

Knights Care (3) Limited

Cherry Holt Care 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Cherry Holt Care Home is a purpose-built residential care home providing the regulated activities of personal and nursing care to up to 52 people. The service provides support to older and younger adults and adults with physical disabilities. At the time of our inspection there were 47 people using the service. Support is provided across two floors with a large lounge on the ground floor.

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

Risks were not consistently managed or monitored. Medicines were not always managed safely. Staff were recruited safely and there were enough staff deployed to meet people's needs. The registered manager reported safeguarding concerns to the local authority in a timely manner. We were assured that the provider's infection prevention and control policy was up to date.

Internal quality assurance processes were not always effective in monitoring the service which meant improvements were not always made. Staff, people, and their relatives were encouraged to share their views. The registered manager understood their responsibility to be open and honest with people and had acted when things went wrong. The provider worked in partnership with others.

People's needs were assessed however we found some assessments lacked detail to ensure staff had the correct information to support people safely. Referrals to some health and social care professionals were not always made in a timely manner. The premises and environment were under refurbishment therefore did not always meet the needs of people. The registered manager had highlighted gaps in training prior to our inspection. Specialist training had been sought and booked to ensure people received effective care and support. People were supported to eat and drink enough to maintain a balanced diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's communication needs were assessed and documented within care plans. However, we found inconsistencies with how these needs were managed. People were supported by staff who had a good understanding of each person's individual needs. Staff supported people to follow their interests and hobbies. End of life wishes had been discussed and documented within care plans.

People and their relatives told us, staff respected people's dignity and independence. People's individual choices were fully respected. People told us, and care records demonstrated, people had been given a choice of who they would like to help support them. People were encouraged and supported to express their views.

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

Rating at last inspection

The last rating for this service was outstanding (published 22 February 2020). Since our last inspection there has been a change in both the management and ownership of this service.

Why we inspected

The inspection was prompted in part due to concerns received about nursing care, infection control and the management of medicines. A decision was made for us to inspect and examine those risks.

The overall rating for the service has changed from outstanding to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led section of this full report. You can see what action we have asked the provider to take at the end of this full report.

During our inspection the provider took significant action to address the concerns we found to mitigate risks. Risk reduction measures implemented during our inspection were found to be effective in managing the risks we identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cherry Holt Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines, management of risk and quality monitoring at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Cherry Holt Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, a bank inspector, a specialist nurse advisor, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and integrated care board who commission care with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 3 and 4 July 2023. We also made phone calls to relatives on 4 July 2023. We spoke with 9 staff members including the registered manager, compliance apprentice, senior care staff, care staff, registered nurses, activities staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 1 visiting healthcare professional. We spoke with 5 people who used the service and 14 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 8 people's care records and multiple medicine records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and training records were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management

- Risks were not consistently managed or monitored. This placed people at an increased risk of avoidable harm.
- Risks relating to people's environment were not always identified or managed effectively. For example, monitoring of water temperatures were completed. However, we found these were not effective in identifying scalding water as 3 taps in people's bedrooms and an accessible toilet were above the recommended temperature. This placed people at an increased risk of scalding. We fed this back to the provider who took immediate action in fixing the faulty taps and re-checking every other tap in the building.
- Risks associated with pressure area care were inconsistently managed. For example, care plans directed staff how often to reposition people to prevent pressure damage. Records we reviewed evidenced people were not always repositioned in line with their assessed need. This placed them at risk of developing skin damage. We fed this back to the registered manager who explained no people at the service had any pressure damage and hadn't for some time, therefore they had concluded this was a documentation issue. Work had begun with staff prior to our inspection to improve documentation relating to pressure area care.
- Risks relating to fire safety were assessed and all people had a personal emergency evacuation plan in place (PEEP). This meant staff had information relating to each person's individual needs in the event of an emergency. We did however find further work was required on the fire evacuation plan as it did not provide clear instructions for staff to safely evacuate the building.

Using medicines safely

- Medicines were not always managed safely.
- People were at risk of not receiving their prescribed medicines. We found missing signatures on medicine administration records (MARs) for medicines such as insulin. This meant it was unclear if people received their prescribed medicines, which placed people at risk of harm. We also reviewed MARs where people had not received their prescribed medicines for blood pressure and pain relief as they had run out of these medicines. This placed people at risk of harm.
- Prescribed topical creams did not always have an opening date. This meant people were at risk of receiving medicines which were expired or ineffective. We also found prescribed topical creams stored unsafely. For example, we found creams stored in people's bedrooms which were unlocked and, in some bedrooms, stored next to toothpaste. This increased the risk of ingestion which placed people at risk of harm.

The provider failed to ensure risks were managed effectively and medicines were managed safely. This was a

breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received training in the safe administration of medicines and had their competency assessed. Where the registered manager found competency issues, they took action to ensure staff were retrained.
- The registered manager acted immediately during our inspection on the feedback we provided to review the storage and administration of medicines. A new electronic system was due to be implemented to decrease the risk of future errors.

Staffing and recruitment

- Staff were recruited safely and there were enough staff deployed to meet people's needs.
- People and their relatives told us staff were supportive and kind, we did however receive mixed feedback regarding how long people waited for support. For example, one person told us, "I am so happy that my [relative] is safe and happy there are plenty of staff around to keep them safe", whereas another person told us, "The staff are very nice, but they can be very busy so some days I wait longer than others." We fed this back to the registered manager who increased management walk rounds to ensure all people received timely support and care.
- Recruitment checks were completed. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes in place protected people from the risk of abuse and neglect.
- The registered manager reported safeguarding concerns to the local authority in a timely manner. All allegations of abuse or neglect were investigated, and action taken where needed to reduce the risk of incidents reoccurring.
- Staff received training in safeguarding and knew what and who to report safeguarding concerns to. For example, staff told us, "I have never reported anything but if I needed to, I would report it to the manager, the local authority or the police if needed."
- Staff told us communication regarding incidents involving people was good and any actions or outcomes were documented in a communication book to ensure lessons were learnt.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting. Relatives, advocates and friends were supported and encouraged to visit the home at their chosen time.

Is the service effective?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed however we found some assessments lacked detail to ensure staff had the correct information to support people safely.
- We found inconsistencies in people's care and support plans. The service had recently switched from paper-based care record to an electronic care planning system. Whilst some records we looked at had been reviewed and were very detailed others lacked information to ensure staff had detailed information. For example, a person living with chronic obstructive pulmonary disease (COPD) had a basic care plan which was generic and did not assess the person's individual needs.
- People were involved in developing care and support plans. A relative we spoke with told us, "Care plans are discussed fully with my [relative] and also with me when appropriate."
- People's needs were assessed in line with best practice guidance and the law. For example, nationally recognised screening tools were in place for pressure area care and nutritional monitoring.

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

- People's health needs were inconsistently managed.
- Referrals to some health and social care professionals were not always made in a timely manner. For example, we found one person who should have been referred to the speech and language therapy team but hadn't. We reviewed another person's records and there was a delay in a referral being made to the specialist falls team. However, we found other people had been referred to specialist healthcare teams and had their advice implemented within their care plans. We fed this back to the registered manager during our inspection who took immediate action ensuring all required referrals were made.
- Staff supported people to access to their named doctor when needed. For example, one relative told us, "They are good at getting the GP now, this is all down to the new management."
- A professional we spoke with told us, "The staff and registered manager work well with the multi-disciplinary team to improve outcomes for the people they care for."
- Care plans included oral health assessments and people were supported to access the dentist when needed.

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

- The premises and environment were under refurbishment therefore did not always meet the needs of people.
- Signage around the service needed further improvements to ensure people with cognitive or sensory

impairments could navigate their way around the home easily. The provider shared with us the further plans which included creating further wet rooms and re-decoration of all bedrooms.

- The provider had completed some works to the building including creating a new shower room, decommissioning an old smoking room which presented a significant risk to people and the fitting of new flooring.
- People were supported to decorate their bedrooms with their personal items. People told us, "I brought in what I wanted, and I've got all my pictures of my family in my room."
- Specialist equipment had been sought to meet people's needs. For example, people who required specialist pressure relieving equipment had this ordered and implemented.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Weight, diet, and fluid monitoring was in place and reviewed to ensure people who were at risk of malnutrition and dehydration were identified and supported. We found staff did not always record when they offered drinks to people who were at risk of dehydration, this was picked up prior to our inspection and action had been taken to address poor documentation. We observed all people to have access to drinks and staff offered different drinks throughout both days of our inspection.
- People were referred to a dietician when required and their advice implemented.
- People and their relatives were happy with the nutritional support on offer. For example, a relative we spoke with told us, "The food is good and my [relative] is actually putting on weight now."

Staff support: induction, training, skills and experience

- Staff were inducted, trained and supported to ensure they carried out their duties effectively.
- The registered manager had highlighted gaps in training prior to our inspection. Specialist training had been sought and booked to ensure people received effective care and support.
- Staff received regular supervisions to discuss and identify any training needs. Staff told us, "The new management team are better, and I have a supervisions every few months, I would go to the management team if I needed to in between these though."
- People and their relatives told us they felt confident in staff's skills and competence. For example, a relative said, "Staff training is much more evident since the manager's been here."

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

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

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

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

- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured any DoLS in place remained lawful.

- Staff received training in the MCA and DoLS. Our observations showed staff were aware of their responsibility. For example, whilst observing staff supporting people with their medicines consent was gained prior to administration.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- We observed an incident where a person was calling for help, we escalated this to a staff member who dismissed our concerns, we found another staff member who assisted the person. This isolated incident was reported to the registered manager who took immediate action to address the concerns relating to staff conduct. The registered manager took further action and increased management walk rounds to ensure they were satisfied this was an isolated incident.
- People and their relatives told us, staff respected people's dignity and independence. For example, a relative told us, "The staff are wonderful, they all treat my [relative] with respect."
- People's privacy was maintained. For example, we observed all staff to knock prior to entering people's bedrooms.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people with kindness and compassion. We observed staff to be patient and supportive to people.
- People's individual choices were fully respected. People told us, and care records demonstrated people had been given a choice of who they would like to help support them. For example, a person told us, "Staff asked who I wanted to help me with a shower and things like that, I only have female staff support me, which is what I want, it's in my care plan as well."
- Relatives told us they felt staff were caring and treated their loved ones with kindness. For example, a relative told us, "It's gone really well since my [relative] moved in, staff are respectful and kind, my [relative] would certainly speak up if they weren't, I also know how serious the manager and deputy take their jobs and they wouldn't stand for anything less than kindness."

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

- People were encouraged and supported to express their views.
- Care plans we reviewed demonstrated people were fully included in planning their care. People's likes and dislikes were written in care records we reviewed. Involvement in care planning from relatives was positive. For example, all the relatives told us their family members had been asked about their views and preferences around their care needs.
- Residents' meetings were held for people living at the home. This gave people the opportunity to give feedback and express what changes they would like to see.
- People were supported with advocacy services when needed. An advocate is an independent person who

can assist people to make decisions about their health and well-being.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support according to their needs and preferences.
- Whilst we found inconsistencies in care plans as referenced in the Effective section of this report, the registered manager had identified this issue prior to our inspection. Staff had commenced work to review all people's care plans to ensure these detailed people's individual needs.
- People and their relatives told us they felt staff knew their likes and dislikes. For example, a relative said, "My [relative] just loves everything at the home and staff know all there is to know about their care which is excellent."
- People were supported by staff who had a good understanding of each person's individual needs. Staff told us, "We are good at providing person-centred care, activities, looking after people's dietary needs and other social needs, we get to know all people."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We found people's communication needs were assessed and documented within care plans. However, we found inconsistencies with how these needs were managed.
- Information in alternative formats was not always readily available to people who required this kind of information. For example, materials such as menus were not always displayed or were available, this meant people with communication or sensory needs may not always know what food is available. However, we found information such as the complaints policy was available in an easy read style. We fed this back to the registered manager who ensured people had access to menus in their preferred format.
- Care plans we reviewed gave staff instructions in how to communicate with people in the most effective way. For example, a care plan we reviewed detailed how staff should communicate with a person who may become anxious or distressed.

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

- People were supported to choose and engage in a range of activities.
- Staff supported people to follow their interests and hobbies. For example, a relative we spoke with told us,

"My [relative] loves birds and has a canary in their room and bird feeders outside their window they are really happy thanks to the staff realising they have this passion." Another relative told us, "Family events, knitting, excursions, wine and cheese evenings it is great, there is so much to do and no circles of bingo."

- Activities on offer were developed with people living at the service. For example, minutes from a resident meeting we reviewed described what activities people enjoyed and what new activities people wanted.
- People were supported to maintain relationships with their family members. Staff supported people to gain contact with family members and invited them to social events to maintain and build relationships.

Improving care quality in response to complaints or concerns

- Complaints and concerns had been documented and investigated.
- People told us all concerns were efficiently managed by both the registered manager and deputy manager. People and their relatives spoke highly of the quick response they received when they raised any concerns. For example, a relative said, "Any concerns, I know they will listen and act, they are not big issues."
- Records we reviewed evidenced complaints were responded to in line with the provider's own policy.

End of life care and support

- The registered manager recognised and understood their role in ensuring people received good end of life care and support, they spoke passionately about the support they provided.
- A relative we spoke with told us, "My [relative] received end of life care at Cherry Holt, my [relative] was treated exceptionally well, staff were excellent and treated my [relative] with dignity and respect. I could not have wished for a better end for my [relative], it was lovely, peaceful and they were pain free."
- End of life wishes had been discussed and documented within care plans. Specialist advice was sought from specialist nurses when required. Further training relating to end-of-life care medicines had recently been completed by registered nursing staff. This meant there would be no delay in setting up specialist end of life medicines in the event of people needing them.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed 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; Continuous learning and improving care

- Internal quality assurance processes were not always effective in monitoring the service.
- Audits were completed and although some issues had been identified, action was not always taken to ensure the quality and safety of care improved. For example, medicine audits had been completed in January 2023 and identified people had run out of medicines, however we found in June 2023 people continued to run out of their medicines.
- Health and safety audits were not always effective in monitoring safety and driving service improvement. Health and safety audits had been completed; however, issues were not always identified. For example, we found a heavy snooker table leant against a wall next to a person's chair, this was not secured to the wall and was at risk of falling and causing injury to people. This had not been identified in the provider's environmental audit which placed people at risk of harm.
- Records containing people's personal identifiable information was found in places around the home which all people, staff and visitors has access to. This meant there was a risk people's confidential information could be shared, this was not in line with guidance or the providers own policy. This was fed back to the registered manager who took action immediately to ensure all records were held securely.

The provider did not effectively monitor the quality and safety of care to ensure improvements were made. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits of care plans did identify the issues we found, and action had been taken to improve the quality of records.
- The registered manager took immediate action to all of the concerns we found. The registered manager along with support from the providers management team created a comprehensive action plan following our inspection to ensure the quality and safety of care improved.

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

- The culture was person centred, inclusive and open.
- The registered manager ensured the culture was open and honest. Whilst there were issues at the service, staff, people and relatives were all aware they appreciated and acknowledged the registered managers

approach and commitment to improving the service.

- Staff told us the registered manager was approachable and supportive. For example, staff told us, "Management are supportive, and communication is good."
- Staff, people and their relatives were encouraged to share their views and any changes they would like to see. Meetings were held with staff and people and action taken following these meetings. For example, people fed back during a meeting they did not like a big meal at lunch time, as result changes were made. Relatives told us they had been asked to complete questionnaires to give their feedback. However, relatives told us they did not need to wait for the questionnaire to share their views as a member of the management team was 'always around'.
- Policies in place detailed all protected characteristics and staff received training in equality and diversity.

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 registered manager understood their responsibility to be open and honest with people and had acted when things went wrong.
- Relatives we spoke with told us they were informed when things went wrong. For example, a relative told us, "If my [relative] falls I am contacted at once and a new assessments carried out."
- Records we reviewed evidenced incidents and any actions had been communicated in a timely manner to people and their relatives.

Working in partnership with others

- The provider worked in partnership with the local authority and integrated care board in order to improve the quality of care.
- A professional we spoke with told us, "I have found staff to be experienced and professional."
- The registered manager worked with external professionals to ensure the quality-of-care people received improved. For example, Cherry Holt were part of a hydration pilot ran by the integrated care board to decrease the risk of people becoming dehydration. Feedback we reviewed evidenced the registered manager had entered the pilot with enthusiasm and commitment.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure risks were managed effectively and medicines were managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place did not effectively monitor the quality and safety of care in order to drive service improvement.