

Mrs T Schneider

Pinehurst Rest Home

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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Pinehurst Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Pinehurst Rest Home is registered to provide accommodation for up to 19 older people who require residential or nursing care. At the time of our inspection there were 17 people living at the home.

The inspection took place on 29 August 2018 and was unannounced.

As Pinehurst is a single location it has a registered provider who is also the manager of the home.. 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 manager is referred to as the registered provider throughout the report.

The last inspection of Pinehurst Rest Home was undertaken in April 2017 and the service was rated as 'good'. Unfortunately, this rating had not been maintained.

There were not enough staff to safely and effectively care for people at the service which affected the quality of care they received. Staff were not able to spend time with people as they were focused on their tasks. Accidents and incidents were recorded and reported but there was no overview or analysis of the data by the registered provider. This meant that opportunities to identify patterns or trends were missed. Best interest decisions were not considered for people who lacked capacity which meant that the Mental Capacity Act (MCA) was not always being adhered to. The premises were not completely adapted to meet the needs of people living with dementia.

People were not always treated with kindness and dignity by staff, we had received a complaint prior to our inspection about this. The service was not always clean and smelled in some areas. People did not always have their concerns and complaints recorded and were not confident these would be addressed or responded to. Care plans were not always person centred or sufficiently detailed and activities for people required improvement. The registered provider had not implemented strategies for person-centred care or enabled continuous development or learning at the service. Quality assurance and audits had not been effective or robust in identifying issues or improving the service.

People and staff were engaged through meetings with management although people had not been enabled to complete questionnaires. People had enough to eat and drink, and received support from staff where a need had been identified. People's individual dietary requirements were met.

Staff understood their duty should they suspect abuse was taking place, including the agencies that needed to be notified, such as the local authority safeguarding team or the police. Staff managed medicines in a

safe way and were trained in the safe administration of medicines.

People would be protected in the event of an emergency. Each person had a plan which detailed the support they needed to get safely out of the building in an emergency. Appropriate safety checks were carried out on equipment and fire safety systems. Risks to people were managed safely. Staff routinely assessed individual risks to people in areas such as falls, skin integrity, pressure damage or behaviour. People were protected against the spread of infection within the service.

Staff induction and ongoing training was tailored to the needs of the people they supported. Staff received regular support in the form of annual appraisals and formal supervision to ensure they gave a good standard of safe care and support. Staff recruitment procedures were safe to ensure staff were suitable to support people in the service. End of life care was provided sensitively and in line with people's needs and preferences to ensure people had a pain free and dignified death.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them. People's privacy and dignity was respected and promoted.

During the inspection we found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is the first time that the service has been rated Requires Improvement. 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?

Requires Improvement ●

The service was not consistently safe.

There were not enough staff to meet the needs of the people.

Accidents and incidents were recorded but there was no overview analysis to help minimise the risk of repeated events. People's risks were identified for staff to provide safe care.

Areas of the service were not clean and smelled. People were protected from the risk of infection.

Staff understood their responsibilities around protecting people from harm.

People received their medicines at the correct time and when they needed them.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff had not followed legal guidance where people's liberty was restricted or they were unable to make decisions for themselves.

People's nutritional needs were assessed and met. People could choose what they ate.

People had involvement from external healthcare professionals and staff supported them to remain healthy.

People received care from staff who had received training appropriate to their roles.

People's needs and choices were assessed.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People were not always treated with kindness and respect. Some parts of the service smelled which was unpleasant for people.

People were not always engaged or supported to express their views of the service.

People's privacy and independence was respected.

Is the service responsive?

The service was not consistently responsive

Complaints were not recorded or responded to appropriately.

Care plans were not person centred. There were not many meaningful activities for people to take part in.

People would receive end of life care in a sensitive way that was in line with their needs and preferences.

Requires Improvement



Is the service well-led?

The service was not consistently well led.

The registered provider had not implemented strategies for person-centred care or enabled continuous development or learning at the service.

The quality audits undertaken were not always effective or robust at identifying issues or driving improvements.

People, relatives and staff were engaged by the registered provider through meetings.

The registered provider worked in partnership with various other agencies to promote people's well-being.

Requires Improvement



Pinehurst Rest 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 13 and 14 August 2018 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding, complaints and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. There was no provider information request (PIR) document completed by the provider. The provider explained that this was because no request had been made by CQC to complete a PIR.

During our inspection we observed the care people received and spoke with the registered provider, the deputy manager and five members of staff. We spoke with or received feedback from 14 people, seven relatives and two health care professionals.

We reviewed a range of documents about people's care and how the service was managed. We looked at four care plans, medicines administration records, risk assessments, accident and incident records, complaints records, policies and procedures and internal audits.

Is the service safe?

Our findings

Relatives told us they thought their loved ones were safe. One relative told us, "My mother is absolutely safe there, I have total confidence and trust in them (the staff)." One person said, "I'm quite happy. I do feel safe here." However, we found areas that needed improvement in relation to staffing levels and how accidents and incidents were monitored.

There were insufficient numbers of staff to support people and meet their needs. One person told us, "Staff are very good but rushed off their feet." A second person said, "Staff are very busy and don't always answer call bells in a reasonable time." A third person told us, "They don't always respond right away. Sometimes there is no one available." We observed this person throughout the morning of the inspection and saw that by 11am they were still in bed in their pyjamas after having pressed their call bell to be taken downstairs an hour earlier. A fourth person said, "I don't think there are enough staff at busy times. They have to be 'jack of all trades'." One staff member said, "There are not enough staff here. We can't be with the residents properly. We can't chat to them properly." Another staff member told us, "It's busy, sometimes we have agency workers who are late and don't know the people." The service has four members of care staff on duty during the day along with one cleaner and one chef. Staff told us that along with care they were expected to do the laundry and be involved in the kitchen work such as cleaning dishes.

Throughout the day we observed that staff were very rushed and task focussed. We saw that one person was left in the hairdressing room for over an hour on their own. When we asked staff about this they immediately went and took that person to the lounge in a rushed manner. There was no dependency tool to assess how many staff were needed to match the needs of the people present at the service. It was therefore not possible to see whether the service had considered how many staff were required based on people's needs. We observed staff assisting the chef in the kitchen and preparing clothes for the laundry which took them away from their care duties.

The failure to ensure there are sufficient numbers of staff to meet people's care and treatment needs is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The manager checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification such as passports, to show eligibility to work in the UK.

The service was not always clean or free from malodours. The downstairs hallway, lounge and three bedrooms smelled of urine. One person was sitting in their room with an unemptied commode for periods of over an hour on two separate occasions. The room smelled as a result of this and had attracted flies to their room which they had previously complained about. When we told staff about this it was immediately emptied.

The failure to ensure the premises were clean and free from odours is a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected against the risk of infection. People's support plans contained individual risk assessments in relation to infection control which staff followed. They used personal protective equipment, such as gloves and aprons, when providing personal care. Infection control procedures were followed by staff and regular audits to carried out.

Accidents and incidents were reported and reviewed to minimise the risk of them happening again. However, these were not analysed for patterns or trends to prevent them re-occurring. Staff were able to describe how incidents were reported and the importance of doing this promptly. The registered provider reviewed all accidents and incidents and recorded the resulting outcomes in a folder. Records showed that where required, action had been taken to minimise the risks to people and to monitor the immediate action taken by staff. For example, one person had been found to have a cut on their head during the night that was bleeding. Staff had immediately called an ambulance and the person's next of kin. Following this incident, the person's care plan and risk assessment had been updated and reviewed by management.

We recommend that the registered provider reviews and analyses the data for all accidents and incidents so that patterns and trends can be identified.

Risks to people were managed safely. Staff routinely assessed individual risks to people in areas such as falls, skin integrity, pressure damage or behaviour. Where risks were identified, staff implemented appropriate plans to keep people safe. For example, one person was at high risk of falling out of bed at night. Staff had completed a detailed risk assessment and had put bed rails in place along with positioning the person to minimise the risk. Staff routinely placed people's walking frames in front of them so that they could have support when they moved around the service.

People's care and support would not be compromised in the event of an emergency. People's individual support needs in the event of an emergency had been identified and recorded by staff in personal emergency evacuation plans. Information on what to do in an emergency, such as fire, was clearly displayed around the service. Emergency exits and the corridors leading to them were all clear of obstructions so that people would be able to exit the building quickly and safely. Fire safety equipment and alarms were regularly checked to ensure they would activate and be effective in the event of a fire.

Staff understood their roles in keeping people safe from abuse. The staff members we spoke with told us they had undertaken adult safeguarding training within the last year. They were knowledgeable about the different types of abuse and the reporting procedures if they suspected or witnessed abuse. They were also aware of the external agencies such as the local authority adult safeguarding team who they could report their concerns to if they believed that the management at the service had not taken sufficient action.

People received the medicines they required safely. We saw one person being given their medicines and the staff member remained with them until they had taken their tablets. Relatives said they were always informed if medicines changed and people told us they could ask for painkillers if they needed them. Each person had a Medicine Administration Record (MAR) which contained their photograph, any allergies they had and GP information. Where people had pain patches staff used body maps to record the date and repositioning of the patch. Where people were prescribed 'as required' (PRN) medicines, we noted there were clear protocols in place for staff. The people who received PRN medicines were able to inform staff verbally if they required them.

Is the service effective?

Our findings

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 make 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).

Staff told us that they always asked for their consent before carrying out personal care. One staff member said, "I ask them every time for their consent when I do things." One relative told us, "They always ask for his consent before doing anything." However, people's legal rights were not protected because staff had not followed the guidance of the MCA. We found examples where restrictions and limitations had been placed on people without any best interest decision meetings being held. Mental capacity assessments and DoLS had been correctly completed but staff had not considered or recorded their consideration of people's best interests. If a person has been assessed as lacking capacity then any action taken, or any decision made for, or on behalf of that person, must be made in their best interests. One person had bed rails but no best interest decision meeting had been held or recorded. The registered provider confirmed that no best interest decision meetings had been held to consider any of the restrictions placed on people living at the service. All staff had completed MCA training this year and demonstrated good understanding of the principles of capacity.

The failure to act in accordance with the MCA and complete best interest decision meetings is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples' needs were not always met as the adaptation and design of the service was not suitable for those living with dementia. The service had a high number of people with dementia but there were no signs on the walls for rooms such as the lounge, toilets, dining room, hair salon or where people's rooms were. This meant that people living with dementia who were able to could not move around the service without becoming confused. There were no interactive wall displays or areas for people living with dementia. One person walked from one lounge to another repetitively throughout the day with nothing to do other than change chairs. Despite this, the hallways were wide and uncluttered to enable people to move about freely and without tripping hazards. There was a stair lift which we observed people using with assistance from staff throughout the day so that they could access both floors of the service.

We recommend that the provider follows NICE guidance on adapting the environment for people living with dementia.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. Regular refresher training had also been provided to keep staff up to date with current

best practice. This included health and safety, moving and handling people, and food hygiene. Our observations of staff practice over the course of the day showed their training had been effective in these areas. Safety checks had been completed on equipment used to mobilise people; correct lifting techniques were used to minimise harm to people and food was stored and prepared in a safe way. All new staff complete the Care Certificate training. This is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Staff were supported by regular supervisions from management. This was confirmed by the documentation we reviewed. A staff member told us, "I have supervisions, if I have any problems I tell them." Another staff member told us they had supervisions every six weeks. At the supervisions they discussed knowledge of role and responsibilities, time keeping, record keeping, personal development, questions and attendance.

People were supported to have access to healthcare services and support. During the inspection we observed the doctor, physiotherapist and district nurse completing appointments with people. All three of the professionals knew the people they were visiting well as they had been visiting them often. One relative told us, "(Person) has very good access to other Health Care Professionals, the district nurse comes every week. They take him straight to hospital when he needs to." A second relative said, "My dad saw a physiotherapist and the GP last week. They also took him to his hospital appointments recently for his eye screening." We saw records that people were being routinely visited by health care professionals and referred to hospital or the emergency services when necessary.

People were supported to eat and drink healthy meals. People told us they liked the food they were served for lunch and dinner. One person said, "The food is excellent. I have sandwiches in the evening, they suit me better. I have difficulty using both hands, if I'm having hot meal carers cut up my food and I scoop it up." We observed staff at lunch assisting this person to eat their food. A relative told us, "I think the food is very good. Its cooked fresh and by a cook who has been there for years. When I have been in the kitchen I have seen all the fresh food." Another relative said, "The food was amazing. My dad was very fussy and demanding. They went out of their way to make sure he had what he wanted. They always encouraged my mum to eat." People's preferences were listened to and they were served food they requested. For instance, one person had had problems eating food but his relatives had found that he could eat poached eggs and he enjoyed them. Since then the chef has been serving him poached eggs every day in his bedroom as he requested. We also observed that two people with diabetes were served diabetic ice cream after their lunch.

Staff completed needs assessments to see whether the service could meet people's needs before they moved into the service. A person's assessment formed the basis of their on-going care plan. Initial assessments captured people's personal, nutritional, mobility and sleep needs as well as their preferences. For example, one person's assessment had included information on their visual impairment and the emotional needs they had.

Is the service caring?

Our findings

People were not always treated with kindness, respect or compassion as one staff member was seen to be unkind and uncaring throughout the two days of the inspection. We observed this staff member sometimes being patronising and domineering with people. One person was lost in the corridor, this staff member took them by the arm and told them "You are going into the dining room now." The same staff member entered a lounge and ignored a person who was walking around the room speaking on their own. The staff member said the person was "Like a baby." One person told us, "There is one staff member I don't get on well with, they are difficult." Prior to our inspection we had received a complaint about people not always being treated with respect by this staff member. The registered provider took action to address this immediately after the inspection and all other care staff were observed to be caring.

People's dignity was not always respected or maintained. We found that the central corridor, lounge and three bedrooms smelled of urine which meant people had to endure an unpleasant smell. The registered provider immediately arranged for a cleaner to complete a deep clean of these areas.

The failure to treat people with dignity and respect is a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always supported to express their views or to be actively involved in making decisions about their care or support. The registered provider had not given any questionnaires for feedback to the people living at Pinehurst. This meant there had been no feedback from anyone living there. However resident meetings were held every month and changes implemented as a result. For example, one person did not want to be involved in any group activities in the future. The registered provider noted this change and alerted staff so that the person would not be taken out of their room to take part in group activities.

People's privacy and independence was respected and promoted. One staff member told us, "When I am doing personal care I shut the door for people in their rooms and I pull the curtains. When I take them to the toilet I close the door and if needed I cover them with a towel." Another staff member said, "If I have more than one resident in a room then I will make sure that I only mention non-confidential information." We observed staff knocking on doors before they entered and closing them before giving anyone personal care.

We observed staff promoting peoples' independence by enabling them to do as much for themselves as possible. For example, one person was encouraged to get up from their chair themselves before staff supported them. One staff member told us, "I assist (person) to walk more and to have more freedom and independence." Another staff member said, "I try to encourage them to do things for themselves. I try to get them to eat for themselves independently. I think they will learn not to do things themselves otherwise. It's important to enable them to do things for themselves." We observed friendly relationships between the staff and people who had familiar conversations and good rapport.

Is the service responsive?

Our findings

People and relatives were positive about the personalised care provided by staff. One relative told us, "The staff are very responsive. They know him so well. They are very co-operative and get him what he wants." Another relative said, "The staff were always quick to respond to my parents."

There was a clear complaints policy and process stated on the notice board in the main corridor of the service. People told us that did not feel able to complain to staff because of how busy and occupied staff were throughout the day. The registered provider informed us that no complaints had ever been received because she was quick to respond to any feedback that was made by people, staff or relatives. One person said, "Criticism doesn't do any good in a place like this. Sometimes she (the registered provider) attends to it but sometimes forgets if it's convenient to forget." Another person told us they hadn't complained about response times because, "I don't want to upset anyone or get anyone into trouble." A third person told us they had complained about the lack of staffing to the manager but had not received a response.

Care plans were not always person centred or personalised. Care plans did not always contain sufficient information about people's personalities or preferences. The care plans focussed on people's risks, medical needs and daily records. This meant that any new staff or agency staff would be unable to get to know people from their care plans. However, staff were very knowledgeable of people, their preferences and personalities. The registered provider knew every person at the service and was able to recall their details and personalities without checking any paperwork. This demonstrated that, regardless of the detail contained within care plans, people were being cared for by staff who knew them and their preferences well.

People were not always engaged with meaningful activities. There were activities scheduled to take place every day of the week apart from Mondays and Sundays. We did not observe anyone playing games or taking part in activities with staff during the two days of the inspection. People gave us mixed feedback about other activities that happen during the week. One person said, "We have a man that comes to sing to us, he just sings the same songs." Another person told us, "I enjoy the poetry reading." We did observe one person being taken for a walk around the garden by staff in the afternoon. They were chatting with the staff throughout the walk and appeared very happy.

People were supported at the end of their lives to have comfortable, dignified deaths. We received positive feedback from a relative about the care their family member received at the end of their life. They informed us that they felt they had been supported well by the staff and the manager. We saw that each care plan contained a form for people or their relatives to discuss end of life arrangements. Although many people had refrained from filling this form out, the manager told us that they always asked people and relatives what their preferences were and what kind of support they wanted.

Is the service well-led?

Our findings

There was no clear strategy or vision to deliver person centred care. The registered provider had planned to improve care by making care plans and staff more person centred. Staff had completed person centred training in August 2017 with an external agency who needed to implement further systems/processes to complete the training. In the year since the training no new processes or systems had been put in place and nothing had been planned for implementation either. The registered provider needed to arrange for the external agency to follow up on the training yet they had not done this.

The registered provider did not always consider ways to continuously improve or innovate the service being provided. Although the staff were consistently provided with relevant and up to date training, follow up actions had not been completed following the person-centred care course.

The governance framework to ensure quality performance and drive improvements was not robust or effective. Infection control and cleaning audits had failed to pick up on the malodours throughout the service. Quality assurance checks such as surveys or questionnaires for feedback from people had failed to notice there were not enough staff or that some staff were uncaring. Care plan reviews had failed to notice that the MCA was not always being adhered to. An effective quality assurance system should have identified the breaches of regulations found at this inspection.

The failure to effectively assess, monitor and improve the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Aside from the quality control concerns mentioned above, effective checks on the quality of service provided to people were consistently completed. We saw that monthly audits were completed of health and safety, fire safety, water temperatures and medicines.

People and staff were not always effectively engaged and involved in the running of the service. Although relatives and staff had been given questionnaires, people living at the service had not been given the opportunity to give written feedback. The registered provider had blank questionnaires in a folder and immediately gave these out to people when we mentioned this during the inspection. People were also invited to attend resident meetings which took place frequently. The minutes of these meetings showed that the registered provider was open to feedback from people and implementing changes as a result. For example, one person mentioned that they wanted to be taken for walks in the garden. We saw that this person was taken for a walk around the garden by staff.

Staff attended meetings but these were not always effective at enabling staff to be engaged in improving the service. For example, the staff meeting minutes of January and June 2018 demonstrated that the meetings had been used for the managers to announce news, updates and information more than they had enabled staff to contribute to improvements. One staff member told us, "We have staff meetings. They don't really help us. Every-time I say something or suggest something they just say no." Aside from this staff gave us positive feedback about the managers and their responsiveness. A second staff member told us, "They

(managers) are good with feedback. If we need any new equipment the manager will always arrange it for us. They are really good at responding to us and helping us when we need it." A third staff member said, "The managers are very helpful. They are flexible and will help you with agency staff."

Relatives had been sent questionnaires in January 2018 and the responses received were positive. One relative had said, "Excellent care, compassion and always there to answer any questions." Another relative stated, "friendly and loving atmosphere." There were also complimentary letters and emails sent to the manager from relatives and visitors. One letter from a relative stated, "I receive a cheerful welcome from all your staff whenever I visit". A complimentary email stated, "You (managers) both have a very 'hands on' approach and are always visible or make yourselves available if required."

The registered provider and deputy manager were visible around the service on the day of our inspection, supporting staff and talking with people to make sure they were happy. This made them accessible to people and staff, and enabled them to observe care and practice to ensure it met the service's standards. Both managers had a good rapport with the people that lived here, staff and visitors and knew them as individuals.

The registered provider was aware of their responsibilities with regard to reporting significant events to the Care Quality Commission and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

The service worked with other related agencies to ensure that people received joined up care, treatment and support. Records maintained at the service showed that people had access to all healthcare professionals as and when required. There were also links with other organisations that would help staff and the provider such as the local care association and the local community. For example, a local school always came to the service every Christmas to design greeting cards with people. The registered provider also had a link with a local church which enabled people to attend communion if they wanted to.

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 were not always treated with kindness, respect or compassion.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's legal rights were not protected because staff had not followed the guidance of the MCA. We found examples where restrictions and limitations had been placed on people without any best interest decision meetings being held.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The service was not always clean or free from malodours.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no clear strategy or vision to deliver person centred care. The registered provider did not always consider ways to continuously improve or innovate the service being provided. The governance framework to ensure quality performance and drive improvements was not robust or effective.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient numbers of staff to support people and meet their needs.