

Brooks Healthcare (Weston) Limited

# Innisfree Residential 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

About the service: Innisfree residential home is a residential care home providing personal care to 16 people aged 65 and over at the time of the inspection. The service can support up to 28 people.

People's experience of using this service: People and relatives told us that staff were caring and kind.

The provider and senior staff had completed audits on the home to support quality checks. However, these checks had not identified and prevented shortfalls in the quality of service provision.

The provider had failed to notify the commission of statutorily notifiable events.

There were not enough staff to meet peoples' needs; this had affected the quality of service provision. Staff training was provided and included some training specific to people's needs. Staff recruitment procedures were followed appropriately. Staff had received supervision but not as often as required.

Care plans were not consistently person centred and there was a lack of detailed guidance within peoples' risk assessments for staff to follow.

Medicines were stored safely. Improvements were required in relation to medicine administration and documentation. People had not always attended their medical appointments. Health outcomes and requirements from appointments were not recorded in a structured way.

The service did not provide people with regular access to the local community and activities were lacking for people that did not partake in group activities.

People were not supported to have maximum choice and control of their lives. People's mental capacity and best interests had not been considered and documented in line with the Mental capacity Act.

People were supported for by a staff team who were kind and caring. Staff had good relationships with people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was Good (published 8 March 2017).

Why we inspected: This inspection was scheduled based on the previous rating.

Enforcement: We have identified five breaches in relation to person centred care, governance, risk assessments and medicine management, staffing, and mental capacity and consent at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Innisfree Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of three inspectors; the lead inspector was joined by another inspector on two days of the inspection.

#### Service and service type

Innisfree Residential Home 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.

The service had a manager who had recently applied to register with the Care Quality Commission. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second and third days.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, manager, and care staff. We also spoke with a visiting health professional. The majority of people we spoke with had advanced dementia and could not provide us with detailed information. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with one professional who visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing

- People and relatives told us there were not enough staff. One person said, "Bit dodgy now not enough staff." Relatives told us they visited often to ensure that the person they were visiting were being well looked after and to carry out tasks to ease the burden on staff. Relatives told us they had noted that when they did not visit, the quality of care wasn't as good. One relative said, "I have to be a spokesperson [For person]."
- Staff said "Staffing is improving. Hasn't been great recently", and "Activities aren't great at the moment, due to staffing levels" and "Staffing has always been a problem".
- People told us they were allowed one bath or shower a week and they were assigned a bath day. We found evidence of a daily 'Bath/wash/dress list'; where people were assigned a bath day. One person told us they wished to shower everyday but that there were not enough staff to ensure this.
- People who were at a high risk of falls were left unmonitored in the lounge area for extended periods of time. During this time there were no staff available to check if people needed assistance. There were no call bells or other means to attract staff attention. We saw one person walking around the service indicating there was an issue with their shoes. As staff were busy no staff engaged with the person to reassure or help them.
- People did not receive regular outings or person-centred activities as they were not enough staff available to provide them. There had been no person-centred activities or outings provided by the service for over six months. A relative said "I don't think there's enough staff to do the nice things just the basic care, I feel like they need to do more."
- Records showed people had missed their healthcare appointments because there had not been enough staff on duty to support them to their appointment. The provider told us there was an expectation that relatives would take people to appointments.
- The manager used a staffing assessment to assess peoples' dependency levels and calculate the number of staffing hours required. The assessment did not consider the building layout or the number of relatives who were helping people with tasks and health appointments which reduced the burden on staff. These issues as well as the more complex needs of people, the skill mix and competence of staff, had not been factored into the staffing assessment to ensure the service was able to meet people's needs in a person-centred way. This was particularly important given the usage of new and agency staff who were not as familiar with people.

We found no evidence that people had been harmed. However, the failure to ensure there were enough suitable skilled staff to meet people's needs amounted to a breach of Regulation 18 (Staffing) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- There were risk assessments in place to provide guidance for staff about how to keep people safe. Experienced staff knew the risks associated with people's health conditions. However, risk assessments and care plans contained inconsistencies or lacked detail. This was particularly important given that the service used agency staff and had a high number of new staff. One person's swallowing ability had changed; their care plan was contradictory and did not reflect the new level of risks or care required.
- Care plans had little information about the negative signs and symptoms in relation to ongoing long-term medical conditions such as cancer, or the use of equipment such as catheters.
- People were at risk of avoidable harm. There was a monthly analysis of incidents and accidents however the falls management in place did not fully identify potential causes or triggers for falls. There were no relevant checks in relation to staffing, eyesight, medicine, footwear etc. that may have helped identify a cause for the fall. By not thoroughly analysing these falls the provider had not ensured appropriate measures were in place to reduce these risks. The provider also told us they had a rule of not using bedrails.
- There were personal emergency evacuation plans (PEEPs) in place for people. However, all of the PEEPs for people who were unable to walk independently guided staff to hoist or transfer people into wheelchairs. There were a limited number of staff working during the night which may impact on the safety of any evacuation procedure.
- Personal protective equipment (PPE) used by staff for personal care was not stored safely. We saw gloves in an open storage cupboard within a bathroom and in people's en-suite toilets. People living within the home could have accessed these; this is a particular risk when people living with dementia are resident.
- The management of medicines was not always safe. Medicines prescribed 'as required' were offered to people but there were not always protocols in place to support staff to administer the medicines in line with peoples' needs. This included no protocols in place for controlled drugs. Medicine administration records did not clearly reflect the stock levels of medicine
- People's topical medicine (creams) did not have body maps to ensure staff knew where to apply them. There were no required topical medicine administration records (TMAR) and people's topical medicines were not always labelled with opened and expiry dates. This posed a risk that they may become contaminated by exposure to the environment and not fully effective.

The failure to ensure that risks to people were mitigated effectively, and that medicines were managed safely amounted to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Essential equipment such as hoists, and mobility aids were checked on a regular basis in line with the manufacturer's guidance to ensure they were clean, safe and fit for use. Gas and electrical appliances were serviced routinely and there were systems in place to ensure a safe water supply and prevent the risk of Legionella disease.

Preventing and controlling infection

- The service was generally clean however infection control risk had not been fully considered. There were clean linens and personal toiletries left unsupervised in shared bathrooms. In the laundry the storage of clean laundry was placed directly next to dirty laundry. These practices increased the risk of cross contamination and air borne infections.

Systems and processes to safeguard people from the risk of abuse



- The service had a policy and procedure regarding the safeguarding of people and guidance was available for staff to follow. Staff told us they had received training on safeguarding people from abuse. Staff we spoke with knew how to report incidents and people told us they felt safe.

#### Recruitment

- There was a robust employment procedure for staff. Staff recruitment files showed that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. The recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There were many people living with dementia at the service. This affected their ability to make some decisions about their care and support. Mental capacity assessments and best interest paperwork were in place for some people for areas such as the use of crash mats. However, the mental capacity assessments and related best interest decisions were not decision specific and some had not been reviewed as required. Other best interest decisions were not fully completed and did not have recorded input from relevant professionals or others involved in the person's care.
- There were decisions that had been made for people for which there were no mental capacity assessments or best interest decisions. These included decisions such as the receipt of a flu jab and the administration of medicines. Peoples' capacity to agree to this support had not been assessed.
- There had been occasions when a person had agreed to purchase a service from an external provider who regularly visited the service. The person did not have the capacity to understand the financial implication, therefore consent should not have been sought from them. This had not been identified by the provider or the manager. The provider waived the costs when this was raised with them as a concern, but had not followed this up with an appropriate mental capacity assessment and best interest decision for the person involved.

We found no evidence that people had been harmed. However, the failure to ensure that peoples' rights were upheld in line with Mental Capacity Act legislation was a breach of Regulation 11 (Consent) of the Care Quality Commission (Registration) Regulations 2009

- DoLS applications had been made appropriately and adhered to for people that required them.

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

- Care assessments identified people's needs and identified people's changing needs. However, staff did not have full information on how best to meet these needs and people's choices in line with best practice guidance. This meant staff did not have the guidance to ensure they provided appropriate and person-centred care. There is further detail about this in the safe and responsive sections of this report.
- Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
- All care plans we viewed had little information about routine health appointments. There was a lack of cross-referenced information about appointments attended and when regular appointments or reviews were due. We were told by the manager that people's health outcomes from appointments were not always recorded as relatives tended to take people to and from appointments. This did not allow for a structured review of people's health outcomes and a consistent approach to following health professional's guidance and any follow up needed.
- We found that people had missed appointments that were important to their wellbeing. When asked, the manager was unable to tell us how they would be assured they knew when a person's next routine appointment was, and where the outcome of their last appointment could be found.
- Oral health care plans did not provide detailed guidance for staff about people's oral health care and when people should be referred to their dentist.

Staff support: induction, training, skills and experience

- People across the service were supported by staff who had received training and an effective induction into their role. The induction programme included a period of shadowing a more experienced member of staff. Staff who were new to care, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life.
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. The provider's essential training included areas such as medicines training, safeguarding, fire safety and first aid. Staff also had access to some other training focused on the specific needs of people using the service, such as dementia and catheter care.
- Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff. The expectation of the provider was that each staff member received a supervision every eight weeks. Supervisions had not been taking place at this frequency. The manager said that supervisions had fallen behind whilst they were recruiting new staff and that they were now beginning to increase them again.

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

- The decoration within the service had not been adapted to meet people's needs. There were few adaptations to support people living with sensory impairment or dementia to navigate around the home. Other than different coloured carpets there was no signage or adaptations to differentiate between areas of the home which would be helpful for visitors as well as for residents.
- People's bedrooms were personalised and contained things important to them. Some people had ornaments and pictures from their homes on the wall. Other people had snacks and drink stored in their

bedroom.

- The provider was undertaking a programme of refurbishment; 15 bedrooms had been refurbished and there were new carpets in the communal areas of the home. The kitchen had also been updated and there was a new laundry room on site.

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

- People at risk of not eating and drinking enough to maintain their health were provided with nutritionally enhanced food and drinks.
- Most people were happy with the food provided, one person said, "My God they feed you well!" and another person said, "Food is alright in the main."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us that staff were kind and caring. One relative said, "The staff work really hard and they really seem to care." People said, "Staff all appear to be very nice people", and "They do what they've got to do [Personal care] cleanly and well."
- Staff respected people's privacy and dignity. Staff spoke respectfully to and about the people they supported. It was clear staff really cared about them. Staff always knocked on bedroom doors before entering bedrooms and ensured that personal care took place in a respectful way. All reasonable efforts were made to ensure that discussions about care treatment and support only took place where they could not be overheard.
- There was a staff noticeboard in a corridor opposite a toilet used by people. This noticeboard displayed some information about safeguarding issues besides other information and guidance for staff. Consideration had not been taken as to how this might affect people and did not promote dignity and respect for people.
- The failure of the service to provide people with a bath or shower as regularly as they would like did not respect people's right to be supported as they would like.
- People were not always well treated in respect of their social and emotional needs due to a lack of staff. Staff did not sit and talk with people for a meaningful length of time as they were task orientated. For example, a person who could not leave their room did not have any recorded arranged activity, or companionship to ensure their needs were met.

Supporting people to express their views and be involved in making decisions about their care

- Opportunities were created for people to express their views on the running of the home. The manager had an open-door policy and encouraged people to speak with them about suggestions. We found however that the issues affecting people such as a lack of activities had not been addressed at the time of the inspection.
- People were not involved in reviews of their care plans; the provider missed this opportunity to find out what people required of their care and support.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to requires improvement.

This meant people's needs were not always met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw people sitting in the lounge area with the television on. We asked the people present if they were enjoying the programme. People who were able to respond told us the television was put on by staff and generally stayed on one channel. No one checked to see if people wanted to watch something else. One person said, "Not enough activities, talk to people outside [Visitors] they do a lot more."
- People living with dementia were not stimulated in activities which could provide them with meaningful engagement. We saw people living with dementia walking without purpose entering other people's bedrooms, invading their privacy.
- People told us that staff did not have enough time to spend with them. Person centred activities were not taking place. A staff member said "More and more people are staying in their room, nothing to come out for. Everyone [People] are asleep in chairs."
- People who did not undertake the group activities lacked social stimulation. One person who did not take part in group activities said, "It's boring, there's nothing to do." A relative said, "Not much mental stimulation, I don't see much going on."
- People who required staff support to leave the service did not have regular access to the local community. A staff member said, "People without families don't get to go out." One relative said They [The service] don't have anything around taking them [People] out." A person said, "They don't bother if you want to do a trip, do it on your own [With relatives]."
- Where people had particular hobbies or interests it was apparent that staff and the manager were not aware of them when asked. Therefore, we were not assured that staff were providing personalised care.
- Activities were not effectively monitored by the provider for their suitability or for their provision particularly for people who did not access group activities. The provider told us that they had focused on improving staff retention, recruitment and training and were planning to focus on meaningful activities for people in the near future.

The failure to ensure people received activities and meaningful engagement as part of their person centred care and support was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not consistently fully personalised to enable staff to know people's individual needs and

preferences. For example, plans referred to people having dentures but not how they should be looked after and checked. Other people had no likes or dislikes written into their plan or food preferences.

- Care plans were regularly reviewed and updated however there was no record of how people or their relatives were involved. There was no record that people had input into their care and treatment.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the manager would act to address any concerns.
- Where the service had received a formal complaint, this had been investigated and responded to appropriately. However, we also found that complaints made informally were not recorded as complaints. This meant that the provider was unable to monitor all issues that affected the quality of service.

End of life care and support

- There was no one receiving end of life care during the inspection. Some care plans were detailed in relation to people's preferences and choices in relation to end of life care. However not all people had records that included their preferences relating to protected characteristics, culture and spiritual needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of their responsibility to make information accessible to people in line with their needs.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service quality had deteriorated since the last inspection. Some of the key shortfalls of the service had started to be identified and addressed. However, we found significant concerns around staffing remained, which had resulted in a reduced standard in the quality of service provision.
- Some relatives stated that the manager quickly rectified problems raised around people's poor care. However, the same issues were repeated shortly afterwards and not identified by the manager or senior staff.
- The provider's medicine audits had failed to identify gaps in medicine records and the lack of proper recording and PRN (as required) medicine protocols.
- Person centred care planning had not been implemented effectively. People's risk assessments did not contain the necessary guidance to ensure staff would be able to mitigate risks effectively.
- Audits of care records had not identified that repositioning and fluid check records were not all signed off as checked. Where re-positioning checks and fluid levels had not met the requirement there was not any recorded action.
- The provider audit process did not include a system to identify people who did not have appropriate best interest decisions in place.
- Statutory notifications had not been made in line with current legislation to allow the Care Quality Commission to monitor the service. All services registered with the Commission must notify us about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The provider's governance system had not identified that at least five statutory notifications had not been made as required.

We found no evidence that people had been harmed. However, the failure to ensure the quality of service provision through effective governance was a breach of Regulation 17 (Good governance) of the Care Quality Commission (Registration) Regulations 2009

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics



- People were not engaged in creating strong links with the local community as they did not have the relevant support.
- There were no relatives meeting taking place to enable relatives to collectively share their thoughts and ideas and provide feedback to the provider.
- The provider annually sought people's views by asking people and relatives for their views on various aspects of the home. We looked at the results from the latest survey undertaken and found the responses of the people surveyed were mainly positive.
- People were also asked for their views, during 'residents meetings' however these repeated the same three questions of 'How is it living here, do you like it? Is there anything you don't like?' There were no themes for people to discuss or feedback on.
- People and their relatives knew the manager and were mainly positive about the support they provided.
- Staff meetings were held when a range of topics could be discussed in relation to the running of the home. Staff could raise suggestions and the manager would provide a response. However, most of these meetings were for senior care staff and there was little in the way of meetings for the rest of the care staff.
- Staff felt well supported by the manager and the provider and said that they could rely on them for help and to listen to any issues they had. Staff said that there was a 'family' atmosphere within the home and that they tried to make people feel as if they were part of this.
- A professional visitor to the home said that the service was always open to different ideas and that they were willing to try new things.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager were clear about their responsibilities in line with the duty of candour including being open and honest when things went wrong.

Continuous learning and improving care; Working in partnership with others

- There was a need to ensure effective supervision continued to take place regularly as well as staff meetings to give staff the opportunity to provide feedback, and to share learning and good practice.
- The staff worked in partnership with health providers. However, we were not assured that required health appointments were identified and followed up.
- Links with the local church had been developed so people could have their religious needs met.
- The manager attended local forums with other care professionals to improve information sharing and knowledge. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.

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 had not been provided with meaningful engagement or person centred activities as part of their person centred care and support.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's rights were not upheld in line with the Mental Capacity Act.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Medicines were not managed safely. Improvements were required in relation to medicine administration and documentation.  Care plans did not contain enough guidance to mitigate risks effectively.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems failed to identify and rectify shortfalls effectively.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

There were not enough suitably qualified staff to ensure peoples' person centred need were met.