

# Essex Partnership University NHS Foundation Trust

## Rawreth Court

### Inspection report

Rawreth Lane  
Rayleigh  
Essex  
SS6 9RN

Tel: 03001230808  
Website: [www.eput.nhs.uk](http://www.eput.nhs.uk)

Date of inspection visit:  
21 November 2018  
22 November 2018

Date of publication:  
11 March 2019

### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Rawreth Court provides accommodation and personal care for up to 35 older people living with dementia and who may also be living with mental health needs. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Rawreth Court is a large single storey building in a quiet residential area in Rawreth, near to Rayleigh and close to all amenities. The premises provide each person using the service with their own individual bedroom and adequate communal facilities available for people to make use of within the service. The service is divided into zones according to people's needs.

This inspection was completed on 21 and 22 November 2018 and was unannounced. This was the service's first inspection since being newly registered as a care home on 23 November 2017. There were 33 people living at the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were required to the service's governance arrangements to assess and monitor the quality of the service. The current arrangements had not identified the issues we found during our inspection.

Care plans did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met. Care plans did not adequately address people's mental healthcare needs and the impact this had on their overall health and wellbeing. People's end of life care needs were not recorded. Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service. Improvements were required to the service's medication arrangements as discrepancies relating to staff's practice and medication records were found.

Although the deployment of staff was suitable to meet people's needs, staffing levels as told to us were not always maintained and this impacted on people using the service. The principles of the Mental Capacity Act 2005 to make a specific decision had not always been assessed and best interest assessments completed. Staff did not always support people in the least restrictive way possible.

Not all staff employed at the service had received a robust and comprehensive induction. Staff received regular training opportunities, though improvements were required as not all staff had completed relevant training relating to mental health conditions. Appropriate arrangements were in place to recruit staff safely in line with regulatory requirements. Staff felt supported and received appropriate formal supervision at

regular intervals and an appraisal of their overall performance. Safeguarding concerns were reported to the Local Authority.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. Individuals were complimentary about the care and support they received and about the staff team and received good person-centred care. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required. The dining experience was positive and people had their nutrition and hydration needs met. People were supported to have their social care needs met and relationships with family and friends maintained.

Staffs' practice was suitable, with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service.

## 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 consistently safe.

Risks were not always assessed and recorded; and medication practices required improvement to ensure these were safe.

The deployment of staff was suitable to meet people's needs but staffing levels were not always maintained and this could impact on the delivery of care people received.

Safeguarding concerns were reported to the Local Authority.

Staff recruitment arrangements were satisfactory and safe.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Staff demonstrated limited understanding of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS]. Staff did not always support people in the least restrictive way possible.

Not all staff employed at the service had received a robust and comprehensive induction.

People's nutritional and hydrations needs were met. People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services as required.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. We observed that staff were friendly, kind and caring towards the people they supported.

Arrangements were in place to support people's relatives and others to express their views and to be involved in making decisions about their family member's care and support.

**Good** ●

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

The service was not consistently responsive.

Care plans did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met.

People's end of life care needs were not recorded.

People's received a varied programme of social activities.

**Requires Improvement** ●

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

The service was not consistently well-led.

Quality assurance arrangements did not identify the concerns and risks to people that we found as part of this inspection.

The service works in partnership with other agencies.

**Requires Improvement** ●

# Rawreth Court

## Detailed findings

### Background to this inspection

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

This inspection took place on the 21 and 22 November 2018 and was unannounced. The team consisted of two inspectors on both days. On 21 November 2018 the inspectors were accompanied by an expert by experience. An expert by experience is a person who has personal experience of caring for people living with a mental health condition.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We used the Short Observational Framework for inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people living at the service, five visiting relatives, four members of staff, two qualified nurses, the matron, the service manager and the registered manager. We reviewed five people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

# Is the service safe?

## Our findings

This was the first inspection of Rawreth Court, since being newly registered as a care home on 23 November 2017.

Whilst arrangements were in place to ensure all staff who administered medication were trained and had their competencies assessed, this did not always ensure their practice was safe. We looked at the Medication Administration Records [MAR] for 12 of the 33 people living at Rawreth Court and found several discrepancies relating to staff's practice and medication records. Not all medicines were securely stored. On the second day of inspection the qualified nurse was observed to administer medication to people during the morning medication round. Medicines were not securely stored over a ten minute period, as the doors to both medication trolleys were not closed and locked. It was only when the qualified nurse saw the inspector standing by the medication trolley was action taken to lock both medication trolleys. This meant medication could be easily accessed by others not authorised to do so.

Where people were prescribed a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication, the site of application was not consistently recorded. Therefore, it was not possible to assess if the site of application of people's patches had been rotated by staff in line with the manufacturers guidance. Not all hand-written entries on MAR forms were double signed for accuracy to reduce the risk of potential errors. The MAR form for two people only recorded the name of the medication and did not specify the dose of medication to be administered. Where the MAR form recorded 'F' other define' or 'G' = see note overleaf', a rationale for the use of these codes was not always recorded on the reverse of the MAR form, for example, if medication had been omitted. This meant that staff did not always record a reason why medicines were not given in line with the providers policy for monitoring administration of medicines

Several people were prescribed medication to be administered 'when required' [PRN] to evidence the specific circumstances when these medicines should be administered. There were no PRN protocols in place to guide staff on the circumstances when the medication should be offered and administered. We discussed this with two qualified nurses and both attempted to look for these but were unable to locate the protocols. One of the qualified nurses demonstrated a lack of understanding relating to the use of PRN protocols and told inspectors, "We are not a hospital so why would we need the PRN protocol."

Information relating to two people showed they were prescribed PRN medication when they became anxious or distressed. This should only be administered after staff have supported an individual with positive interventions and strategies to avoid medication being given unnecessarily and without cause. However, information was not routinely recorded detailing the rationale and reasons for giving the 'when required' medication. For example, the MAR form for one person demonstrated that since returning to Rawreth Court there had been seven incidents whereby the person had become anxious and distressed. On two consecutive days their 'when required' medication had been administered but the rationale for this was not recorded. Staff spoken with were not aware of the individual's known triggers, or how to manage these, other than increasing the staffing levels from two to three or four depending on their symptoms and the level of risk.

Not all risks to people's safety and wellbeing had been identified, and suitable control measures had not always been considered and put in place to mitigate the risk or potential risk of harm for people using the service. Information relating to one person detailed they were at risk of falls due to poor mobility, required observation and needed assistance by staff with transfers and to wear hip protectors. The latter is used to help reduce the impact of a fall and are particularly useful for preventing hip fractures in older people. Daily notes consistently recorded the person was observed on several occasions to lower themselves to the floor in the corridor and to be unsteady on their feet whilst mobilising. No specific guidance was recorded for staff relating to the assistance and support required when supporting the person to mobilise and they were not wearing their hip protectors. Not all members of staff spoken with were aware this person was at risk of falls. Additionally, the person's daily records since their readmission to the service, referred to them being drowsy, tired and lethargic. A review of their medication had not been undertaken and staff had not considered whether this could affect their mobility and level of consciousness.

Information relating to another person also recorded them as being at risk of falls. Daily care records and incident reports in recent months confirmed this, such as sliding from their chair and falling on another person's legs. Although the person's care plan referred to their bed being set at the lowest position and an alarm mat in place to alert staff of their movements, the risk assessment dated 6 November 2018 did not refer to this. No other risk assessments were noted for this person, however following a request of this person's care plan and risk assessment on the second day of inspection, the risk assessment document had been updated. However, this was not as accurate or up-to-date as it should be. The same person's care plan and revised risk assessment referred to them having their medication administered covertly as they could be non-compliant with taking their medication. This refers to the administration of medication in a disguised form, such as, in food and drink. We had discussed this with a senior manager earlier in the day and were advised this was incorrect and they did not require their medication to be administered in this way.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information relating to how people's dependency needs were assessed and used to inform the service's staffing levels were not provided at the time of the inspection. Following the inspection, the registered provider wrote to us and confirmed appropriate arrangements are in place. Additionally, the service's staffing levels are discussed on a daily basis to ensure there are sufficient staff available to meet people's needs.

Observations showed people received care from a consistent staff team and the deployment of staff was suitable to meet people's needs. Although the latter was positive, information recorded suggested staffing levels at the service were not always maintained and this impacted on people using the service. The daily care records for one person recorded that following an incident whereby they had become distressed resulting in being a risk to themselves and others, they were scheduled to receive 2:1 supervision from staff. However, this was not implemented due to a lack of staff availability. Another person's records showed their neurology appointment at a local hospital was cancelled due to an emergency and Rawreth Court being short staffed, with the revised hospital appointment taking place six weeks later.

Staff confirmed there was regular use of 'bank' and agency staff utilised at the service. One member of staff told us, "In general there are enough staff, but there are odd days when we are not fully staffed. On those days, we just have to work extra hard." They also confirmed there had been times whereby people who required 2:1 support from staff had not received this because there were insufficient staff available. Another member of staff told us that within the past six months, staffing shortfalls at the service had been an issue but this was now improving.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff demonstrated an understanding and awareness of the different types of abuse and how to escalate any concerns about a person's safety to the management team. Safeguarding incidents had been reported to the Local Authority. Safeguarding incidents are reported to the Care Quality Commission via the registered provider.

Staff recruitment records were not held at the service but were provided to enable us to review if these arrangements were satisfactory. Staff recruitment records for four members of staff were viewed. Relevant checks were evident, including an application form, written references relating to an applicant's previous employment, proof of an applicant's identity and a criminal record check with the Disclosure and Barring Service [DBS]. Information was recorded as part of good practice procedures relating to the interview to demonstrate the outcome of the discussion and the rationale for the appointment. Minor improvements were required. The reason for leaving an employer was not always recorded, the proof of identity for one staff member was not decipherable and a recent photograph was not evident for two members of staff.

Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staffs' practice was suitable, with staff following the service's policies and procedures to maintain a reasonable standard of cleanliness and hygiene within the service.

## Is the service effective?

### Our findings

This was the first inspection of Rawreth Court, since being newly registered as a care home on 23 November 2017.

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

Staff demonstrated limited understanding of the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. We found the service did not always effectively apply the principles of the MCA as people's ability to make a specific decision had not always been assessed and best interest assessments completed. Care plans showed there were restrictive interventions in place to manage people's risks. This included where bedrails were fitted to prevent a person from falling out of bed and alarm mats to alert staff if a person was mobilising but were at risk of falls. Interventions to manage this had not been documented to evidence these had been made in agreement with the person using the service and their best interests considered. Furthermore, people's bedroom doors were locked and alarmed; and when opened emitted a loud high-pitched sound which could be heard throughout the premises. We were advised this was used to alert staff to a person's door being opened and people entering a person's room. No information was recorded to suggest that people using the service had been consulted and given their consent to this arrangement. The rationale for this use of restrictive intervention was not recorded to evidence this was in peoples' best interest. This did not support people's right to privacy and dignity and suggested people's liberty was being deprived.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation. The registered provider and manager were advised that the Care Quality Commission did not need to be notified in line with statutory notification methodology until the outcome of the application was known.

People were cared for by staff who had the skills and knowledge to meet their needs. The registered provider placed significant emphasis on training to ensure staff's knowledge and skills were up-to-date. Staff training information was requested and provided. This consisted of an individual 'training tracker' for each member of staff depicting mandatory training completed, both 'face-to-face' and online. Information

provided showed staff had attained up-to-date mandatory training in line with the registered provider's expectations and frequency. Staff were positive about the training provided. One member of staff told us, "Training is good, I do my training when it is due." Although staff had completed more specialist training relating to the needs of the people they supported, for example, dementia awareness, the prevention of falls and diabetes, not all staff had completed relevant training relating to mental health conditions. The registered provider wrote to us following the inspection and confirmed there are qualified mental health nurses on duty each day who are trained on mental health conditions.

There was evidence to show staff newly employed had received an 'in-house' orientation induction. This was except for the registered manager as evidence of their induction could not be located at the time of the inspection.

Although the 'Care Certificate' or an equivalent formed part of the induction process for staff with no or limited experience within a care setting and where they had not attained a National Vocation Qualification [NVQ] or qualification undertaken through the Qualification and Credit Framework [QCF], this was not evident or completed for two members of staff. The registered manager confirmed this was accurate. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life. This meant there was no evidence to show they had had their competency assessed against the core standards as outlined within the 'Care Certificate' or an equivalent robust induction program. Following the inspection the registered provider wrote to us and confirmed the registered manager's induction was completed in July 2017. A copy of their induction was found and forwarded to the Care Quality Commission.

Staff told us they felt supported by the registered provider and manager and received formal supervision, including clinical supervision for the qualified nurses, at regular intervals. One member of staff stated, "I receive good clinical supervision, I feel professionally that I am supported." Supervisions are important as they are a two-way feedback tool for the registered provider, manager and staff to discuss work related issues and training needs. Records confirmed what staff told us as accurate. However, where discussions had been held and which suggested follow-up action was required, information to demonstrate this was not recorded. For example, where improvements were required to a member of staff's performance, no information was recorded detailing the support to be provided and how this was to be monitored by the service.

The service used an external catering company for its meal provision. People were supported to have their nutrition and hydration needs met. Staff were knowledgeable about people's specific dietary needs, including their personal preferences, likes and dislikes. Mealtimes were seen to be relaxed, friendly and unhurried. People were supported to receive enough food and drink and the meals looked appetising. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and agencies to ensure people's welfare and wellbeing.

## Is the service caring?

### Our findings

This was the first inspection of Rawreth Court, since being newly registered as a care home on 23 November 2017.

People and those acting on their behalf were complimentary about the care and support they received and about the staff team. One person told us they liked the staff and stated, "The staff are very nice." Another person told us they were happy living at Rawreth Court and that the staff were very caring. Relatives comments were positive and included, "I am pleased that my [relative] is in this care home" and, "This is a very good care home which looks after my [relative] very well, I am very pleased with it."

People were supported and cared for by a consistent team of staff. Our observations showed that people received person-centred care and they had a good rapport and relationship with the staff who supported them. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate manner, taking the time to listen to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specialist assistive technology.

People using the service were unable to tell us if they had been involved with care planning or seen their care plan. Relatives comments regarding this were variable with some family members confirming they had had sight of this document, whilst others said they had not. However, relatives spoken with confirmed they had attended a review of their family member's care. This provided relatives and people using the service with an opportunity to provide feedback about the service's care provision, to make sure that it met people's needs and ensured their wishes were respected.

No-one at the service was currently using the service of an advocate. An advocate supports a person to have an independent voice and express their views. Information about advocacy services was available.

Apart from the issues relating to people's bedroom doors being locked and alarmed, staff treated people with dignity and respect. We saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. People's privacy was also respected and there were areas within the service where people could speak in private with a staff member or to accommodate family and friends. People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people suggested to us they could maintain some aspects of their personal care with limited staff support.

People were supported to maintain relationships with others. Relatives told us they could visit at any time, there were no restrictions when they visited and they were always made to feel welcome. Staff told us that

people's friends and family were always welcome.

## Is the service responsive?

### Our findings

This was the first inspection of Rawreth Court, since being newly registered as a care home on 23 November 2017.

The registered provider had an appropriate assessment procedure to ensure the service was suitable for people and it could meet their needs. This information was used to inform the individual's care plan. However, though the above arrangements were in place, where people had been admitted to hospital and then returned to Rawreth Court, a reassessment of their needs had not been completed. Evidence suggested the service sometimes relied on electronic records from a person's previous placement to provide an assessment of the person's needs but this was not always accurate or information complete.

Care plans did not fully reflect people's holistic care and support needs or provide sufficient guidance for staff as to how these were to be met. Care plans did not adequately address people's mental healthcare needs and the impact this had on their overall health and wellbeing. For example, feelings of paranoia and the effect this had on a person's wellbeing and self-esteem. No positive interventions or coping strategies were recorded to guide staff on the support and interventions required to ensure people's needs could be met. There was insufficient evidence to demonstrate how people's dementia care needs impacted on their activities of daily living. Not all care plan information viewed was fully reflective or accurate of people's care needs as they should be and examples of this were shared during feedback with the registered manager and senior management team. This meant there was a risk that relevant information was not captured for use by care staff and professionals or provided sufficient evidence to show that appropriate care was being provided and delivered.

Staff told us and records confirmed some people could be anxious and distressed displaying inappropriate behaviours towards staff and others living at the service. Care plans relating to people's behaviours including known triggers, guidance and directions for staff on the best ways to support the person lacked detail. In addition, no information was recorded as to what steps should be taken if the person's behaviours should escalate to an unacceptable level.

The registered manager confirmed that one person was judged as requiring end of life care. No end of life care plan was in place to identify if the person or those acting on their behalf had expressed a wish to be cared for at the service or to go to hospital and if potential treatment options had been discussed with the person's GP or relevant healthcare professionals. No information was recorded relating to pain management arrangements and how the person's end of life care symptoms was to be managed to maintain the person's quality of life as much as possible.

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

An activity coordinator was employed at the service and they helped facilitate a meaningful programme of activities for people using the service. People were supported during both days of inspection to participate

in a variety of activities, this included activities undertaken in a small group and on a one-to-one basis.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service and relatives stated they felt able to express their views about the service. The registered manager told us that no complaints regarding Rawreth Court had been made. This was not accurate as information retained for one person referred to concerns being raised by a person's relative. Although a letter was evident and this provided an apology to the complainant, information relating to the specific nature of the complaint and details of the investigation were not recorded to provide assurance that this had been effectively dealt with. We raised this with the registered manager. The rationale provided was this complaint had not been dealt with by themselves.

A record of compliments was maintained to evidence the service's achievements. Comments included, "They [staff] have the patience of Job," "We wouldn't be here without the staff" and, "I feel free knowing [relative] is well looked after."

## Is the service well-led?

### Our findings

This was the first inspection of Rawreth Court, since being newly registered as a care home on 23 November 2017.

Whilst managers were visible in the service, and there were quality assurance arrangements in place overseen by Essex Partnership University NHS Foundation Trust, these systems did not identify the issues we identified during our inspection. And although their systems included the completion of several audits at regular intervals and the collection of qualitative and quantitative data, both at service and provider level, these had not been effective.

Improvements relating to medicines management, risk assessments and risk management strategies, care planning and upholding people's rights to make sure they are supported in the least restrictive way possible were required. These issues had not been picked up as part of the service's quality assurance arrangements.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incidents, events and changes that affect people at Rawreth Court are reported via the registered provider.

Managers were visible within the service and relatives and those acting on people's behalf, knew who they were and told us they were approachable. Comments included, "I can talk to them [management] about anything" and, "I can always talk to the manager." Staff knew who senior managers were and they were accessible to them. Staff told us they felt supported and valued by members of the management team.

The views of people and staff were sought to seek their views about the quality of the service provided and to understand what it is like to work for the organisation. We were told by senior managers that the responses were forwarded directly to the organisation. Staff performance was monitored through the provider's supervision and appraisal arrangements and regular meetings for staff and relatives were held.

Meetings for people using the service, relatives and those acting on their behalf were held at regular intervals to enable them to have a voice and to raise issues. Staff meetings were held to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service.

The service worked collaboratively with external stakeholders, agencies and 'key' organisations to support care provision and joined up care. For example, the service facilitated a 'dementia awareness' meeting with relatives and the local 'Dementia Action Alliance' group. The purpose of this was to share information relating to the latest trends and innovations affecting people living with dementia.

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  Improvements are required to people's care plans to ensure these are robust, detailed and accurately reflect people's care and support needs.
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Where restrictive practices were in place, it is not always recognised, or less restrictive options considered and improvements are required.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Not all risks were identified and assessed and improvements were required relating to medication practices and procedures.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who use services were not supported by the arrangements to assess and monitor the quality of service provided. The arrangements in place were not robust or effective in identifying where improvements were required.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Sufficient numbers of staff must be deployed and utilised at the service at all times to meet people's needs.