

Hampshire County Council

Emsworth House Care Home with Nursing

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Emsworth House Care Home with Nursing is a care home. The home is registered to provide accommodation and nursing care for up to 79 people. At the time of the inspection, 66 people were living at the home. The home comprises single room accommodation arranged in two separate sections; the residential unit provides accommodation with personal care and the nursing unit provides accommodation with nursing care. Each unit also has a wide range of communal areas where people can spend time and socialise.

People's experience of using this service and what we found

Quality assurance systems had not been effective in identifying the concerns we found at inspection or driving the necessary improvement. When the registered manager was made aware of any issues, they acted to address them and told us of their plans to further improve.

There were not enough staff deployed to safely support people throughout the day and ensure their needs were always met. Risks to people were not always assessed, monitored or mitigated effectively. Medicines were not always managed safely.

The provider had effective safeguarding procedures in place and people were protected from the risk of abuse. Recruitment practices were safe. The home was clean overall, and the provider had effective processes in place to prevent the spread of infection.

Not all staff had received appropriate training to ensure they had the skills and knowledge to effectively support people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, improvements were needed with The Mental Capacity Act 2005 (MCA) records, and we have made a recommendation about this.

People received enough to eat and drink and told us the food was satisfactory. Improvements were needed to ensure people had the right support at mealtimes to make it a more enjoyable experience. The service had good relationships with external professionals to ensure joined up care and good health outcomes for people.

People and their relatives provided positive feedback about the caring nature of the permanent staff, and we saw kind and caring interactions during our observations. The registered manager was working on developing a more person-centred culture in the service.

The registered manager was open, honest and told us they were committed to make the necessary

improvements to ensure the service provided safe, compassionate and well-led care.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 5 September 2019). This service has been rated requires improvement for the last three consecutive inspections. We will describe what we will do about the repeat requires improvement in the follow up section below.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the full details of the report which is on the CQC website at www.cqc.org.uk

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to staffing, risk management, medicines management, training and governance at this inspection. We have also made a recommendation in relation to MCA records.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Emsworth House Care Home with Nursing

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by four inspectors 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.

Service and service type

Emsworth Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Emsworth Care Home with Nursing is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed notifications the provider had sent us. Notifications are sent when a significant event has happened in the service. We used all this information to plan our inspection. We used all this information to plan our inspection. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed

During the inspection

We spoke with 22 people who used the service and 17 relatives about their experience of the care provided. We spoke with 21 members of staff including the registered manager, assistant unit managers, nurses, care workers, an assistant practitioner, cook, housekeeper, maintenance person and administrator. We received emailed feedback from 2 external health and social care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 7 people's care records in full and sections of other people's care records. We reviewed 7 people's medication records in detail. We looked at 5 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider failed to deploy enough suitably skilled and competent staff to meet people's needs.
- People and relative's feedback about staffing was not always positive. Comments included, "They [Emsworth House] are so short staffed most of the time. Everybody suffers. Badly need more staff," and "The biggest problem I can see is that there is not enough staff. Mainly agency staff in charge so they haven't known her [Person's name] long enough to know how to handle her."
- Staff also told us there was not enough staff and the high use of agency impacted on people and staff. Comments included, "It's [staffing] a bad situation. It's stressful as staffing with agencies puts more pressure on permanent staff. Almost everyday agency staff are on shift, and it can be mainly agency." And "Some days it's hard to come into work because you don't know what you're up against. Staffing is our biggest issue, there's not enough."
- Staff were not always available, and this impacted on people's safety and well-being. For example, we saw 1 person in bed with a pillow over their face, another person in wet clothes, a third trying to eat their meal without success and a fourth said they were "bored just sitting here". We were required to seek staff support for people on a number of occasions. This was mainly because staff were busy undertaking tasks and were unaware of the help people needed.
- Risks associated with people's health conditions such as falls increased because staff were not always on hand to provide support when needed. Records demonstrated 2 people who were at high risk of falls had a sensor alarm. However, staff did not always attend promptly when this sounded.
- The provider had a system in place to determine staffing levels. They also implemented measures, so agency staff worked alongside permanent staff. However, these arrangements were not always effective as described above.

The failure to deploy suitably skilled and competent staff to meet people's needs was a breach of Regulation 18 of the Health and social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was actively recruiting and working towards the vision of a permanent staff team, so people were supported by staff that knew them well. Some staff had been recently recruited such as a 'companion' whose role was to spend time with people supporting their well-being. We saw this to be successful.
- The registered manager also told us they would implement measures such as reviewing their referral process and the deployment of staff, this included ensuring more staff were available to support people at mealtimes.
- Staff were recruited safely. The registered manager told us they used a 'values-based' recruitment system to ensure staff who were employed had the right values.

Assessing risk, safety monitoring and management

- The provider failed to always ensure risks to people were well managed and reduced.
- Some people had been assessed to be at high risk of falls. Some mitigating measures had been introduced such as motion sensor devices but full consideration about how the staffing issues impacted on this risk had not been undertaken. One relative said, "[Person's name] is just left in his room with hardly interaction or stimulation, it's no wonder he falls."
- Some people needed their fluid intake to be monitored to prevent dehydration. The amount people should be drinking had not been identified, nor was there any guidance for staff as to what action they should take if people had not drunk enough. Records demonstrated on some occasions people had only drunk the equivalent of 1 cup of fluid over 24 hours. This increased the risk of dehydration for people.
- We observed a large proportion of people to have bed rails. These are used to maintain people's safety in bed. However, the use of bedrails can present additional risks such entrapment of the body or limbs. Therefore, robust risk assessments are required. Records demonstrated that 2 people had fallen out of bed between a gap in the top and bottom bed rail and our observations found people whose limbs could fit between gaps in the bed rails. Risk assessments did not demonstrate the rationale for people needing bed rails, bumpers or infills (an additional section between the top and bottom rail). Therefore, we were not assured bed rails had been implemented safely.
- Staff did not always follow guidance in risk assessments. We saw staff give 3 people the wrong consistency of food. This increased the risk of choking. Another staff member moved a person on their own when their care plan stated they needed 2 staff members. This caused the person to express distress and increased their risk of injury.
- People had access to areas where they could be harmed or injured. We found several rooms and storage areas were left unlocked, containing items that could be a danger to people. Tubs of thickening powder had not been stored safely and were accessible to people. Harm or death can be caused by the accidental swallowing of thickening powder and NHS England issued a patient safety alert about this in 2015.
- In kitchenettes located in individual units of the home, we found food that was undated once it had been opened. This meant people were at risk of consuming food that had potentially not been disposed of within the correct timescales, which could lead to illness.

The failure to effectively assess, monitor and mitigate risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us of improvements they had made and plans to address the remaining issues. However, these improvements needed to be embedded and sustained to ensure risks were consistently managed safely.
- Other risks associated with people's needs were managed in safer way such as skin integrity.
- The provider took appropriate action to reduce potential environmental risks such as fire and Legionnaire's disease. Equipment, such as hoists and lifts were serviced and checked regularly.

Using medicines safely

- The management of medicines was not always safe.
- Topical creams medication administration records (TMARs) did not always detail where on the body cream needed to be applied. These MARs had also not always been signed to demonstrate they had been administered in line with the prescription.
- Creams on the residential unit were not always stored safely. Staff told us they stored creams in locked cabinets in people's rooms. However, we found the keys to these were either accessible to people or not there. Some creams were also found in areas other than the cupboards. This meant people could be at risk of using the cream inappropriately.

- Opening dates were not always recorded on people's medicines. This increased the risk of people receiving medicines that were no longer safe for use.
- Where people were prescribed time specific medicines staff were not recording the times they had been administered. This meant we could not be certain the required time gap was being observed. One person told us they did not receive their medicines at the right time. This placed people at risk of their medicines not working effectively.
- Protocols for medicines taken by people on an as-required basis (PRN) were not always in place and when they were, they were not always personalised or detailed. PRN protocols give guidance to staff about when a medicine can be given, the reason it is prescribed and safety information. This meant staff might not know why and when people needed to have these medicines to support their health.
- We identified other areas for improvement. These included with records relating to the return of people's medicines to the pharmacy; stock counts not always being carried forward for PRN medicines and 1 person who was still being given a medicine despite the prescription stating it should have stopped. These issues increased the risk of harm to people.

The failure to manage medicines safely was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acted promptly to address the issues described above.

Learning lessons when things go wrong

- The provider had a system to record, investigate and analyse accidents and incidents. However, we were not assured enough learning was always taken in response to these. For example, we had received a notification about a choking incident in July 2022 because staff had given a person the wrong type of food. At this inspection, we saw 3 people being given meals that were not the correct consistency. This demonstrated improvement had either not been implemented or sustained to ensure safety. You can read more about the providers quality assurance processes in the well-led section of this report.
- In other instances, we saw action had been taken to reduce the likelihood of incidents reoccurring. For example, referring people to external professionals for expert support.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. A medicine room was not clean and numerous bins did not have lids. The registered manager told us of their plans to improve this. Overall the service was clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives told us they were able to visit without restriction. We observed visits taking place throughout the inspection.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to keep people safe from the risk of abuse. The management team and staff were aware of their safeguarding responsibilities. Most staff had received training in this area.
- Most people and their relatives told us they felt people were safe living at Emsworth House.
- Staff had confidence in the management team to deal with concerns and felt the registered manager would act appropriately if they whistle blew.
- Records of investigations into concerns were maintained and we saw the registered manager had identified areas for learning in response to safeguarding concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had a wide range of training available but staff at Emsworth House had not always completed it.
- Approximately 30 percent of staff had not completed training the provider considered mandatory for staff to carry out their roles effectively. Additional courses were also on offer with the aim of developing staff skills. For example, care staff supported people with a range of specialist health needs such as dysphagia, diabetes and dementia. However, many care staff had not completed this training.
- Although some staff told us they had enough training to fulfil the requirements of their role, others told us they did not always have the time to complete it.
- Once staff had undertaken a training course, it was not clear how the provider assured themselves that staff had understood, retained and were able to apply it in their day-to-day work. Staff did not always demonstrate understanding in some areas such as the MCA. As detailed in the Safe domain, observations of staff's practice did not always provide assurance staff were skilled and competent to effectively apply the learning they had received.
- People, relatives, and staff told us the competence of agency staff needed improving. For example, a relative told us, "I'm not so sure that some of the agency staff understand [Person's name] because of his dementia." A staff member said, "Some agency don't even know how to dress people."

The failure to ensure staff received appropriate training was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had already recognised staff training needed to improve and told us of their plans to ensure staff were suitably skilled to carry out their role.
- The provider had an induction process in place which included staff completing the Care Certificate. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected of care workers new in their role.
- A clinical skills programme was available for nurses. Some nurses had completed this and others were due to complete it. This meant nurses were supported to update and refresh their clinical skills.
- The registered manager had implemented a system so all staff could receive formal supervision on a regular basis. They told us this was a work in progress. Most staff felt supported by their line managers.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last 2 inspections, records relating to consent and capacity needed improvement. At this inspection, we found improvements were still needed. For example, records did not always demonstrate people, or their legal representative had consented to their care and treatment at Emsworth House.
- Some people had bed rails and motion sensor devices in place. Others had regular checks carried out by staff. These measures can restrict people's movement and freedom. Records did not demonstrate the person had consented, or if they lacked capacity to make these decisions, they were carried out in a person's best interest.
- Despite the issues with records, we saw no indication that people's rights were restricted. People and their relatives confirmed that people's right to make their own decisions was respected. For example, a person told us, "I can choose what I want to do, the carers ask me, and I tell them."
- Staff were seen offering choice for people throughout our site visit. For example, they asked them where they wished to spend their time and what they wanted to eat and drink. However, we noted staff's ability to meet people's choices were sometimes impacted by the staffing issues described in the Safe domain. For example, what time they wanted to get up.
- We discussed our concerns with the registered manager who began work to ensure records were in line with the MCA.

We recommend the provider seeks reputable guidance to ensure records in relation to consent and capacity are improved and accurate.

- DoLS had been applied for in line with legislation and local practice.

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

- People were provided with a nutritious and balanced diet and were offered choices about what and where they ate. However, improvement was needed to ensure mealtimes were enjoyable and the monitoring and delivery of special diets was in accordance with people's needs.
- At the time of our inspection the main kitchen was being refurbished. This meant meals were brought in from an outside agency. Most people told us these meals were satisfactory.
- Due to the temporary way of working, meals were delivered to people differently and staff told us this was more 'difficult'. We saw this had a negative impact on people. During observations on the nursing unit, we found people were not always appropriately supported. Staff delivered meals and puddings at the same time to people in their rooms and then went to support people in the dining area. This meant some people struggled to eat, some had to wait to be supported and meals went cold. In a communal area on the

residential unit, people were assisted to the dining area and then required to wait for their meals and staff support for approximately 25 minutes. This caused some people to become unsettled.

- People were not always provided with food in accordance with specific diets. As reported on in the Safe section of this report, some people did not receive the correct consistency of food. A relative told us their relative was given food they were allergic to.
- We discussed our concerns with the registered manager who explained the refurbishment contributed to some of the issues we identified and told us of their plans to ensure people had a better mealtime experience. This included increasing staff availability.

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

- Assessments of people's needs were undertaken before they moved into the service. The assessment covered key areas of people's health and social needs including aspects of religious, cultural and diversity needs. This information was then used to develop the person's care plan.
- The provider was using an electronic care planning system. This mostly provided staff with enough information for them to support people in a way that met their needs. The registered manager told us they were working to continually improve the quality of care plans.
- The provider used a range of nationally recognised tools to assess needs and risks for areas such as skin integrity and nutrition. These were in part, successful in supporting people's safety. We have reported on improvement needed in other areas of risk management in the Safe section of the report.
- Technology was used to support people with their needs. For example, pressure relieving equipment was used safely and in accordance with people's needs.

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

- The service was spacious, clean and adapted to meet people's needs.
- There were enough dining and communal lounge areas within the service. Most people had personalised rooms which supported individual needs and preferences. One person told us, "They've decorated my room well and I've got new curtains."
- Some effort had been made to make the home dementia friendly. For example, a picture of what was important to the person was by their bedroom door and some signage was in place. However, more was needed to continue with this. For example, visual clues and prompts with additional signage would aid people's orientation. The registered manager had already identified this and an improvement plan regarding upgrading the environment was in place.

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

- The provider worked in partnership with health and social care professionals to maintain people's health. This included GPs, district nurses and speech and language therapists.
- A weekly 'ward round' was undertaken with a GP to ensure any arising health issues were discussed and followed up promptly.
- Positive feedback was received from 2 health professionals. Both spoke positively about staff following their recommendations and seeking timely support when any issue was identified.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At this inspection, we found breaches of 3 regulations. The provider had failed to ensure appropriate staffing, safe care and treatment, and good governance. We have also made a recommendation in relation to MCA records. This demonstrated quality assurance systems were not robust or used effectively.
- A range of audits were in place, including medicines management, clinical and environment. However, they had not been effective in identifying the concerns we found or driving improvement.
- The registered manager told us staff did not always have enough time to complete the expected range of audits. We saw records that showed staff had raised concerns about this but at the time of the inspection not enough action had been taken to ensure they were completed.
- The provider did not always maintain accurate records in relation to people. For example, with medicine records and mental capacity. This has been detailed in the Safe and Effective sections of the report.
- Although the provider had a system in place to monitor accidents and incidents, we found staff were still providing people with the wrong consistency of food that had caused a choking incident in 2022. In addition, we had raised concerns about MCA records at our 2 previous inspections and the issues remained at this one. This demonstrated learning had not effectively taken place or been embedded.
- This was the 3rd consecutive time Emsworth House had received a rating of requires improvement, further demonstrating necessary improvement had not been achieved.

The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to our feedback and either acted promptly to make improvements or told us of their plans to implement changes following the inspection.
- The registered manager had responsibility of the day to day running of the service and told us they were well supported by the provider. Staff were supported to understand their roles and responsibilities through staff meetings and supervisions. However, they needed the time to be able to undertake training and their work to effectively.
- The provider was aware of their regulatory responsibilities and had notified us of incidents as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staffing levels and the high use of agency staff impacted the quality of the care people received. Observations showed care provided by staff was often task and routine focused because they did not always have time to provide person-centred care. Staff told us morale in the home was variable and this sometimes depended on staffing arrangements on the day.
- Despite this, people and their relatives provided positive feedback about the caring nature of the permanent staff, and we saw kind and caring interactions.
- The registered manager was committed to making improvements to the culture in the home. They told us about some of the changes they planned to make to ensure people received person-centred and empowering care.
- Aside from the staffing issues, staff were overall positive about their work, their team, and the people they supported. For example, 1 staff member said, "I've worked here this long because I love the staff and the way they look after residents."
- People and their relatives provided positive feedback about most other aspects of the service. For example, "I've lived here for over a year now. I love it here and the staff and other people who live here. I'm looked after and I've got my own warm room."
- The provider had a duty of candour policy. This was understood and followed to ensure the requirements were met. Throughout our inspection the registered manager was open and honest.

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

- People and their relatives were supported to be involved in the service. They were invited to complete surveys and attend meetings. They could make suggestions about areas in their life such as food and activities. We saw suggestions were acted on if possible.
- Staff were engaged in the running of the service via team meetings, supervisions and informal discussion. Most staff told us the registered manager was supportive and listened to their comments.
- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. People's care records detailed the involvement of family members, occupational therapists and GPs. A health professional told us, "We were made to feel welcome when we attended the home and found the manager and both deputy's to be open and transparent with us, they now actively approach us for support and welcome any advice."

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
Treatment of disease, disorder or injury	The failure to effectively assess, monitor and mitigate risks and the failure to ensure medicines were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The failure to have effective systems in place to assess, monitor and improve the quality and safety of the service and to maintain accurate and complete records in respect of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The failure to deploy enough suitably skilled and competent staff to meet people's needs.