

Hilbre Care Limited

Hilbre Manor EMI Residential Care Home

Inspection report

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Tel: 01516326781

Date of inspection visit:

05 April 2016

12 April 2016

14 April 2016

15 April 2016

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17 August 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

We carried out an unannounced, comprehensive inspection of this service on 29 September and 01 October 2015. Breaches of legal requirements were found. After the inspection the provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, peoples' consent, safeguarding people from abuse, the management of the service and submission of statutory notifications.

This inspection took place on 05, 12, 14 and 15 April 2016 and was unannounced. There were several visits because there was no manager present and the provider was unavailable for much of our inspection. We needed them to respond to requests for information about people being supported by the service or about the way the service was run and managed.

We undertook this comprehensive inspection to check that they had followed their plan and to confirm that they now met legal requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hilbre Manor EMI Residential care Home on our website at www.cqc.org.uk

In addition, we had recently received two pieces of information of concern.

After our visit and in response to The Care Quality Commission raising several areas of concern with them, the provider told us that improvements had taken place and we re-visited the home to check these on 12 May and 29 June 2016. We found that improvements had been made to a number of safety factors that had previously given the Commission cause for concern on the lower ground floor.

The home required a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home did not have a registered manager and had no dedicated manager to lead it.

During the inspection we found breaches of Regulations 10, 11, 12, 13, and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to dignity and privacy, consent, safe care and treatment, safeguarding and governance.

The home had CCTV installed but we did not see evidence that people, their relatives or staff had been consulted or had given their consent to this.

We also saw that people were not referred to specialist teams when aspects of their needs indicated they would benefit from such a referral.

People's care records were improved since our inspection in October 2015 and most were person-centred. However reviews did not accurately reflect peoples changing needs.

The home did not have a registered manager as required. We were concerned about the inconsistent management of the home.

You can see what action we told the provider to take at the back of the full version of the report.

Staff were recruited appropriately and knew about abuse and how to report it. Staffing levels were appropriate to the numbers and dependency of people living in the home at the time of our inspection.

Staff were trained to do their job and we found them to be caring and kind.

People enjoyed a range of activities and told us they had no complaints, but knew what to do if they did.

During our inspection the provider brought in a team of managers to begin to check on the home and to complete audits and action plans.

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.

Medication was administered appropriately and correctly.

People were not living in suitable accommodation and we took urgent action to rectify this. The provider improved the accommodation.

Risk assessments were not done when necessary.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People had not given consent to have CCTV in their home.

Staff were trained to do their job.

The building had been improved.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The dignity of people had not been respected and there had been no individual consultation about a change in the home which would affect them and their visitors.

Staff were patient and kind.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Care plans were becoming person centred, but were not reviewed properly.

People told us about the range of activities they enjoyed.

Is the service well-led?

Inadequate ●

.The service was not well-led.

There was no registered manager in post and the home had several managers since it opened in July 2015.

Records were not completed properly and the home had not had any regular or meaningful quality checks or audits in recent months.

During the inspection, some other of the provider's managers had begun to audit the home.

Hilbre Manor EMI Residential 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.

This inspection took place on 05, 12, 14 and 15 April 2016 and was unannounced. We were concerned about some safety issues we found and returned to the home to check these on 12 May and 29 June 2016.

The inspection team was comprised of an adult care inspection manager and two adult care inspectors.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the website of Healthwatch Wirral for any additional information about the home. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed the information we already held about the service and any feedback we had received. We looked at our own records, to see if the service had submitted statutory notifications and to see if other people had made comments to us, about the service. We had also received some information of concern about two aspects of the service.

We talked with most of the people using the service and at length with four people. We spoke to five staff members and with a visiting health and social care training professional. We later spoke with a relative of a person who lived in the home. We reviewed 10 care records, both electronically stored and in hard copy, four staff recruitment records, training records and other policies and documents related to the running of the home.

We spent time observing how people and staff interacted with each other and we toured the premises.

Is the service safe?

Our findings

People living at Hilbre Manor told us that they felt safe living there. Their comments included, "Very safe, everyone is very nice," and "Absolutely feel safe."

We saw that most people had had risk assessments for aspects of their lives, such as falls, abuse, mental health and emotions and these had been reviewed regularly since the beginning of the year. However, we were concerned that the incident records and daily reports recorded that some people had had many falls over recent months, yet there was no mention of referring the person to the Falls team. One person had had nine falls since January 2016 but did not have a risk assessment or a referral to the Falls team.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Staff told us that they would report any safeguarding concerns that they had to senior staff who they said would then take appropriate action. We saw records that staff had been trained in safeguarding and that this had been refreshed regularly. One member of staff was able to tell us what safeguarding was, how to prevent abuse and how to report it if it did occur. There was a poster containing information about safeguarding contact numbers, on the wall of the manager's office and the home used the provider's generic safeguarding policy.

During the inspection we received some information of concern that a person's needs had not been met safely. We shared the information with the appropriate bodies. This meant that we had concerns that staff would not always take the appropriate action in relation to ensuring the safety of people who lived in the home.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safeguarding service users from abuse and improper treatment.

We received information of concern that the lower ground floor was being used for accommodation for people and that it was not suitable as it could not safely provide what people needed to receive good care.

We saw on the first day of our inspection that there were two people who were occupying two bedrooms in the lower ground floor. One of these people was very dependent and the call bell cord was short and did not reach their bed. We were told the person could not use a call bell but we noted there was no risk assessment about this. This meant that the person had no means to call for assistance if it was required.

In the lower ground floor, the bathroom was not suitable for people with support needs and the corridors were not well lit and some were narrow. The toilet which we were told was for the use of the people living in the lower ground floor, was also used by kitchen staff. The kitchen was accessible during the day and could pose a risk to people if they went in to it. The lower ground floor was out of the way of the rest of the home and not routinely used by care staff or other people. The fire door next to the kitchen was not alarmed and

was often left open for ventilation. This posed a risk to people who could leave the premises without support or supervision.

The people who were living in the lower ground floor did not have personal emergency evacuation plans (PEEP's) completed, which meant that in an emergency which required the building to be evacuated, staff would not have the information necessary to ensure people's safety. There were also no risks assessed around the people being cared for in the lower ground floor with regards to their care needs.

Following our visit in June 2016, we saw that improvements had been made to the lower ground floor accommodation. There had been a marked improvement to the lighting and decoration and minor refurbishment had taken place in the bathroom and the other toilet was now marked for staff use only. Pictures and some extra signage had been placed on the walls and doors to the lower ground floor and a keypad positioned on the kitchen and laundry doors. The rear fire exit had been alarmed. The care manager told us that the rear exterior was to be re-surfaced to allow easier access and we saw that the side gate was locked and the grade otherwise enclosed. We were told there were plans to provide contrasting colour to the floors and that the radiator was to be covered. The care manager told us that the keypad entry to the stairs would be re-considered.

The building had been improved since our last inspection and we saw that there were suitable door closures on the fire doors and that some temporary signage had been provided to identify people's rooms. The required gas and electrical installation certificates were seen and we also noted that emergency lighting and the fire alarm system had been checked.

There was a grab file at the front desk of the building on the ground floor. This contained PEEPS for the people living in the home, apart from the two people who had been in the home for several days, who were accommodated in the lower ground floor and one other newly admitted person. We discussed this with the senior carer who told us this would be addressed immediately. We were told after the first day of our inspection that the people who had been in the lower ground floor had been found other accommodation at other locations.

We asked staff what action they would take in the event of emergencies including health emergencies or the fire alarm sounding. Staff knew the location of first aid boxes and how to respond to a health emergency and all staff we asked told us they would help evacuate people living at the home in the event of fire. However not all of the staff we spoke with were aware of the location of the fire panel which is usually a meeting point for staff in the event a fire alarm sounds.

We asked one of the people living at the home about their medication. They told us that they had their medication, "everyday" at the right time and that if they had any pain staff had given them their pain killers.

We looked at a sample of medication storage and records. We saw that medication was stored in a locked room and that cabinets and a fridge used for medication were also locked. Staff had recorded the temperature of the room and the fridge used for medication storage. We looked at these records and saw that the temperature had been recorded between 8am and 9am each day and had been within recommended range for medication storage. However the medication room felt very warm at 11am and we looked at both fridge and room thermometers and saw that both exceeded the recommended limits. A member of staff moved the medication trolley away from the radiator and stated that it was not usually stored there. Medication stored outside of the recommended range of temperatures may not be as effective as it should be. In order to check that this is not occurring regularly temperatures checks should be undertaken at different times.

We looked at a sample of medication administration records (MAR) and saw these had been completed correctly. Where medication was prescribed to be given in different doses we saw that this had been recorded and we spoke with a member of staff who was aware of the procedure to follow to check the dose required before dispensing it. We also saw that for medication kept in boxes a running total had been kept of the stock that should be left. We checked samples of these and found them to tally with the records of stock remaining and stock given. When medication had been received into the home we saw that it had been recorded on the MAR sheet, thereby providing an audit trail.

We looked at records for one person that had been prescribed medication 'as required'. We saw that this had been given frequently and we saw that it had been given at doses and times as prescribed. Staff had recorded on the MAR sheet why it had been given; this generally said the person had been agitated. No clear written guidance was in place for staff to follow to advise them of the signs the person displayed that indicated they may need this medication and when to give it. We also saw no audit of the times the person had received this medication and the reasons why. For example we noted that they had often required it in an evening and we asked a member of staff whether this had been discussed with the person's GP who would then have the information available to consider whether the prescription should remain as it was or be altered. The member of staff was unsure whether it had been discussed with the person's GP in that level of detail.

We saw that staff had been recruited safely, with an application form, references and criminal records checks completed, as well as other checks such as a right to work in UK. However, some of the records were split as some were held in Hilbre Manor and some were held at the providers' administration office, which meant the records were not easy to follow.

We asked two members of staff to explain how they had been recruited to work at the home. They told us that they had completed an application form, attended the home for an interview and then had references and a Disclosure and Barring Service (DBS) check carried out.

On the day of our inspection there were three care staff including a senior carer working at the home. In addition an activities coordinator and a cook were also on duty. In the afternoon we saw that another member of care staff was on duty for a couple of hours to cover for staff who were meeting with training provider. Staff told us there had always been enough staff to meet people's needs and that they had time to interact with people as well as meet their care needs. Throughout the inspection we saw that staffing levels were sufficient to meet people's needs in an unrushed manner, spend time interacting with people and provide support people to go out on activities.

The home was clean and odour free. Infection control was aided by staff's appropriate use of personal protection equipment and all bathrooms and toilets in the home were supplied with soap and towels and were well maintained and clean.

Is the service effective?

Our findings

People told us that they made everyday decisions for themselves. One person explained, "We do [make decisions]." Other people told us, "I watch TV until 11 o'clock, they leave you to it," and, "I decide when I get up and go to bed."

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).

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 mental capacity assessments had been completed and applications had been made to the 'supervisory body' which was the local authority.

We saw that there was a notice advising that closed circuit television (CCTV) was being used in the home. Whether to use surveillance is a decision for care providers to make in consultation with the people who use their services and with families, carers, trade unions and staff. Surveillance in care services must be lawful, fair and proportionate and it must be used for purposes that support the delivery of safe, effective, compassionate and high-quality care.

We were told by the provider that the cameras were in the communal areas only, apart from one person who had requested CCTV in their room. We asked the provider about whether people and their relatives and the staff had given consent for the use of CCTV. We were told that they had put a notice up as required. We asked if individuals had been consulted and were told they had not. A letter sent to one person's relatives stated, 'as you are aware CCTV has been installed in Hilbre Manor on 02 February 2016.' This meant that people had not been appropriately consulted or had given their consent.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

One staff member explained that they had had the opportunity to meet the people living at the home during their interview and had spent their first shifts meeting people and getting to know them and their support needs with help from a more experienced member of staff. We saw that the home completed an induction for new staff. One staff member told us, "I have completed my induction but I am still in training."

Staff told us that they were undertaking training to enable them to carry out their role safely and well. One member of staff told us that they were confident any training they requested would be arranged for them. Staff told us they had undertaken training in a variety of areas applicable to their role including moving and handling, fire, safeguarding adults and the MCA. On the day of our visit a member of staff was meeting with a training provider to discuss undertaking the 'Care Certificate'. Other members of staff told us that they had undertaken this or expected to be enrolled shortly.

We asked staff if they had had formal supervision with a senior member of staff and their answers varied. Some staff told us that they had had formal supervision but others told us they had not but that they had been observed working by senior staff. All said that senior staff or the provider had had informal discussions with them to discuss their work. One member of staff explained, "Seniors are really helpful, everyone works together."

We found erratic records relating to staff supervision which had taken place, but noted that a schedule of supervisions had been made for the coming year.

Staff told us that they had attended regular staff meetings during which they felt confident to speak out and said that they felt their point of view had been listened to.

We asked one of the people living at the home if they got the help they needed with their health. They told us, "Oh yes, they help us if we are not well."

We saw that the kitchen and laundry had been improved. The kitchen had been completed and now had suitable storage and preparation areas. The fridge and freezer temperature check records showed that the correct temperatures had been maintained and prepared hot food temperature checks showed a suitable temperature had been achieved to ensure food was cooked properly.

The bedrooms were all ensuite with adapted showers and there were additional communal bathroom and toilet facilities. There was a passenger lift with restricted access and the communal areas on the ground floor were clean and homely.

However, the décor of the home was neutral, with no obvious contrast between the walls and the doors, which is not considered a suitable environment for people living with dementia.

The home employed staff to cook seven days a week. A kitchen is located in the lower ground floor of the home and in the dining area on the ground floor there is a small kitchen area that provides facilities to take drinks and snacks.

Breakfast was made by care staff or the activities coordinator and we saw that people were offered breakfast including fresh toast and a hot drink. We also saw that people were offered drinks throughout the day and people ate their lunch as and when they were ready, for example, some people at home had lunch around midday and others who had gone out had theirs later. This showed us that mealtimes were built around people's individual needs and not a set routine.

We spoke with the cook who was aware of people's likes and dislikes and of any special diets people had to follow. She explained that people were asked if they wanted the main meal on the menu that day and that they would provide an alternative if people preferred that.

We saw that there was a plentiful supply of food in the home including fresh fruit and vegetables. One

person told us, "I've never had a bad meal here yet."

We observed part of the breakfast and lunchtime meals and saw that they were social occasions with people having the time to sit and eat their meal.

Is the service caring?

Our findings

People told us that they liked living at Hilbre Manor and liked the staff team. One person told us, "Undoubtedly first class, really good. I was surprised at how good it is, it's the best place." Another person said, "All the staff are very good. It's very relaxed."

A staff member told us, "I love the residents and I love it here."

In order that proper care was provided to the two service users who were living in the lower ground floor, they had to be supported to go to a different floor in order to use a suitable bathroom, which was not a dignified or respectful way of meeting their needs.

We were later told by a relative that they had seen one person in a state of undress in a toilet, as the staff member supporting them had left the door open.

These examples are breaches of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, dignity and respect.

We noted that all staff on duty knew people who lived in the home well and were able to communicate with them and meet their needs in a way each person wanted. We saw staff joking and laughing with people and involving them in conversations. We also saw staff addressing people in the manner they preferred.

We observed that staff were patient, calm and caring. They gave information, instruction and choices to the people they were supporting.

We asked staff what they enjoyed about their job and one staff member said, "Quality care, and staff interact with the residents, find out about their likes. Treat them like you want your Nan or Granddad to be treated."

Another staff member told us, "The best thing about this place is the residents." A third member of staff said, "There's an air of everyone getting on so well, residents and care staff. It's nice and homely."

Is the service responsive?

Our findings

One of the people living at the home told us, "If they can possibly help they will. We always get on, they are very good."

A member of staff told us, "I like the social interaction, 'talking history'."

The care records had improved since our last inspection and were mainly person-centred and informative. However, there were omissions in some, such as the information about whether people had a key to their room and risk assessments had not been completed for people who clearly had need of one, for example, a history of falls. There was conflicting information in others, such as whether a person mobilised with or without the use of a walking stick. We also found some inconsistent recording in the daily records.

Care records had been regularly reviewed in recent months. However, the efficacy of these reviews was in doubt as there were no changes made to some people's care plans or actions taken as a result of the reviews, such as referrals to specialist health and social care professionals.

These examples are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, safe care and treatment.

Throughout our inspection we saw staff spending time with people sitting and talking with them offering choices and including them in plans. For example we saw staff ask people if they wished to go bowling and then noted that staff kept people informed as to what time the activity would be taking place and which venue they were going to.

Staff had the skills to communicate with each person in a way that person could understand and made sure they gave the person time to respond. Staff also knew people individual preferences for example, we were told that one person did not like to get up early and we saw that staff provided them with support to get up when they were ready.

We saw that 'Residents Meetings' had been held monthly, minutes of these showed people living at the home had the opportunity to discuss the service they had received and plan for the future, this had included discussions around their meals and activities they enjoyed.

In discussion with people living at the home we found they were aware of future plans, for example two people told us that once the weather got warmer chairs and a table were being bought for the garden.

We saw a poster asking for suggestions of activities on the hall notice board that had several suggestions recorded in different handwriting. A member of staff explained this had been contributed to by people living at the home and their relatives and staff.

People living at Hilbre Manor told us that they particularly enjoyed the activities provided. One person said,

"They make sure you are occupied."

A member of staff told us, "We keep people active, playing games, cards and 'connect 4'."

Hilbre Manor employed an activities coordinator who worked five days per week. They also had a mini bus that seated 13 people and was regularly used to take people out. A member of staff told us that regular outings had included local cinemas where they went to 'silver screen' events designed to support people living with dementia to enjoy the experience more by providing a calmer and quieter environment. Other regular outings had included visiting a local fish and chip café followed by a trip for some homemade ice cream and going bowling to a local bowling alley that provided adaptations so people sitting in a wheelchair could play.

On the day of our visit people went out bowling. The previous day people had visited a local garden centre and bought fish for the fish tank. People told us they had enjoyed this outing and had had the opportunity to choose the fish they liked and enjoyed watching them settling into the new fish tank in the living room.

Activities at the home had included cake decorating, games, a visiting hairdresser and cinema at home. A member of staff told us that they had arranged for a local children's dance troupe to visit shortly and that birthdays were always celebrated with a cake and balloons.

In addition to group outings, staff explained people had received one to one support to go out, for example one person enjoyed shopping and staff explained that they had been supported with this hobby.

Throughout the inspection we saw that people were occupied and engaged. Staff spent a lot of time interacting with people and offering them activities to take part in. It was evident from our discussions with staff that they had spent a lot of time talking with people and knew about their interests, hobbies and past lives as well as their care and support needs.

People told us that if they had any concerns or complaints they would feel confident to raise them with staff. One person told us, "I would complain to staff and what's more I feel confident they would do something about it." A second person also said they would speak to staff but did not think they would need to because, "It's the best place."

We saw there was a complaints policy and details of it were summarised on a notice in the manager's office.

Is the service well-led?

Our findings

A member of staff told us that they felt confident to approach the provider about anything and said the provider had always responded positively to requests for improving the home. The member of staff told us, "She listens to you and bends over backwards to sort it. Everything I ask for she gets."

The home has had four managers since it opened in July 2015. Initially, there were two registered managers who shared the responsibility of running the home. Since they left in September 2015, there has been no registered manager in post.

At the time of our inspection the most recent manager, called a senior administrator, had recently left the service. Staff told us that the provider was now managing the home. However we were aware that the provider had other homes to oversee. We were told that the provider was only able to be at Hilbre Manor for up to two days a week overall. A member of staff told us this caused occasional problems, particularly with administrative tasks.

Minutes of a staff meeting held in January 2016 recorded the last manager as saying she, 'understands there has not been management consistency at Hilbre Manor over the past months.' Feedback to this comment was recorded as, 'general response that there had not been enough management.'

The home employed senior care staff but staff told us that there was no deputy manager working at the home. The provider was present for short times throughout our inspection but had to leave to attend to other matters or meetings. This meant that the lack of a senior manager meant that we did not initially have access to a number of records we needed to view, nor were queries we had able to be answered. It also meant we had to return to the home several times in order to get the information we needed.

We saw that the home had various policies and procedures related to its running, staff and its practices. We found that due to the lack of consistent management since the service had been registered, records over that time were inconsistent or absent, such as audits and other quality checks done on the service, although some checks had been done since the start of 2016.

We were also concerned about the accuracy of recording due to inconsistencies and alterations. There was also a record in one person's daily notes written by the provider, which was inappropriate and which should not have been included at all in individual people's notes.

These examples are breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

During our inspection the provider brought in a team of managers to begin to check on the home and to complete audits and action plans. We were sent information by the provider subsequent to our inspection which showed that checks and audits have taken place and there will be systems in place in future. We have also been sent an action plan.

Records showed that regular staff meetings had taken place with the agenda including a section for staff suggestions and comments. This provided staff with the opportunity to discuss any concerns they had and to put forward any suggestions they had for improving the quality of the service provided. We also saw that 'residents meetings' had been held recently which had provided people living in the home with the opportunity to discuss the service they received.

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 10 HSCA RA Regulations 2014 Dignity and respect People and staff had not been consulted properly nor had given consent to CCTV being used. They had not been treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Peoples consent had not been obtained.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There were no appropriate risk assessments in place for some people and the service had not responded appropriately to peoples changing needs
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People had not been protected from abuse or procedures followed.
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 17 HSCA RA Regulations 2014 Good

personal care

governance

There was no consistent management or systems in place to check the quality of the service.