

Ashbourne Care Limited

Ashbourne Care Home

Inspection report

Lightwood Road
Dudley
West Midlands
DY1 2RS

Tel: 01384242200

Date of inspection visit:
18 January 2024
23 January 2024

Date of publication:
11 March 2024

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

Ashbourne Care home is a residential care home providing personal care and accommodation for up to 38 people some of whom live with Dementia. The service was supporting 36 people at the time of the inspection. The service has 2 units a residential unit and a unit for people who live with Dementia.

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

Systems to monitor the quality and safety of the home were not always effective in identifying shortfalls and to drive improvements. Timely action was not always taken to address health, safety, and dignity issues within the service. Records were not always detailed and kept up to date to provide effective guidance to staff.

People were not always supported with their mobility in a safe way. Systems did not provide assurances people had received their medicines as required. Not all staff had completed core training for their role and staff competency was not always assessed to ensure they put their training into practice. Not all staff felt supported in their role.

People living on the dementia unit did not have the same opportunities and positive dining experiences as those living on the residential unit. People's dignity and privacy was not always maintained. We have made a recommendation about the environment on the dementia unit.

Systems were in place to review incident and accidents, and action was taken to learn lessons from these. However staff working practices did not always reflect this. People were supported by staff who had been recruited safely and understood how to protect people from abuse. People had access to healthcare professionals to ensure their healthcare needs were monitored and met.

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 and those important to them, were involved in the initial pre- assessment process and were supported to provide feedback about the way the service was managed. People and their loved ones were happy with the service provided and felt able to approach staff and the registered manager.

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

Rating at last inspection and update. The last rating for the service under the previous provider was Good published March 2019.

Why we inspected

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the management of medicines and risk and the overall governance of the service. We have also made a recommendation in relation to the environment on the dementia unit. Please see the action we have told the provider to take in relation to the breaches 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 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 ●

Ashbourne 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 undertaken by 3 inspectors, and an Expert by Experience on day 1, and 2 inspectors on day 2. 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

Ashbourne 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. Ashbourne is a care home without 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 on day 1 and announced for day 2.

What we did before the inspection

We reviewed information we had received about the service since their registration with a new provider. We sought feedback from the local authority and professionals who work 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.

During the inspection

We spoke with 8 people and 7 relatives about their experience of the care provided. We also spoke with 15 staff which included care and senior staff, domestic, and catering staff. We also spoke with the Deputy and registered manager and a regional manager.

We reviewed a range of documents and records including the care records for 9 people, 8 medicine records, 3 staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

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.

Is the service safe?

Our findings

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

This is the first inspection of this registered service. This key question has been rated 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

- The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- We observed staff using unsafe moving and handling techniques on 2 occasions when supporting people with their mobility. This placed both people and staff at risk of harm.
- Incidents and monitoring charts for people who became distressed were not always monitored and analysed for any patterns and trends to demonstrate what action had been taken to reduce risks for people.

The provider had not ensured effective systems were in place to assess and manage risks. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks to people were assessed and covered a variety of areas including malnutrition, skin integrity, falls, moving and handling and safety. Where risks were identified there was a corresponding care plan to manage this. For example, people at risk of developing sore skin had regular skin checks and equipment in place to reduce the risk of sore skin emerging.
- Discussions with staff demonstrated their knowledge of any potential risks when supporting people. A staff member said, "We discuss people's needs at handover and discuss anything we need to be aware of or need to monitor such as if a person has fallen or not feeling well."
- Staff knew the procedures to follow in the case of a fire. A staff member said, "Go to panel and see where the problem is and if there is a fire to phone the fire service and check everyone is ok and start to move them, we have the equipment to help us."

Using medicines safely

- People were supported to receive their medicines in a way that was not always safe.
- Medication records had been signed stating people had received their medicines. However, when we checked the stock balance of medicines these were not always accurate with what had been administered. Therefore, we could not be assured people had received their medicines as required.
- Medication records for prescribed topical creams were not consistently signed to confirm these had been applied to people.
- Some people were prescribed pain relief patches. Records to monitor where these patches were applied, were not consistently completed. It was recorded on some records when staff came to remove and apply a new patch, they were not able to find the previous patch. This meant people may not have received their

prescribed pain relief as required.

- The opening and expiry date for eye drops, and topical creams was not consistently recorded. Therefore, there was a risk these could be administered after they had expired.
- People who were prescribed 'as required' medicines had protocols in place but some of these lacked detailed information to guide staff when these medicines should be administered.

The provider had not ensured effective systems were in place to ensure safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse and avoidable harm.
- Safeguarding concerns had been reported to the relevant authorities, and CQC were awaiting the outcome of some of the referrals that had been made.
- People we spoke with told us they felt safe. One person said, "I definitely feel safe here." A relative said, "Definitely feel (person) is safe here. Staff seem to look after them."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "If I did (see abuse) I'd blow the whistle, the number is in the office. I wouldn't let anyone abuse the residents here."

Staffing and recruitment

- We received mixed feedback from people, staff and relatives about the staffing levels. One person said, "I don't think there are enough staff. Sometimes when I press the buzzer, I have to wait for a while because the carers are with someone else." Another person told us, "Most of the time there's always someone around. They come quickly when the buzzer is pressed – one thing they are good at."
- One relative told us; I think there is enough staff they are always very busy though." Feedback from staff was mixed with one staff member saying, "We could do with more at busy times when we are supporting people to get up as I feel like we are rushing them." Another staff member told us, "We cope, and we meet people's needs but we are very busy."
- We observed staff were busy and they worked mainly in a task focused way meeting peoples core care needs.
- A dependency tool was in place, which was used to determine the staffing levels and we were advised this was kept under regular review.
- Recruitment checks were undertaken to ensure staff were suitable to work at the home. Part of these checks included a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff confirmed they had access to enough personal protection equipment to support them in their role.
- We saw several areas of wear and tear which required renewal. This included chairs which were ripped. These had been identified as needing repair by the registered manager.
- Staff confirmed and records showed they had completed infection control training as part of their induction.
- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider has systems in place to learn lessons when things went wrong.
- Systems were in place for accidents and incidents to be reviewed and monitored for patterns and trends. These records reflected what actions were being taken to mitigate future risks.
- Staff confirmed they were made aware of any incidents and any learning from these was shared with them.

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.

This is the first inspection for this registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Peoples individual needs were not always met by the adaption, design and decoration of the premises.
- The dementia unit was not designed in a way which maximised people's independence. Although there was some pictorial signage to communal areas, such as toilets, and lounge areas, not all bedroom doors had pictures or personal references to help people orientate to their personal space.
- The living room on the dementia unit had no blinds. We could see how this impacted upon people when the sun was shining in the room and directly into people's faces. It was hot, bright and uncomfortable with people putting their hands up to shield their faces from the brightness of the sun. We were advised there had been a delay in the blinds being delivered. These had not been in place since October 2023. We were advised the blinds had been delivered and fitted the week after our inspection.

We recommend the provider considers current guidance on how to make environments used by people living with dementia more 'dementia friendly'.

- People were not supported to use an area that was sheltered when they wanted to go outside to have a cigarette. People used a fire exit to access the back garden which was not accessible for wheelchair users. We raised this with the registered manager who agreed to take action to address this.
- The environment on the residential unit was more homely than the dementia unit. People told us they enjoyed watching the fish in the fish tank.
- People's rooms were personalised to suit their preferences on both units.

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

- Although people were supported to eat and drink enough to maintain a balanced diet, the mealtime experience was not always a positive experience for some people.
- People on the dementia unit were supported to the dining room half an hour before their meal was ready to be served. This meant people were sitting and waiting without any interaction or music being played.
- Menus were displayed on the dementia unit but these were not reflective of the choices available on day 1 of our visit. Picture menus were not used. Staff did not show people the two meals available to enable people to be aware of the options available.
- On both units we saw meals were not served per table but based on what choices people had chosen. This meant some people had to wait for their meals whilst sitting next to someone who was eating.
- A person told us, "The food is okay we can have what we want within reason, there are choices."

- People had equipment such as adapted cutlery to promote their independence to eat their meal.
- Discussions with the chef demonstrated their knowledge about people's dietary requirements, and food consistency. Records were in place containing this information for staff to refer to.

Staff support: induction, training, skills and experience

- Staff had received some training opportunities to enable them to have the skills for their role.
- The training information showed most staff had received core training. However, there were some staff that had not completed relevant training for their role such as practical moving and handling. Where there were gaps a training programme was in place and face to face training sessions had been planned.
- Information shared with us stated competency assessments and observations of care practices were completed in the following areas, infection control, handwashing, wearing protective clothing and medication. This meant staff practices were routinely assessed to ensure safe practices were being followed in these areas.
- New staff had the opportunity to complete an induction which included the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People's needs were assessed prior to moving into the home. A relative told us, "We were asked lots of questions about [person] needs and what they can do and what they need support with. We have also been asked to share information about [person] past life history. We were all involved in this process."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- The provider worked with other agencies to support care and effective treatment.
- People were supported to access healthcare services and support.
- People we spoke with confirmed they had access to routine healthcare services such as GP, and opticians to ensure their needs were monitored and met. The opticians were at the home during the first day of our visit undertaking routine checks.
- Records confirmed routine healthcare appointments were being arranged. Where needed staff worked with district nurses to monitor people's skin and sought their advice about people's healthcare needs.

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 and whether appropriate legal

authorisations were in place when needed to deprive a person of their liberty.

- The provider was working in line with the Mental Capacity act. Where required appropriate legal authorisations were in place to deprive a person of their liberty.
- People confirmed staff sought their consent before providing support. A person said, "The staff are good they explain what they are doing and ask before they do anything."
- Most staff had completed training in relation to MCA. Most staff understood the principles of the MCA and the impact this legislation had on their role.

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.

This is the first inspection for this registered service. This key question has been rated 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

- People's privacy, dignity and independence were not always respected and promoted.
- People and relatives told us they felt people were treated with dignity and respect. However, we saw instances when this was not always the case. We observed a staff member empty a person's catheter bag in a communal area. This compromised the person's dignity and privacy.
- We observed people's independence was not always promoted on the dementia unit as people were often asked to sit down as opposed to walking around.
- People we spoke with told us, "Staff do maintain my dignity during personal care. They make sure the curtains and doors are closed and I am covered when in the bathroom. They ask me to do as much for myself as I can."
- People were supported to maintain and develop relationships with those close to them. A relative told us, "I can visit when I want, and the staff are always welcoming."

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

- People were not always well supported and treated with respect by staff.
- People and their relatives told us overall staff treated them with kindness and respect. However, we observed times when this was not always the case. On the dementia unit we observed staff were not always responsive when people became distressed and crying. When staff did respond they asked people to 'calm down' and reassurance was not always provided in a caring manner. Interactions by some staff were task-based rather than focused on the needs of people.
- We did observe some caring approaches between people and staff. One person told us, "The staff are lovely, and caring we have a laugh they are golden." A relative told us, "The staff are great they make a fuss of [person] they are kind to them and always make sure [person] is okay."
- People's diversity was respected, and people could attend religious observance of their choice. The home had a plaque on the front entrance stating they were LGBTQ+ champions. Information was gained upon admission to ensure all needs were considered and supported.

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

- There was little evidence in people's care records to confirm their involvement in their care plan and any reviews undertaken. People and their relatives advised us they had not seen their plan of care and had not been invited or involved in any reviews. However, relatives did state. "They keep us up to date with any changes in need and involve us when decisions need to be made."
- People told us they were involved to make daily decisions about their care. One person said, "The staff ask me what I want to wear, if I want to get up and if I want to go to the lounge, so I make choices about my

day."

- People and relatives told us they felt staff listened to them. A person said, "They do listen to me and respect my decisions, but then they have no choice with me."

Is the service responsive?

Our findings

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

This is the first inspection for this registered service. This key question has been rated 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

- People were not always supported to follow their interests or take part in activities that were relevant to them.
- There was an activities co-ordinator employed who provided meaningful activities to people on the residential unit. However, on day 1 we saw no activities were provided on the dementia unit and on day 2 we saw 1 activity was provided which consisted of throwing a soft ball. This meant only those people that could engage with this activity could participate. All other people were sitting with no meaningful engagement or objects to occupy their minds such as therapy dolls, rummage boxes etc on both days.
- The activities co-ordinator supported people on the residential unit to participate in a variety of activities which included, card games, quizzes, and exercises. One person said, "I love a game of cards it's always fun."
- People on both units were supported to develop and maintain relationships both with people in the home and their relatives, and friends. One person told us, "I have made friends here, I was lonely when I lived by myself, so things are much better for me,"

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.

- The provider had not consistently met the requirements of the AIS.
- Although we were advised pictorial menus and flash cards were used to support people on the dementia unit to make choices, we did not see these being used during our visit.
- The registered manager told us information could be made accessible where needed such as large print or Braille.
- Information about how people communicated was obtained when people were assessed and then included in their care records. Staff knew how to communicate with people.

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

- Not all people we spoke with knew they had a care plan, and records did not reflect their involvement in reviews.

- Overall staff demonstrated their knowledge of people's needs and preferences and how they wanted to be supported. For example, we observed staff talk to people about their past lives, people that were important to them, and their favourite football team.
- Systems were in place to monitor and evaluate the needs of people and these were undertaken regularly.

Improving care quality in response to complaints or concerns

- Peoples concerns and complaints were listened to, responded to, and action plans introduced to improve the quality of care.
- People and their relatives said that they knew how to make a complaint and felt any concerns raised would be listened to and addressed. One person said, "I will tell the staff if I wasn't happy about something they would get it sorted."
- Complaints were reviewed and analysed to look for trends.

End of life care and support

- People were supported at the end of their life to have a comfortable dignified and pain free death.
- Although reference was made to people's end of life wishes in their care plan the information recorded was limited in detail.

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.

This is the first inspection for this registered service. This key question has been rated 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

- Although systems and audits were in place these were not effective in monitoring the quality of care provided and identifying shortfalls in the service to drive improvements.
- Records confirmed health and safety audits were completed and daily management walk arounds undertaken. However, on day 1 of our inspection we found several health and safety concerns that had not been identified and addressed. For example, we saw an outdoor bench was blocking a fire exit, a bathroom on the first floor was being refurbished but had not been locked to prevent people from using this bathroom. There were trailing wires and cables on both units. All these issues were addressed after we brought these to the registered manager's attention, apart from the bathroom which we found to be unlocked on day 2 of the inspection. However, this action was in response to us raising these concerns as opposed to in response to the internal systems in place.
- Although audits of medicines were completed and shortfalls were identified, systems and procedures in place were not effective in driving improvements. Staff and management were not working in partnership to implement best practice to improve standards.
- People records lacked some detail to guide staff on how to support people's needs. For example, although catheter care passports were in place these were not person centred or detailed to reflect the support each person required with their catheter care.
- Completed daily records did not always fully document the support people received. For example, with personal, and oral care it was not always clear if people had received their personal care or cleaned their teeth.
- Where monitoring tools were used for food and fluid intake these were not always fully completed to note the snacks people had been offered or the fluid consumed. Where there was an identified risk, for example a person had not eaten or drunk enough it was not always clear how these were escalated or managed.
- Peoples care records were not always updated when there was change in need. For example, when people's mobility/ equipment needs changed.

Systems and processes needed to be further improved and embedded to ensure effective oversight of the service was maintained. This is breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was not always a positive and open culture at the service.
- Discussions with staff indicated there was low morale amongst some staff and not all staff felt supported and empowered by the management team. Some staff told us, they did not have confidence in the management team to manage the service in people's best interests. Some staff felt there was a delay in action being taken when issues were identified. For example, repairs being addressed. Some staff did not feel listened to. However this was not the case for all staff.
- The provider did not always have effective systems to provide person centred care that achieved good outcomes for people.
- People living on the dementia unit did not appear to have the same opportunities and have their individual needs met like people living on the residential unit. For example, the lack of meaningful daily interactions and engagement, and being able to live in a homely and respectful environment.
- This was not the case for all, and some people and relatives were happy with the care provided. One person said, "I enjoy living here the staff and managers are really good and my needs are met." A relative told us, "I have peace of mind now as I know [person] is being looked after and they keep me updated with everything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gain feedback from people, and those important to them. This included through meetings, surveys, and informal discussions. A notice board was displayed detailing some actions for improvement from the results of the survey. However, this did not cover all actions and a more detailed action plan was not available for us to review.
- Not all staff felt supported and listened to by management. One staff member said, "I don't feel valued or respected." However, this was not the case for all staff. Another staff member told us, "I enjoy working here, the management are great, and approachable."
- Staff surveys were completed, and areas for feedback included, if the provider listened to concerns and complaints, and if staff felt able to speak up if they were unhappy. A dedicated whistleblowing telephone line was also in place for staff to report any concerns confidentially.
- Staff confirmed meetings were held and information was shared. A staff member said, "We have meetings where we discuss various topics, including improvements and lessons learnt. We also have supervision where we can discuss the home and any issues on an individual basis."

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 responsibilities in relation to the duty of candour and contacted relatives when incidents had occurred.

Working in partnership with others

- The management and staff worked with a variety of external professionals to ensure people's healthcare needs were met.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured effective systems were in place to assess and manage risks. The provider had not ensured effective systems were in place to ensure safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided