services at night.

On occasions two male support workers were on the rota during the night. We were concerned as there were two women living at the home. The provider informed us they did not require personal care at night as part of their support needs. The local authority commissioning team carried out a visit to the home two days after our inspection. They told us that the provider had agreed to ensure that there would be a female staff member on each night shift from now on.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training on this subject and understood the principles of the MCA and told us it was important not to take people's rights away and that they must offer as much choice to people as they could. Staff were able to tell us how people communicated non-verbally and how they ensured their choices and decisions were respected and acted on.

Records showed ten people living in the home were subject to DoLS and appropriate assessments of people's capacity to consent to their placements had been made.

Care plans for people who were deemed to lack capacity to consent to their care and treatment contained a number of consent forms. These included consent to restricted smoking, to the service holding and managing their medicines and to sharing information. People had signed these consent forms even though they had been assessed as lacking capacity to make these decisions. Although the MCA is clear that people should be supported to make decisions where they are able, and that capacity is decision and time specific, the capacity assessments for these people showed that these consent forms were invalid. This meant people had been asked to consent in areas when they were not able to do so and records gave an inaccurate impression that people had consented to restrictions that had been imposed upon them. As the provider had not identified that people had not given informed consent to their care, they had also not ensured best interests processes were followed according to the MCA.

The above issues were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were supported to complete an induction period when they joined the staff team at the home. This was completed over three months, with a checklist showing what staff should complete in their first day, week, month and three months. Records showed staff had completed the induction period and signed to show they had completed it within the time period.

We reviewed the induction records for three staff. Two of the records included detailed training and induction into the core standards required of care workers. However, one staff member's file did not contain any record to confirm they had completed any kind of induction into the service. The provider later sent us a completed induction record for this staff member however; this was completed two months after the staff member started working at the home. This meant that not all staff were being effectively supported when

they started working at the service.

Records showed staff received supervision with their line manager every two months. Discussions included role and responsibilities of the staff member, as well as detailed discussions about people receiving the service. Supervision records showed staff were given guidance on how to improve their performance.

Staff told us that supervision was a positive experience for them and that they felt supported by the management of the service. One staff member told us the team manager was, "Always there to help you."

Staff were positive about the training opportunities at the service. One staff member told us, "The training is very good." Another staff member commented, "I've done most of the training, it's helped me a lot." Training records indicated that most staff were up to date with their training and training certificates were in date.

People and their relatives told us they were satisfied with the quality and provision of food at the home. A relative told us, "They make nice meals, my relative enjoys it. If he doesn't like it they'll make him something else. They have three different choices for each meal and I see people having something different when I visit." Another relative commented, "He likes the food, no complaints about the food, he eats everything."

People's care plans contained information on their dietary needs and preferences. Staff prepared three options for each main meal for people to choose from. People's care plans contained information on their dietary needs and preferences.

People living in the home experienced a range of physical and mental health issues. Records showed people were supported to access healthcare professionals. A relative told us they were confident the home supported their family member with their health needs. They said, "They take him to the doctor all the time. If it's a specialist appointment I'll go as well. If I notice something they take him." Another relative commented, "There's no problem with healthcare appointments. Somebody came here [the home] and looked at his eyes."

However, the detail of these records varied and did not always show that staff had enough information to ensure the advice of healthcare professionals was followed. For example, one record stated, "The doctor prescribed her some medication." There was no detail about what the medicine was or its purpose to ensure staff supported the person appropriately. Another record stated, "The x-rays found something." This was not sufficient information to ensure this person's health needs could be met. A third appointment record stated, "The appointment wasn't done because I didn't know her medical history." This meant the service had not supported this person to have their healthcare needs met as the staff member supporting them did not have the information required to provide this support.

Care files contained health action plans and hospital passports. These are specific documents related to people's healthcare needs and are considered good practice when supporting people with learning disabilities or mental health needs who have complex health conditions, as they can be easily shared with other healthcare professionals to ensure people receive appropriate care and treatment.

The information contained in the health documents lacked detail and was inconsistent with information in other parts of the care plan. For example, one person's care file contained information that stated the person did not like to attend dental appointments and could become aggressive when blood tests were required. This information was not included in their health specific documentation. In the section related to the support one person needed to communicate with healthcare professionals, the health action plan stated, "Everything." This was not useful information for healthcare professionals to ensure they

communicate in the best way with this person.

Another person's health action plan had not been updated to reflect changes in their health condition and suggested there were no on-going health concerns when other records showed there were on-going healthcare investigations taking place. This meant there was a risk that people's healthcare needs were not met as healthcare documents did not contain sufficient detail and had not been kept up to date.

Is the service caring?

Our findings

People using the service and their relatives told us the staff were kind and that they were treated well. A relative told us they thought staff had built up a strong relationship with their family member. They told us, "The staff know him very well. He has different carers and they all know him." Another relative commented, "They are really nice staff." People were relaxed with staff and we saw calm and friendly interactions between staff and people using the service.

Care plans contained details of people's religious faith and noted whether people wanted to be supported to practice their faith. One person's care plan contained information that their relatives supported them to buy culturally specific clothing to ensure their cultural needs were met. Staff understood that discrimination on the grounds of race gender, sexuality, disability and age were all forms of abuse and should not be tolerated. They told us they would report any concerns they had about discrimination in any form, to the management.

Staff told us that they tried very hard to include people in developing and reviewing their care at the home. One staff member told us, "I sit down with him and get bits and pieces of information. We try and involve him as much as possible."

Care plans contained details of people's significant relationships and two people's care plans contained a goal for them to be supported to develop relationships. These focussed on developing relationships with staff in the home.

A relative told us they felt welcome to visit the home and did not have to book appointments to see their family member. They told us, "I go and visit. I usually have a routine but I can go any time I want. It's not a problem if I change it and don't let them know first. It's always fine to come and see him."

Throughout the day we observed staff offering choices and asking people what they wanted to do. Staff told us that people communicated in different ways and they understood people's responses, for example through their facial expressions, body language or by using pictures.

People had access to independent advocacy services when they needed someone to act on their behalf and speak up for their rights.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected. People using the service told us they had no concerns about their privacy. One person we spoke with told us, "They [staff] knock on my door and I have a key."

Is the service responsive?

Our findings

Care files contained a range of care plans to support people to achieve their goals. However, these were sometimes generic in nature and contained limited information on the support staff should provide. For example, one person's care plan stated they should be "Supported and encouraged" to engage with their personal care, activities, medical appointments, relationships and communication. There was no detail on what support and encouragement meant and how to deliver this.

Although staff were aware of people's preferences, care plans contained limited details about these. For example, only one care plan out of the four we looked at, contained information about preferences for the gender of the care worker providing support to them. Another person's care file noted that they preferred to have baths, but their care plan stated they should be "encouraged to have a shower each morning."

Care files contained a document for recording people's person centred plan. The template document included space to record people's life stories, hopes and aspirations for the future. However, information contained within these care plans was not always detailed or personalised. For example, one person's life story only consisted of their mental health diagnosis and the age they were when diagnosed. There was no information about their relationships, where they went to school, lived or worked before they moved into the care home.

Records showed that a dietitian had made specific recommendations to ensure individuals were supported to eat and drink enough including keeping a detailed food diary when required. However, records of care did not show the home was always following this advice. One person's care records described the meal that had been prepared, rather than what the person had actually eaten. Records did not show this person was supported to eat high calorie snacks as was recommended. In addition, this person had been prescribed a nutritional supplement which was not recorded as a medicine or included in the care plan related to eating and drinking. This meant this person was at risk of not eating enough to maintain their health as guidance for staff and records of the person's food intake did not show staff were following the advice of healthcare professionals.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care files contained timetables for activities for people to participate in. These included attending a day centre run by the provider as well as regular visits to the local community. Records did not always show people were supported to complete activities as described in their individual timetables. For example, one person's timetable said they would attend activities outside the home every day. However records showed this was not always happening. Sometimes it had been recorded that the person had refused to go out; but sometimes there was no reason recorded to say why they had not gone out. A number of people did go out of the home on the day of our inspection either on their own or with staff support. One relative told us. "Sometimes he goes out to the café."

Although the care plans lacked detail, the limited information in them had been reviewed and updated. A relative told us they were involved in writing and reviewing their family member's care plan. They said, "There are meetings about his care. I'm always asking them about things. They listen when I raise things."

Records showed care plans were reviewed annually. Records of keyworker meetings showed people were supported to have conversations about specific aspects of their care and their views were captured.

The home held monthly meetings for people who lived in the home. Records showed these were used to re-enforce house rules and remind people about health and safety issues in the home. Records showed people made requests for additional activities in house meetings.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The team manager told us the home had not received any complaints. This was also confirmed by the provider information return completed by the provider. House meeting records showed that people were given the opportunity to raise any concerns or complaints during these meetings, and showed that one person had made a complaint. There was no record of any action taken to investigate or respond to their complaint. We asked the team manager to look at this issue. We saw that previous complaints had been recorded and included the date that they had been resolved.

Is the service well-led?

Our findings

The provider told us regular audits took place of medicines management, maintenance and health and safety at the home. However these systems had not picked up the concerns that were identified at this inspection. This included problems with the receipt of medicines and water temperature checks. The team manager told us they completed checks on the quality of care plans and risk assessments. However, these were not recorded and had not identified the issues found during the inspection. These also included checks to make sure people had consented to their care and treatment. This meant people were at risk of receiving unsafe care and treatment because systems to assess and monitor the quality and safety of the service were not always effective.

We looked at the fire safety policy of the service. The policy had been reviewed and updated in May 2017. However, it referred to out of date guidelines and regulations. This meant the review mechanisms had not been effective as they had not identified or addressed that the policy was out of date.

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

The registered manager was still employed by the provider but was no longer in day to day charge of the service as they had been promoted. A team manager had been employed to take charge of the home. We asked about the registration of the team manager. We were informed that the provider wanted to deregister the service with the Care Quality Commission and change the use from a residential home to a supported living scheme. This meant that the service would no longer provide the regulated activity of accommodation and personal care. We were told that, given the proposed deregistration of the service, the team manager had not applied to be registered.

Staff told us they liked working at the home and felt supported by the team manager. One staff member said the team manager was, "Helpful, always there to help you."

A relative told us they found the team manager was approachable and easy to speak to. They said, "I can speak to her any time. I see her and she updates me on what's going on." However, not everyone felt that they had a say in how the service was run. One relative we spoke with told us their family member had moved from another service run by the provider and felt this had taken place without adequate consultation or explanation.

To help monitor the quality of care at the home the provider carried out yearly surveys for people using the service, a survey for relatives and one for outside professionals. We saw that the results of the last annual quality monitoring survey were positive about the service. People's comments included, "I like here" and "I like the food here." A suggestion had been made regarding the possible purchase of a pool table. The team manager told us they were looking into this suggestion.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider was not always ensuring that each person received appropriate person-centred care and treatment that was based on an assessment of their needs and preferences. Regulation 9(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not always identified where service users were unable to give their informed consent to their care and therefore had also not ensured best interests processes were being followed according to the MCA. Regulation 11 (1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was not consistently following safe practices regarding people's care and treatment. Regulation 12(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Systems used by the provider to assess, monitor and improve the quality and safety of the service were not always effective. These systems had not identified potential problems with the quality of care planning, the safety of medicine management or the safety of the premises.

Regulation 17(1)(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures were not always being operated effectively by the provider to ensure that only suitable people were employed at the service.

Regulation 19(1)(2)(3)