Victorguard Care Limited

The Beeches Care Home

Inspection report

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Date of inspection visit:
06 December 2023
11 December 2023

Date of publication:
06 February 2024

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Inadequate**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
The Beeches Care Home is a care home providing personal care to older people, some of whom were living with dementia. The service is registered for 60 people, at the time of our inspection there were 23 people living at the home. The home has two floors however the provider had moved all people to the first-floor unit, with the ground unit remaining empty.

People's experience of using this service and what we found
We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

Right Support:
Risks were not being well managed for people, and where risks had been identified staff were not keeping contemporaneous care records. We were not assured the provider had effective systems for safeguarding vulnerable people. Recruitment processes were not consistent and staff deployment was not safe or effective. Medicines were not well managed, and the provider's governance systems had not identified the shortfalls we found on inspection.

People and relatives told us they felt safe in the service but they often had to wait for support and staff did not have time to spend with them. One person told us, "Most staff are alright, some can be short with me if I don't do things quickly enough."

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We were assured staff and the provider were following and promoting safe infection prevention and control practices.

Right Care:
Care plans were inconsistent in detail. Some lacked relevant information such as appropriate risk assessments, and some care plans failed to capture people's choices, wishes and preferences. The provider did not have effective oversight of personal care records which did not capture when people had received baths or showers. Nutritional requirements were not being well managed and care staff failed to keep accurate records of people's food and fluid intake, in line with their requirements.

People's feedback regarding the provision of food and snacks was mixed. Some people told us they had cooked dinners and enough fluids. Other people told us the quality of the food varied and not everyone reported receiving offers of snacks between meals.

The provider was working well with other professionals such as GP's district nurses, occupational therapists, relatives confirmed the involvement of these professionals in people's care.

Right Culture:
The provider did not have effective systems to monitor the quality of the care provided and therefore had failed to drive improvements. There had been inconsistent leadership and management in the service which had resulted in poor governance and oversight. Despite activity coordinators being employed, and some activities taking place, during both days of inspection we found there were many examples of missed opportunities for staff to meaningfully engage with people outside of a planned activity.

People told us staff did not have time to engage with them, and one person told us, "I think they could do with more staff. The staff are always busy."

Staff felt supported by the new manager and provided positive feedback for being approachable and supportive.

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 this service was inadequate (published 19 June 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve promoting dignity and respect and good governance. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We carried out an unannounced inspection of this service on 4 and 6 April 2023. A breach of legal requirements was found. We initially undertook this focused inspection on safe, caring and well led, to check they had followed their action plan and to confirm they now met legal requirements. We inspected and found there was a concern with adhering to the principles of the Mental Capacity Act 2005, and person-centred care planning, so we widened the scope of the inspection which included the key questions of effective and responsive.

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

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

Enforcement
We have identified breaches in relation to person centred care, safe care and treatment, safe administration of medication, nutrition and hydration, good governance and staffing 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 overall rating for this service is 'Inadequate' and the service remains in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this time frame and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe. Details are in our safe findings below	**Inadequate**
Is the service effective? The service was not effective. Details are in our effective findings below	**Inadequate**
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 responsive. Details are in our responsive findings below	**Inadequate**
Is the service well-led? The service was not well-led. Details are in our well-led findings below.	**Inadequate**

The Beeches 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 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
The Beeches 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. The Beeches Care Home 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 not a registered manager in post. A manager had been in post over 3 months, but the Care Quality Commission had not received an application from the manager to register.

Notice of inspection

This inspection was unannounced. Inspection activity started on 6 December 2023 and finished on 13 December 2023. We visited the care home on 6 and 11 December 2023.

What we did before the inspection
We reviewed information we had received about the home since the last inspection. 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 home, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 11 people who were using the service and 1 relative of a person who used the service about their experience of the care provided. We spoke with 12 staff members in total, including 8 care staff, the regional lead, manager, the deputy manager, head of care and cook.

We reviewed a range of records. This included 8 people's care records, 11 people's supplementary charts, multiple medication records, and we looked at 3 staff recruitment files. A variety of records relating to the management of the home, including some policies and procedures, were reviewed. We also carried out a visual inspection of the premises and carried out observations of people's care and support.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included premises and equipment records and training data.

Inadequate

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 inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely
At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not being managed safely.
- Information to support staff to administer medicines when there was an option to give a variable dose was not always available.
- Records to support the application of topical creams to manage the risk of skin integrity had not been consistently completed. We were not assured people were receiving topical medicines as prescribed.
- Risk assessments were not in place for people who were prescribed topical creams.This meant there was no assessment of the potential fire associated risk with the use of topical creams.
- Medicines required to be refrigerated were not always stored safely. We found the medicines fridge temperatures were outside of safe temperature limits for 10 days, with no record of staff taking any action.

We found no evidence people had been harmed, however systems and practices were either not in place or not robust enough to demonstrate medicines were being safely managed. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

At our last inspection the provider had failed to ensure the service had effective systems in place to manage risk. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks had not been fully assessed or mitigated to ensure people's safety. This related to pressure relieving care and equipment, catheter care, reporting of incidents and accidents, and managing distressed behaviours. There was a lack of evidence for lessons learnt when things had gone wrong.
- Records to oversee risk had not been adequately completed. There were gaps in 11 people's repositioning records to manage risk of skin breakdown. Most of these records highlighted people remained int he same

position for much longer than their care plan stated they should be. This increased the risk of harm to people.
● We found some people's pressure relieving equipment was either not in situ or the setting was incorrect for their weight. Two people did not have an air mattress in place, to manage this risk. Three people had their air mattresses set to a higher weight setting than their weight.
● Risk assessments and care plans to ensure staff could provide safe care and treatment to people who displayed distressed behaviours did not have care plans or appropriate risk assessments in place to guide staff on how to respond during these periods of distress.
● We could not be assured maintenance, building and equipment safety checks had been completed. We did not see and were not provided with any maintenance records to show any safety checks on call bells, water temperatures, bedroom checks, equipment checks and there were no fire systems weekly checks completed between 30 August 2023 and 21 November 2023.

The lack of robust risk management processes meant people were not protected from harm or injury. This was a continued breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was responsive to inspection findings and has started to take action to make improvements.

Staffing and recruitment

At our last inspection the provider had failed to deploy enough suitably competent and experienced staff to meet people's needs. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider remained in breach of regulation 18.

● The providers recruitment process was not robust, safe or effective. We reviewed 3 staff recruitment files and found shortfalls in all of them.
● We found on both days of inspection, despite the provider's dependency tool calculating staffing levels, staff deployment in the home was ineffective and unsafe. People were left for long periods of time with no engagement from staff, and there was a lack of staff presence around the communal areas.
● We saw people shouting out for help and looking for staff to support them, but there was no staff available as they were already busy.
●Staff told us, "There is not enough staff to do all the work we need to do. Sometimes we miss our breaks to meet the needs of the people we are caring for."
● The provider had sent out resident surveys and in the response some people had said staff do not have time to speak to them. No action had been taken to address or amend this.

The provider had failed to ensure there was a safe process in place for the recruitment of staff and they had failed to ensure staff deployment in the service was safe and effective. This was a continued breach of regulation 18 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 not always in place to protect people from the risk of abuse and harm.
● The provider had failed to ensure they implemented a safe system to monitor and stock check the number of cigarettes 1 person had, to ensure they were used for their own personal use.
● Staff had received safeguarding training and told us they were aware of the reporting process.

● Where safeguarding incidents had occurred, referrals had been made to the local safeguarding team and notified to CQC.

Preventing and controlling infection
● The provider had an up to date infection prevention and control policy which was being implemented by staff.
● Staff followed safe infection prevention and control practices, regularly changing their personal protective equipment (PPE).
● The home was kept clean and hygienic and the provider had sufficient stocks of PPE.

Visiting in care homes
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Inadequate

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 good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience
- Effective systems to ensure staff received the training, induction and supervision required to do their job safely and effectively were not in place.
- Staff training was significantly below the providers compliance level. 49% of care staff had not completed mental capacity assessment training, 76% of staff had not completed learning disability and autism training, 57% of staff had not completed GDPR training and 36% of staff had not completed infection prevention and control training.

This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulation Activities) Regulation 2014.

Following feedback, the manager had taken action to book in training for staff.

- Overall staff feedback showed they felt they had received better support and supervision since the new manager had been in post.

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.

- We found the service was not working in line with the principles of the MCA.
- 7 out of 14 people who were subject to restrictions did not have the appropriate or required consent,

mental capacity assessments or best interest decisions.

We found no evidence people had been harmed. However, this is a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Systems were in place to monitor DoLS applications and authorisations and to make sure conditions were being met.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional requirements were not well managed. Care staff failed to keep accurate records of people's intake in line with people's requirements, and some staff did not know people's needs.
● We found the choice of breakfast available to people was limited. People told us, "I would love to have some bacon [for breakfast]." Other people asked for fried eggs but did not receive these.
● Meals were not fortified where needed to manage the risk of weight loss. Snacks between meals were limited to biscuits. Cultural choices for meals were not met.
● The provider did not have safe systems for staff to monitor and document accurately people's food intake. Plates from people who had not eaten any food were cleared away, however records were completed to show these people had eaten.

This was a breach of Regulation 14 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs
● The service had not been effectively adapted to meet the needs of people living with dementia.
● The service did not have dementia friendly signage in or around the home. We observed some people were disorientated when navigating around the home.
● People had been moved onto the first floor from the ground floor, over 4 months prior, but did not have their names or any identifiable signage on their bedroom doors.
● Some people's bedrooms were personalised.
● The home had been dressed in festive decorations which displayed the time of year to people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Pre assessments were completed prior to people being admitted into the service. However, we found 1 person who was admitted had not had a re assessment to determine whether the service was still suitable and able to meet their needs. The provider had not applied to the Care Quality Commission to add a service user banding of Learning Disabilities for this person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff supported people to access the healthcare and support they needed.
● People's care records confirmed the involvement of other professionals in providing care such as the mental health team, community matrons, GPs and the speech and language therapy (SALT) team.

Requires Improvement

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 inadequate. At this inspection the rating has changed 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; Supporting people to express their views and be involved in making decisions about their care

At the last inspection people were not always treated with respect, dignity or compassion. This was a breach of regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

● People were not always treated with dignity and respect. We did observe some kind and caring interactions between staff and people. However, this was inconsistent, and we still had some concerns.
● People did not receive timely support with their personal care. This impacted upon their dignity.
● People and/or their relatives were not consistently involved in their care. The most recent survey showed 1 person wanted to be more involved with their care plan process. We could not see how this feedback had been reviewed or acted upon.
● There were missed opportunities for staff to communicate and socialise with people during both days of inspection. Staff were task orientated and did not always have time to spend with people. We found this had improved on the second day of our visit.
●Staff were caring and compassionate in their approach.
● Staff culture in the home had improved. Staff were pleasant to people despite being busy, and they showed a genuine desire to provide good care. One person told us, "They [staff] are all caring," and "they [staff] look after me when they are not too busy."

Inadequate

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 good. At this inspection the rating has changed to inadequate. This meant services were not planned or delivered in ways that met people's needs.

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

- People did not always receive person centred care.
- People's care records were inconsistent. Some contained personalised information about the care and support people required, others lacked detail and did not reflect the person's current needs.
- A handover record showed 1 person had requested not to have male agency care workers provide them with personal care in a morning. This information was not captured in their care plan and the provider had failed to ensure such preferences were updated in people's care plans in a timely way.
- There was a lack of guidance for staff in how to support people who displayed distressed or aggressive behaviour towards staff during personal care. Care plans were not in place therefore staff did not have any guidance on how to provide safe care and treatment, or how to respond during these incidents of distressed behaviours.
- People's care was not properly monitored. Staff had not clearly recorded when people were offered baths and showers as per their care plan preferences and requirements. We reviewed personal care charts for 8 weeks for all people in the service, and we found 'wash' was recorded twice a day as the personal care provided, no baths or showers were detailed on these charts.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- People and relatives provided mixed feedback regarding person centred cares. Some people told us they were offered choices and included in decisions but other people told us they were not.

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's social needs were not always met.
- We did not observe meaningful and engaging activities taking place during the inspection. We saw people sitting for long periods of time in their bedrooms and communal areas without any meaningful interaction. People in their bedrooms received no socialisation other than when personal care or meals were provided.
- There was a secure garden on the ground floor, but this was not freely accessible to people. Keypad locks meant people could only access the garden with support from staff. The provider's records showed the garden area was not safe for people to use.
- People reported in the resident surveys in November 2023, how they could not see the garden and did wish to have access. People also said during the residents' meeting on 7 December 2023 the area that could be improved would be if, "Staff could sit with us," and activities was also mentioned.

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.

- People's communication needs were met.
- Care plans provided information about people's communication needs.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints.
- The manager had confirmed only 1 complaint had been received since they commenced as manager, and they kept clear and robust records of all actions taken and the outcome.

End of life care and support

- People had hospital passport forms which gave an overview of individual needs if emergency care was required.
- Care plans were in place and recorded whether people had discussed their individual wishes and preferences in respect of end-of-life care or had declined to do so.
- There were arrangements for relatives to visit safely and spend time with people who were receiving end of life care.

Inadequate

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 inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At the last inspection the provider did not have systems to assess, monitor and improve the service. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

● Significant shortfalls were identified at this inspection. There were continued breaches in relation to good governance, risks management and staffing, as well as new breaches relating to person centred care, consent, medication, nutrition and hydration. These issues had not been addressed through the provider's own governance systems.
● Quality audits were not effective in identifying issues and maintaining improvements.
● The assessment and management of risk was not effective The systems in place did not support staff at all levels to oversee risk.
● People did not always receive person-centred care that led to good outcomes for them. Care records were not always accurate or up to date.
● There had been a recent change in leadership and management of the service. The previous manager had left at the end of August 2023 and a new manager was in post from September 2023. However, there was no application received by the Care Quality Commission for this manager to register at the time of the inspection.

Systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

● Staff spoke highly of the new manager and told us, "It's now changed to a happy team, we work as a team. The atmosphere is better. The manager shows they appreciate what staff are doing."

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

● Feedback was sought, but not used to drive improvement.
● Resident surveys were completed in November 2023 by 16 people living in the service. No review or collation of the feedback provided had been carried out and the provider had failed to identify commonalities and themes in the responses. For example, multiple people reported staff did not have time to listen to them, and the majority of people reported the inability to see or access the garden was a negative.
● People and relative meetings had been held but there had been no relative surveys provided, despite this being identified in the meeting in August 2023. A relatives told us, "Communication between staff could be better, and communication with us [relative], could be better."
● The provider had conducted staff meetings and staff told us, "The new manager is very approachable, their door is always open,"and, "I feel very supported in my role."
● The provider had failed on two occasions to share information about events that stop a service running effectively. The manager had been open and honest during the inspection regarding the shortfalls we had identified.
● The provider had an up-to-date duty of candour policy which the manager had followed and implemented in response to concerns raised and safeguarding's.

Working in partnership with others
● The provider has a good working relationship with other professionals such as GP's, district nurses, mental health teams.

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 The provider had failed to ensure systems and processes were in place to assess and monitor the care and treatment provided to people. This resulted in people receiving care which was not person centred. Reg 9 (1) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider failed to ensure the service had completed relevant mental capacity assessment and best interest decisions for the use of restrictions. Regulation 11 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure risks to people were managed or monitored. Medicines were not managed safely. Environmental safety checks had not been completed consistently to ensure premises and equipment were safe. Staff recruitment processes were not safe or complete. Reg 12(1) (a) (b) (c) (d) (e) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not have safe or effective governance systems in place to monitor food and fluid intake of people who were nutritionally at risk. Some staff were unaware of some people's specific nutritional requirements and there was a lack of choice of meals and snacks. Reg 14 (1) (2) (4) (a) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have safe or effective systems or processes in place to assess, monitor and improve the quality of the care provided. The manager who has been in post 3 months has not applied for registration. Reg 17(1) (2) (a) (b) (c) (d) (e) (f)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure staff had received all mandatory training to ensure they could provide safe care and treatment to people. Staff deployment in the service was an issue leading to people being left with no staff to support when they required. reg 18 (1) (2) (a)