

Barnham Manor Limited

# Barnham Manor

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Barnham Manor is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Barnham Manor is a home owned by Barnham Manor Limited. Barnham Manor is the only home under this provider.

Barnham Manor is a nursing home registered to provide accommodation, nursing and personal care for up to 33 older persons. At the time of the inspection 32 people lived at the service. The inspection took place on 17 May 2018 and was unannounced.

There were 28 single bedrooms and three shared bedrooms. All bedrooms had an ensuite wet-room bathroom. The home had a lounge - dining room which people were observed using. There were also areas where people and visitors could sit such as recess areas on the first floor. There were well-maintained gardens at the rear which people enjoyed using. A passenger lift was provided so people could have level access the first floor.

The home had 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 was last inspected on 14 June 2016 when we identified a breach of Regulation because the provider had not ensured service user's care records were secure. A requirement was made for this and the provider sent an action plan to say how this was being addressed. At the inspection undertaken on the 17 May 2018, we found action had been taken to improve and secure people's care records appropriately.

At our last inspection we rated the home as good. At this inspection we found that evidence demonstrated that the service required improvement in some areas.

The provider had failed to adequately assess, and mitigate the risks associated with the safe evacuation of people from the service in the event of an emergency. The provider had not developed personal evacuation plans (PEEPS) for people. These are plans that detail the individual support people would need in the event of an emergency. Many people had different levels of mobility and required the support of staff and equipment to transfer and mobilise.

Although risks associated with people's mobility had been assessed and recorded, we identified that the manager was not always responsive in reviewing and following up incidents when people had suffered falls. The provider did not always have a framework in place to ensure quality performance, risks and regulatory requirements were managed.

The provider did not have a consistent approach to involve and engage people who use the service to be involved in their care.

People's needs had been assessed and care plans developed to reflect these. However, people's care was not always delivered in a personalised way that met their needs and preferences.

People and their relatives spoke highly of the staff and said they felt safe living at the home. Staff understood their responsibilities to keep people safe. Staff were trained in safeguarding processes and demonstrated understanding of what to do if they considered people were at risk of harm or if they needed to report any suspected abuse. Staff worked together effectively and across organisations to deliver effective support.

Staff recruitment procedures ensured only those staff suitable to work in a care setting were employed. Staff were well trained and were able to meet the care and support needs of people. There were enough suitable staff on duty to care for people. One relative told us, "I think there are sufficient staff. They work very efficiently and Mum has never complained of having to wait if she needs anyone."

Staff understood their responsibilities regarding the Mental Capacity Act 2005. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home was clean and well maintained and people's individual needs were met by the design and decoration of the premises.

People were treated with kindness and compassion, and provided emotional support when needed. While people's dignity and privacy were respected, we found that people's independence was not always promoted and respected.

People were supported to have enough to eat and drink and spoke well of the food provided. One person said, "It's all freshly cooked. If it was something I didn't like I could always have a sandwich or something else." People received their medicines safely and there were effective infection prevention and control measures in place.

People's health care needs were assessed, monitored and recorded. Referrals for clinical treatment were made when needed, and people received regular health checks from health care professionals. One person told us "They're always asking me if I'm okay. If I wasn't feeling very well they'd know quickly and would call the doctor out". People were supported to plan for care at the end of their lives.

People knew how to complain and were confident that their concerns would be responded to. People, their relatives and staff spoke highly of the management of the home.

Staff had made links with organisations to enhance the level of care provided to people in the service.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Risks to people's safety were not always properly assessed and mitigated. Personal Evacuation Plans were not in place to ensure the safety of people in the event of an emergency or fire.

Systems and processes were in place to safeguard people from abuse.

The service had sufficient staff to support people to stay safe.

Medicines were well managed and administered safely.

People were protected by safe infection control measures, which included audits, cleaning schedules and the correct protective equipment worn by staff when required.

Lessons had not always been learned when things went wrong.

**Requires Improvement** ●

### Is the service effective?

The service remained effective.

People's needs and choices had been assessed.

Staff received the training they needed to give good support.

People were supported to eat and drink enough to maintain a balanced diet.

Staff worked well together and with other organisations.

People's needs and personalised choices were assessed by staff that knew people's individual preferences well.

People had timely access to healthcare when they needed it and staff supported them receive the care and treatment

Staff had a good understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

**Good** ●

### Is the service caring?

The service was not always caring.

Although staff had a good understanding of people's needs, people's care was not always delivered to reflect their personal choices.

Staff supported people in a compassionate and kind way whilst respecting people's privacy and dignity.

People's independence was not always promoted to reflect their needs and choices.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

People's care was not always delivered in a personalised way that met their needs and preferences.

Complaints, when received, were addressed appropriately and actions were taken to improve the quality of service delivery to people as a result.

People were supported professionally and compassionately at the end of their lives.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered manager had failed to assess and implement personal evacuation plans to ensure the safety of people in the event of an emergency.

Systems were not always in place to ensure that actions were taken following falls and incidents.

Staff felt well supported by an approachable and transparent registered manager.

People and relatives felt that the registered manager was open and proactive in the running of the home.

Staff at the home worked well with external agencies.

**Requires Improvement** ●

# Barnham Manor

## Detailed findings

### Background to this inspection

We carried out a comprehensive inspection on 17 May 2018 which was unannounced.

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

The inspection team consisted of two 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. In this case they had experience of caring for older people who were living with dementia.

The provider was not sent a request to complete a Provider Information Return and therefore was unable to complete one. This is information we require providers to send us at least once annually to give some key information about the home, what the home does well and improvements they plan to make. We took this into account when we inspected the home and made the judgements in this report.

During the inspection we observed the support that people received in the communal lounge and dining area and staff interactions with people. We spoke with nine people, five visiting relatives, four care workers, a registered nurse, the chef and the registered manager. We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service. We were also provided feedback, following the inspection, from twelve relatives of people who used the home. This feedback was initiated by relatives following notification that the service had been inspected.

The registered manager was asked to forward the training matrix for staff to us following the inspection as this was not available to view on the day of the inspection. This was received following the inspection.

## Is the service safe?

### Our findings

We identified that risks to people's safety were not always identified or properly managed. This was in respect to ensuring the safety of people in the event of a fire or other emergency, that would require safe evacuation from the premises. People did not have personal evacuation plans (PEEPs) in place. These are plans that detail the individual support people would need in the event of an emergency. Many people had different levels of mobility and required the support of staff and equipment to transfer and mobilise. Three care staff were unable to tell us how they would safely move people from the service in the event of an emergency. A fire risk assessment was in place but did not highlight how people should be evacuated in the event of a fire. Equipment that the staff would use to support people to evacuate the premises was not easily accessible and would be difficult for staff to obtain in the event of an emergency or fire. For example, equipment used to support people down stairwells was kept within a store room behind moving and handling equipment and other stored items. The provider had failed to assess the risk to health and safety and had not done all that is reasonably practicable to mitigate any such risks. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although risks associated with people's mobility had been assessed and recorded, we identified that the manager was not always responsive in reviewing and following up incidents where people had suffered falls. Records failed to demonstrate that the provider had ensured that follow-up actions had been taken to either mitigate or reduce further risk around falls. Incidents and accidents were recorded, although it was not evident that accidents were analysed to identify patterns and trends, or that any changes were made to people's care to avoid reoccurrence. Incidents and accidents were recorded appropriately. However, there was no record or analysis that identified how incidents had occurred, or what actions had been taken to make improvements when things had gone wrong. Some recorded accidents were not supported by any investigations, while incidents of falls did not show evidence of any subsequent review.

Risks has been assessed and managed safely in areas such as pressure care, dehydration and nutrition. Skin integrity risk assessments had been completed that identified, and rated, the risks to people from skin deterioration, as well as the support needed to monitor this. Staff demonstrated a good knowledge and awareness of the risks associated with people's nutritional needs. Nutritional and hydration risk assessments provided clear strategies, and instructions for staff in how to support people when they required specific support around swallowing and food intake.

People were receiving their medicines safely. Medicines were ordered, administered and stored safely. Auditing systems were in place to ensure that the system for medicine administration worked effectively and any issues could be identified and addressed. We observed medicines being administered safely and correctly to people. People told us that they received their medicines safely. One person said, "I get my pills regularly from the nurse, I know what they are and I'd know if there was something not right". A relative told us, "They are very prompt and regular with medicines and I'm sure that's one of the reasons why there's been an improvement with mum since she's been here."

Staff had received training and demonstrated that they understood their responsibilities with regards to

safeguarding people and making the appropriate alerts. There were policies and procedures regarding the protection of people from harm and what to do in the event of someone experiencing neglect or harm. People told us that they felt safe and that their care was provided safely. One person said, "I feel that I'm kept safe enough, they check on me all the time." Another person said, "it's very safe. They always come in pairs to help me and that makes me feel very confident".

Recruitment procedures were robust and appropriate pre-employment checks had been undertaken to ensure that staff were safe to work with people. People told us that there were enough staff on duty and records confirmed that staffing levels were consistently maintained. People told us that their call bells were usually answered promptly. One person told us, "I think there's probably enough staff. They do everything I need. If I press my bell during the day they'd probably be in fairly quick". Staff told us that staffing levels were maintained and that regular staff would cover for absences when required.

Staff had a good understanding of infection control procedures. They were observed to be using appropriate protective equipment and records confirmed that a regular cleaning regime was in place. The provider had taken additional precautionary measures for all people when a more robust application of infection control procedures was required. Staff demonstrated that they could apply these additional measures effectively.

## Is the service effective?

### Our findings

People's needs and preferences were assessed in a holistic way and comprehensive care plans were developed based upon these assessments. People's physical health, their mental health and their social needs were all considered. For example, some people had been assessed as requiring support with breathing. Staff understood the importance of effective care to reduce the risks of a condition worsening, and to supplement the health input being provided. Care plans noted how rhythms and depths of respiration were monitored and how the person should be supported in the correct postural position to alleviate the symptoms of breathlessness.

Staff had the skills and knowledge to deliver effective care and support. New staff undertook induction training which included shadowing experienced staff for a period until they were assessed as being ready to undertake care independently. Staff undertook training that the provider determined to be required for the role they performed, such as moving and handling, safeguarding, infection control and working with people who were living with dementia. Staff demonstrated a good working knowledge of the needs and requirements to deliver effective support to people. One person told us, "The staff go out of their way to help you. They're very well trained."

People were being supported to maintain their nutritional needs. Most people told us that they enjoyed the food provided to them. One person said, "I do like the food. It's all freshly cooked". People could ask for more if desired and to request an alternative if they did not like the set menu. Staff were aware of people's nutritional requirements. One person told us, "The chef knows our likes and dislikes and if he's doing something that he knows I wouldn't want he'll do something else for me." We observed the use of assistive technology by staff to monitor and record the care they provided. Staff used secure mobile phones and a specialist care application to record daily care notes and to input information about people's nutrition and hydration levels. This helped ensure that staff had real time awareness of the care people were receiving and could track where additional nutritional and hydration support may be required. People's specific nutritional needs were assessed appropriately and appropriate referrals were seen where further specialist input was required from dieticians or speech and language therapists (SALT). The chef was aware of whether people required soft or pureed food and prepared these meals accordingly.

Staff described having effective working relationships within the service and with external health professionals and services. One staff member told us that they had staff meetings every other month with regular catch ups. People and their relatives told us that the staff were responsive to people's healthcare needs and effective in seeking clinical support if needed. One person told us, "They're always asking me if I'm okay. If I wasn't feeling very well they'd know quickly and would call the doctor out". Staff demonstrated that their knowledge of people's needs allowed them to respond effectively to healthcare requirements. One staff member told us that they will look out for changes in the breathing of some people whilst there is closer monitoring for skin integrity of other people. This increased awareness of needs meant that more timely intervention occurred which has a positive impact on the health of people. The registered manager told us that they supported people to access a variety of special healthcare services when they needed to. These included, a diabetes nurses, tissue viability nurses, dieticians and representatives from the memory

clinic to support those living with dementia. One relative told us, "I think they are very proactive here and they support mum very well. I feel very confident that if mum took a turn for the worse they'd have the doctor out straight away and be in touch with us at the same time".

The premises were designed to a good standard. The communal areas and design of the premises were compatible with the different mobility requirements of people. Peoples rooms were decorated and maintained to a very good standard. People had access to spacious, attractive gardens and we observed staff supporting people outside throughout the day. The garden area was accessible by a gravel track with rubber matting which promoted safe access for people who mobilised with wheelchairs. One visiting relative told us, "The staff will help mum get around the home. They'll take her into the lounge, or garden if she wants to go".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The registered manager confirmed that no-one currently residing in the service was subject to DOLS. Applications had been submitted for some people although these were not for restrictions relating to constant supervision or constraint. Staff understood the principles around consent to care and supporting people to make choices.

## Is the service caring?

### Our findings

We did not always find that the provider was active in promoting people's choice and independence. With respect to making personal choices, people we spoke to told us that whilst they had a choice of who gave them personal care and what to wear, they often did not have the choice of when to rise from bed or go to bed. One person told us, "It's very good here, but I don't like being told what to do, especially at night. They come in around 5:30pm and say it's time to go to bed. I want to go when I want to, not when they tell me". We observed that, by 5.30pm on the day of the inspection, every person was either in their rooms or in bed. People told us that similar practices were in place for bathing or showering, where there were set days and times people would be scheduled to bathe. Some people confirmed that they did not mind this scheduling by the provider, although many people confirmed that they were not asked if this was what they wanted, but that they had just fitted into the routine. One person told us, "It's disciplined here. You know what time everything will happen. There are certain times to have a shower; can't have one out of allotted time, it's programmed", while another stated, "It is very regimented here though and I'm not so keen on that, everything seemed to be mapped out for you." The impact of this practice is that people's choice of care and independence was not always being considered.

We observed staff interacting with people in a kind and gentle way. Staff knew people well and interacted with them warmly ensuring that they were comfortable and happy. We spent time observing people in the dining room during lunch. We saw five staff members interacting with them in a professional and sociable manner. People said they had positive relationships with staff, who responded quickly to their needs and provided them with support. One person told us, "The girls are so lovely and they take me wherever I want to go". One relative told us, "We come in at different times and they staff are always kind and we definitely feel confident about the care."

We observed people being treated with kindness and compassion. People told us that the staff spoke to them in a courteous and friendly way and addressed them by their chosen name. Relatives we spoke to said that staff maintained this level of caring support at all times. With regards to the support for their late relative, one family member told us after the inspection, "The management and staff were always kind, helpful and attentive, even when under a lot of pressure. Despite my mother's advanced dementia and other ailments, they treated her with respect and kindness and genuinely went out of their way to help". One relative told us that the caring support of staff at the service had been beneficial to the wellbeing of their mother. The family member told us, "The compassion, kindness and professionalism of the staff at Barnham Manor, has greatly improved my mother's mental and physical health".

People told us that they felt their dignity and privacy was respected. We observed staff knocking and asking if they could enter before entering people's rooms. One person told us, "They're polite and will knock on my door before coming in. Yes, I think they preserve my dignity well enough." Another person confirmed, "Oh yes, they are very good about privacy. They shut my door when they are washing and helping me dress. My door is always open but they tap on it when they're going to come in".

The provider had installed a CCTV system within the premises that allowed staff to monitor people and their

safety at several points within the communal areas in the home. The provider had not sought or obtained written consent from people for this monitoring, although people in the service had been informed prior to its installation. People in the service were happy with the system, as were relatives we spoke to. One family member told us, "I think the CCTV they have is a very good idea. It means the staff can see what's going on in the corridors and if someone needs assistance they'll know about it quicker."

## Is the service responsive?

### Our findings

People's support plans were based on people's assessed needs and preferences. People's needs were assessed prior to their admission to the service and care plans reflected these needs.

People did not always receive personalised care that was responsive to their needs and wishes. People told us that they did not always have a choice of when to get up in the mornings or when to go to bed or their rooms in the evening. One person told us, "The staff themselves are very good and, yes, they are kind and caring, but they have a routine to follow and I just have to fit into it". People also told us that bathing was scheduled by the provider and did not always consider people's needs. One person told us, "It is very regimented here though and I'm not so keen on that, everything seemed to be mapped out for you.". The impact of this practice is that people were not always receiving person-centred care that was responsive to their own preferences and needs. The provider had failed to provide care and treatment that met people's needs and reflected their preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Activities are organized by the management team, and either facilitated by staff or outside agencies. The provider produced an annual activities programme and a copy was given to each person and made available in their rooms. People told us they were happy with the activities within the home. One person told us, "I like to join in downstairs. They have some really good entertainment. I like to do the exercises and the singers are good". One visiting relative told us, "There's lots of regular entertainment going on. The reminiscence on Wednesdays is especially good. They've got some very good resources". The home had a mini-bus which was used to take people on outside activities and events. People told us that they enjoyed the special events that the provider organised such as summer garden parties, and Christmas pantomimes, to which family members were also invited.

People received some person-centred practices that met their needs. Care plans included information on people's personal preferences and lifestyle choices, and were reflective of their social and religious needs and preferences. One person's religious preferences had been supported by staff with the provision of books relating to their respective faith. Charts were used to monitor how staff should support people with needs around nutrition.

The provider has systems in place for managing complaints. People knew about the complaints procedure if they were unhappy with the support being provided and were confident in approaching staff with their concerns. One person told us, "I know how to make a complaint and would make one if I had to". Complaints procedures were available to people within the service user's guides in each person's room. The provider demonstrated that they learnt from the outcomes of complaints to learn and improve the quality of care. The provider had identified issues concerning one staff member's communication with family during an incident. The provider responded by ensuring additional communications training and 1:1 support for the staff member was provided. This helped to provide them with increased confidence in dealing with stressful situations.

People were supported to plan for care at the end of their lives. Care records showed that the wishes of clients in relation to support and information being shared with family members in the event of deteriorating health, was documented. People's religious requests were included in end of life planning, as well as how health decisions were to be honoured and how funeral arrangements were to be supported. One relative told us regarding their late mother, "The care provided to her at Barnham Manor was excellent, and the level of compassion shown in her final weeks was exemplary." Another family member told us, "Despite my mother's advanced dementia, they treated her with respect and kindness, this was particularly apparent in my mothers' last few days when they made her as comfortable as possible".

## Is the service well-led?

### Our findings

At the last inspection on 14 June 2016 the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified that people's care records were not secure when not in use and could be easily accessed by visitors. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of well-led to at least good. At this inspection on 17 May 2018 we found improvements had been made and the provider was no longer in breach of Regulation 17. The provider had taken steps to secure records appropriately and ensure the continued confidentiality of people's information.

Audit and quality assurance systems had not been effective in identifying and addressing some problem areas. Whilst risk assessments and care plans were in place to assess people's mobility issues, there was no evidence of review and actions following incidents of falls. Incidents and accidents were recorded, however, inconsistencies in recording meant the description of events and evidence that care plans had been updated as a result, were not always clear. This meant that it was not evident if actions taken were appropriate to mitigate further risks. This is an area of practice that needed to improve.

Despite these gaps in the auditing and quality assurance system there was still a culture of continuous improvement that was being promoted within the service. The provider and registered manager checked on the quality and safety of the service in many ways. Reviews and audits of care plans and medication administration were seen that ensured safe practices and ongoing reassessment of people's needs. Audits had also been completed for some environmental aspects in the service.

People, relatives and staff spoke highly of the management of the service. One person said, "The manager is very good, it's well run here. I don't see a lot of her but I know if I needed to speak with her she'd make herself available". A relative told us, "She is professional, welcoming, trustworthy; we couldn't fault her. We feel it's a very well-run home".

People and their relatives said the registered manager was approachable and communicated well with them. One person told us, "She's very nice and always busy. Seems to know everything that's going on".

Staff told us they were happy with the management of the service. The service had 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. Staff told us that the registered manager was always available and very active in the running of the service. One staff member told us, "The manager is very hands on and is always on site", and "The manager likes to show staff directly how to do things properly, practical things".

Although surveys were seen from 2016 that had been used to obtain the views of people and other professionals about the service, there did not appear to be a consistent approach to formally obtaining the

views of people and engaging relatives. One person told us, "I'm not sure about meetings. I've not had any questionnaires", while one relative told us "I'm not sure when the last residents meeting was. I haven't been to any since mum has been in here." The surveys that were seen were analysed and summarised by the provider so that any themes could be identified and possible action taken. Results of the surveys showed people and their relatives considered the service was good. One G.P. commented that they felt the service was "well organised and caring" and also commented "I feel I can trust the judgement of matron and that she has the best interests of her patients at heart". There was a facility in the hall where people, visitors or relatives could make complaints or suggestions for improvement.

Staff had made links with organisations to enhance the level of care provided to people in the service. These included partnerships with District Nurses, Tissue Viability nurses, psychiatrists and CPN's for example. The service had developed good working relationships with the local GP surgeries that serve people in the service. The manager told us that she regularly attends the managers forum within the local authority to ensure that she keeps up-to-date with good practices and learning. The registered manager told us that these links were useful and that she shared this good practice with staff at the service.

Although the registered manager was knowledgeable in the correct pressure settings of people's mattresses, these were not recorded anywhere within care records. Other risks to people had been identified and assessed including the use of bed rails and the risk of pressure damage to people's skin. People had specialist equipment to reduce the risk of pressure areas developing, such as pressure relieving mattresses. Evidence showed that the provider had been successful in preventing and healing skin damage when people had returned from hospital with pressure area damage.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  People's care was not always delivered in a person-centred way that met their needs and preferences.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to adequately assess, mitigate and prepare, the risks associated with the safe evacuation of people from the service in the event of an emergency.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured good governance had been maintained. Appropriate systems and processes were not in place to fully assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.