

Wiltshire Council

# Derriads

## Inspection report

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Date of inspection visit:  
13 September 2017

Date of publication:  
12 October 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Derriads is a respite service operated by Wiltshire Council and provides short term residential care breaks for up to four adults with a learning disability. At the time of the inspection there were three people having a short break.

This inspection was unannounced and took place on 13 September 2017

A registered manager was 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.

Systems were in place to manage risk. The staff we spoke with knew the actions needed to protect people from the risk of potential harm. However, risk assessments were not in place for all risks identified. For example, moving and handling. While staff reported accidents and incidents the reports were not analysed to identify patterns and trends.

We found areas of the home needed repairs, flooring in some areas such as the foyer was heavily soiled and there was poor storage for equipment. Although the registered manager had reported the repairs, action was outstanding.

The principles of the Mental Capacity Act (2005) were not consistently followed by the staff. People's capacity to make complex decisions was not assessed. We saw people were under continuous supervision and staff confirmed this but Deprivation of Liberty Safeguards (DoLS) were not considered or applied for. Staff had not considered that lap belts and bed rails were forms of restrictions and had not assessed this.

Care plans were generally person centred. For some people their life stories lacked detail such as education and the events that led to their admission. Person centred profiles for some people were brief and lacked detail. For example, future goals.

Systems in place to assess and monitor the quality of the service needed to improve. People's views about the service or those people close to them were not gathered. While audits had identified similar shortfalls to the inspection findings action had not been taken to make improvements.

When we asked one person if they felt safe they agreed and said "yes". However, people using the service at the time of the inspection were not able to tell us what feeling safe meant to them. Staff said they attended safeguarding of vulnerable adults training. Records confirmed this. The staff we spoke with knew the types of abuse and the expectations that they report abuse.

The staff we spoke understood the importance of developing positive relationships with people. Staff were

knowledgeable about people's likes and dislikes. We saw people accept staff support and there were good humoured interactions between people and staff.

Medicine systems were safe. Staff signed medicines administration records (MAR) charts to show the medicines that had been administered. Protocols were in place for medicines to be administered as required.

There was a system in place to determine the number of staff required for people on respite care. Staffing levels had improved with recruitment of new staff but there was a reliance on relief staff to cover absences and vacant posts.

Members of staff received effective support to meet their roles and responsibilities. New staff received an induction for the role they were employed to perform. Mandatory training set by the provider was attended by all staff to ensure they had the skills needed to meet people's needs. Group supervision was monthly and staff had the opportunity to discuss work issues and changes in policies were shared. One to one supervision with the registered manager was on request by staff or by the registered manager to discuss performance.

Some people attended day care services during the week and at weekends, staff organised outings and in house activities.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of the full version of the report."

## 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 identified were not always assessed and action plans were not developed on minimising the risk. Staff were knowledgeable on actions necessary to reduce some risks. Accidents and incidents were not reviewed or analysed for patterns and trends.

Repairs were needed to areas of the property.

There were sufficient staff to support people and we observed that staff were visible and available to people.

Medicines were managed safely.

Staff knew the types of abuse and the responsibilities placed on them to report abuse.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

People capacity to make complex decisions was not assessed and where people lacked capacity best interest decisions had not been taken. Staff followed the guidance of the relatives without assessing the person's capacity to make these decisions.

Staff enabled people to make choices and explained how people made staff aware of their decisions.

Staff had the knowledge and skills to carry out their roles. Systems were in place to support staff with the responsibilities of their role which included group supervision and training to meet peoples' specific needs.

People's dietary requirements were catered for.

**Requires Improvement** ●

### Is the service caring?

The service was caring

**Good** ●

People were treated with kindness. We saw positive interactions between staff and people using the service. Staff knew people's needs well and there was a calm and friendly atmosphere.

Personal details and profiles gave some guidance to staff on people's relationships with family and friends, their likes and dislikes and preferences on how personal care was to be met.

People's rights were respected and staff explained how these were observed.

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

**Good** ●

The service was responsive

Care plans were person centred overall.

The people living at the service were not able to tell us about the care they receive and the approach used by the staff to deliver personalised care. Life stories lacked details on people's background histories such as education.

There were no complaints received at the service since our last inspection.

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

**Requires Improvement** ●

The service was not consistently well led.

Quality assurance systems were in place. Action plan were in place on meeting shortfalls identified at the audits but these had not been outstanding for periods of time. The views of people were not gathered.

Staff said the team worked well together and the registered manager was approachable. They said morale had improved.

# Derriads

## 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 13 September 2017 and was unannounced.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all of the information we hold about the service, including previous inspection reports and notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us.

The inspection was carried out by one inspector. We spoke with one person and observed the interaction two people had with staff. 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 asked for feedback from one relative, social and healthcare professional but none was received. We spoke with the four staff including relief staff and the registered manager.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff duty rosters, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

## Is the service safe?

### Our findings

Risks were identified but action plans were not always developed on how to manage these risks. A member of staff said there were generic risk assessments for the home and for specific people. They said staff "risk assessed as they go along" and knowing the person ability to take risk was helpful. In addition this staff member said risk assessments for moving and handling were in place for people that needed support with transfers. There was equipment to support people that had mobility impairments. For example, equipment available included overhead tracking in the lounge and one bedroom and a mobile hoist.

We saw staff supporting one person with visual impairments to move around the home. A member of staff explained how staff supported the person. However, a risk assessment on the support needed from staff was not in place. We saw another person was a wheelchair user and staff provided assistance to move around the home. However, a moving and handling risk assessment was not in place. Staff told us they had attended moving and handling. They said the training ensured staff used safe moving and handling techniques. During the inspection we saw staff support people move around the home safely.

The risk assessment for one person at risk of choking was in place. The action plans said staff were to serve meals in small bite size pieces and detailed the assistance and prompts from staff to ensure the risks were lowered. The staff we spoke with knew the people at risk of choking and how their meals were to be served.

Records of Accidents and incidents involving people were not available and not analysed. The registered manager said there was a centralised electronic system in place. They confirmed there was no internal assessment process and it was not possible to identify the accidents and incidents for the service. The registered manager said copies were to be returned for analysis. This meant accidents and incidents were not reviewed collectively at location level or individually.

A member of staff said that "whichever staff witnessed the accident must complete the accident form". While staff reported accidents and incidents there was no evidence of follow up action or investigations taking place. Body maps were used to illustrate the location of the injuries. We saw staff had recorded for one person "more scratches than usual. Not suspicious in my opinion" which the staff member had signed. The registered manager was unaware of the observations from the member of staff and agreed to investigate and take action where appropriate.

We found areas of the home were in need of repair and there was a lack of storage particularly in a bathroom. We found the kitchen flooring was heavily stained and the dishwasher was in need of repair. In the hall the flooring was soiled and stained and the bathroom was used to store the vacuum, other equipment and linen and the bath also leaked. In the wet room the drain was in need of repair and in the laundry the boiler panel was taped to stop it from falling off. The registered manager told us the faults were reported. We saw from audits these repairs and faults were identified but action was outstanding for over 12 months.

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

2014.

We saw people sought the company and assistance of staff to undertake activities. Staff said they had attended training on how to protect people from abuse and felt confident to raise concerns that would be taken seriously by the registered manager. These staff knew the types of abuse and the actions they must take for suspected abuse. Procedures of safeguarding people from abuse were on display and accessible to staff for reference.

Procedures were in place where staff were identified as responsible for unsafe practices. For example, persistent medicine errors. A member of staff told us where there were two medicine errors the staff involved had to undertake refresher medicine competency training. The registered manager told us more robust processes were introduced to prevent medicine errors from reoccurring. They said all staff had to attend refresher medicine competency training. The registered manager confirmed that since staff attended refresher training there were no further medicine errors.

Business continuity plans were in place on how staff were to respond to emergencies or untoward events. The plans gave staff guidance on the alternative actions that must be taken if areas of the property were in need of repairs from faults identified. For example, alternative food preparation areas if the staff were not able to use the kitchen. Also included was the alternative accommodation to be provided if it was not possible for people to remain in the home. .

Fire Evacuation plans stated that for staff to respond appropriately to emergencies they must be trained in fire safety and evacuation procedures. Training records confirmed staff had attended fire safety training. Individual personal emergency evacuation procedures were in place and stated the evacuation procedures in the event of a fire. For example, people were to be supported from the building by the nearest exit to a safe place.

There was a system in place to determine the number of staff required. The people receiving respite care had one to one staff assigned during the day. There was reliance on relief staff to maintain staffing levels and we observed that staff were visible and available to people. A member of staff said recruitment was in progress and relief staff were being used. They said the relief staff knew the people who used the respite care service. Three relief staff were on duty at various times during the inspection. We saw these staff knew people well.

Medicines were managed safely. At the time of the inspection one person was having regular prescribed medicines which the staff administered. The MAR charts were signed by two staff and had been completed in full with no gaps in the charts that we looked at. We saw that one member of staff signed to show the medicines administered and the other signed to indicate they had witnessed the medicines being administered. Staff documented on the MAR the quantities of medicines received and the running balances.

Some people were prescribed with medicines to be administered as required (PRN) and procedures were in place on how these medicines were to be administered. For one person PRN protocols were in place for topical cream and for pain relief. The protocol for pain relief listed the minor ailments that may require PRN medicines and included the maximum dose to be administered in 24 hours.



## Is the service effective?

### Our findings

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

People can only be deprived of their liberty 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. Deprivation of liberty authorisations had been sought for one person. The DoLS application for this person covered continuous supervision from the staff, the administration of covert medicines and the use of visual monitors at night. Records showed the staff were using bed rails but mental capacity assessments were not undertaken to consider if the person's liberty was restricted

People were not always empowered to make complex decisions. We saw documented where staff were following guidance from relatives without lasting power of attorney. For example, the use of monitors at night. A member of staff told us that knowing the person and how they communicated ensured people were helped to make decisions about their care. Another member of staff said people were subject to continuous supervision because some people "needed support with mobility while others were vulnerable." This member of staff confirmed the people using the service at the time of the inspection were vulnerable and subject to continuous supervision. Although these measures were put in place in order to keep people safe their capacity to consent was not assessed. This meant mental capacity assessment were not taking place and best interest decisions with the involvement of relevant parties were not taken for people that lacked capacity. For example, DoLS applications for continuous supervision.

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

New staff had an induction when they started work at the service. The induction was over 12 weeks and covered mandatory training set by the provider, the routines of the home and procedures. The induction records we viewed showed staff also had an in-house induction which included fire safety procedures, medicine competency training and other training specific to the needs of people that use the service.

Systems were in place to ensure staff had the skills needed to meet the responsibilities of their roles. Staff had the knowledge and skills to carry out their roles. Staff spoke positively about the quality and quantity of training they had access to. A member of staff told us mandatory training set by the provider included moving and handling, first aid, food hygiene and epilepsy awareness training. They said the training improved their practice in particular face to face training as there were opportunities to ask questions and

discuss scenarios.

Another member of staff said that learning from a dementia awareness course was used to review the personal care plan for one person that often resisted assistance. They said knowing about "sundowning" had helped them to identify that confusion and agitation may get worse in the late afternoon and may be less pronounced earlier in the day. It was stated that since the review the person accepted staff's support.

Staff said there was group supervision and had replaced one to one supervision with the registered. They said the registered manager was approachable and staff were able to discuss specific issues at any time. The registered manager explained that the arrangements for one to one supervision meeting were no longer with the line manager and the registered manager was now responsible for all staff supervision. They confirmed that one to one supervision was available on request by staff and where performance was to be discussed the registered manager arranged the one to one supervision. A member of staff said that at group supervisions staff were able to speak openly. At the most recent group supervision the records showed the staff discussed achievements, challenges and budgets.

People's dietary requirements were catered for at the home. We saw the menu was on display in the foyer of the home. We saw the menu included choices of meals. The range of fresh, frozen and dried foods stored supported healthy diets were available to people. We also saw there a range of snacks for people to have between meals.

A member of staff told us menus were devised on staff's knowledge of people's dietary needs and their likes and dislikes. Another member of staff said "staff know from experience what people like." Staff explained they had to ensure provisions were available and menus devised in advance of people's stay. Staff told us people's dietary requirements included high calorie diets, meals blended to a soft consistency and some people received their nutritional input via percutaneous endoscopic gastrostomy tube (PEG's). Training records confirmed staff had attended PEG training to ensure they were able to assist people with this form of nutrition.

We observed the tea-time meal. We saw staff sit beside each person to support them with eating. We observed staff explain to the person the meal served. Meals were served in adapted crockery and utensils to help the person eat independently. We saw staff load the spoon for one person to eat their meal independently. We saw staff knew how to support people and encourage the person in their preferred manner. For example we saw when one person needed reassurance they touched the staff.

People were supported with ongoing healthcare where appropriate and information between services was shared. A member of staff said there were arrangements with the local GP for people whose health deteriorated during their stay. They said when people became "ill" the relatives were contacted for guidance as some people preferred to see their usual GP. Where this was not possible the person was made a temporary patient with the local GP. Staff said some people had regular visits from community services such as district nurses and before an admission for respite care the staff ensure these visits were organised.

Health action plans were in place but were out of date for some people. The registered manager told us most people had annual health checks by the GP but relatives did not always provide copies of the updated action plans. The registered manager told us relatives told staff about changes in people healthcare needs and where staff observed any deterioration in people's health the care managers were contacted. For example, if staff visual assessment was that the person was losing weight the care manager and relatives were contacted to discuss their observations and reach agreements on the actions to be taken.

There was clear guidance for staff to follow in the event of people having an epileptic seizure. These plans ensured that people received effective care and support. Epilepsy profiles we viewed included the signs and triggers for each type of seizure and the actions needed from the staff. The GP's signature on the profile showed this was developed by a healthcare professional. Staff documented the type of seizures people experienced, the length of seizure and medicines administered. Emergency recovery plans accompanied the epilepsy profiles and gave more detailed guidance on supporting recovery from the seizure. For example, the medicines to be administered and when to contact the emergency services.

## Is the service caring?

### Our findings

People were treated with kindness. We saw positive interactions between staff and people using the service. Staff including relief staff knew people's needs well and there was a calm and friendly atmosphere.

We observed staff providing one to one support to one person from a distance. The member of staff told us this person preferred their "own company but when he [person] seeks staff's attention it feels nice." We saw this person lead the registered manager from the lounge to the kitchen. The registered manager told us this was how the person communicated that they were hungry. Communication care plans confirmed this. This showed staff knew people well and were able to understand how people passed information about their needs to them.

Staff ensured that people felt they mattered. A member of staff told us how trusting relationships were developed with people. They said this was achieved by "taking an interest in what people do, talking to people, maintaining eye contact and joining activities with people." It was also stated that "its two way street and allowing people to get to know me [is important]. Give people the attention they need. Everyone deserved attention." Another member of staff told us building time and spending quality time with people was important. They said "finding out what people liked to do" and ensuring people had an opportunity to pursue the interests they enjoyed made people feel they mattered.

Staff showed concern for people's well-being. A member of staff asked one person in the lounge if they wanted music. They said "you usually like music. Do you want me to put some on for you?" We observed staff locate the person's favourite music and ensured they had the equipment needed to sing along with the song. When the evening meal was ready we heard staff quietly ask the person if they wanted to have their meal with other people or on their own. This person made the decision to eat on their own in the kitchen with a member of staff.

The relief staff told us people remembered all previous interactions and good perception was important otherwise people were not accepting of their assistance when they were next on duty. They said "we spend time and give people choices. We get to know them by reading their care plans. Communication plans say how to communicate. I sing to one [person] because it [care plan] says she likes it." Relief staff told us how they ensured people remembered them. They said "we introduce ourselves to the person and remind them of what happened when we were last on duty which develops continuity."

Person centred and "About me" profiles were in place but some we saw were brief and lacked detail. Some profiles included "what was important to the person and how staff were to support them. For example, one person having sensory objects, avoiding crowded locations and not being rushed was important. For another person their profile was brief and stated "likes to walk around and give time to eat meals." This meant staff may not have a complete overview of the people they were supporting.

People's rights were respected by the staff. A member of staff said the people who used the service were "adults and make their own choices. People must know the consequences of their decisions and can make the wrong decisions." Relief staff said people were not forced to accept their assistance.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. The people at the service during our visit were not able to give us feedback on the care planning arrangements. A member of staff said there were key groups of allocated staff who developed and reviewed care plans for people in the key group. This member of staff said care plans were person centred and that "it was all about the customer [person] and what is important to them and what they like doing."

Summaries of needs were recorded and included peoples' personal details, brief medical history with guidance on how their identified needs were to be met by the staff. Important information such as known allergies were highlighted in red to ensure staff's awareness. Also detailed was the support needed from staff with medicine administration and health care conditions such as epilepsy.

Care plans for some people reflected how their care needs were to be met. The "About me" profile for one person included the family relationships, how the person spent their time and non-verbal language used to communicate or gain attention from the staff. It was also documented the behaviours which indicated signs of distress and how staff were to respond. Circle of support diagrams identified the family members close to the person, the professionals such as GP's involved in the care of the person and community day care services attended.

"What worked well" and "What doesn't work well" was recorded for each person. For one person having a sensory object and having regular snacks worked well. Removing the sensory object and leaving crockery around didn't work well. During our visit we saw this person had a sensory object in their possession and staff served snacks when they returned from their day care service. For another person a quiet environment, being warm and activities worked well. Noise, boredom and being cold did not work well. The personal care plans we viewed for people included the actions staff had to take to ensure their support focussed on the areas that worked well. For example, staff must ensure the environment was warm before delivering personal care.

Care plans were developed on people's preferred routines. The daily routine care plan for one person included their likes and dislikes, their dietary needs and preferences of snacks to be provided between meals. The non-verbal language used to make staff aware of their needs and assistance needed was also included. For another person the personal care plans gave staff guidance on the action to be taken when this person refused assistance from staff. For example the person was to be given time to agree the offer of assistance.

Relief staff on duty told us they were given a brief handover when they arrived on duty. These staff said they were able to read people's care files which ensured they knew the needs of people receiving respite care. Individual communication books were used to ensure relatives, staff at the service and day care services shared information about the person's well-being.

We saw photographs of people participating in activities such as past fayres. Crafts and drawings people

made were on display in the lounge. Activities rotas were in place and most people attended day care services. People were made aware of planned outings and activities in advance of their stay. Staff told us courtesy calls to relatives were made to confirm the planned respite care and to tell people about planned outings and activities to happen during their stay. One person asked a member of staff about their length of stay. The member of staff confirmed the stay was over the weekend. They said "do you fancy going out. What do you fancy? Shall I get my phone to see what the weather will be on Saturday?" The person responded by saying "the pub". We saw the member of staff researching the request made by the person.

A member of staff said that people "know they have the right to complain. We saw the complaints procedure on display in the home. The registered manager told there had not been any complaints from relatives or people since the last inspection.

## Is the service well-led?

### Our findings

The views of people were not currently gathered through surveys or meetings. The registered manager said the survey format was not effective and had not been used for some time. This meant the views of people were not used to improve the service.

Audits were used to measure and review the delivery of care. "Quality Audits" were undertaken by the county manager and registered manager. The CQC Key Lines of Enquiry (KLOE) were used to assess standards at the service. The records of the audit dated 3 August 2017 listed the shortfalls identified and the actions needed to meet the standards. For example, care planning.

Health and safety audit were out of date. The most recent audit was undertaken in 2015 and was based on fire safety systems, Control of Substances Hazardous to Health (COSHH) and other housekeeping arrangements. We saw the shortfalls identified had not been actioned and were overdue. For example, fire risk assessments.

Incidents and accidents were not analysed. The registered manager told us there was an electronic system for staff to report these events to the provider. However there was no process for reviewing these reports. This registered manager said there was an action plan for the reports to be returned to the service for them to be analysed. This meant there was no system for assessing patterns and trends.

The registered manager acknowledged that "paper work" was not being maintained to standards. They explained that "this was because the service was short staff and there was no time." The findings of the inspection regarding seeking people's views, repairs of the environment and the analysis of accident and incident reports were similar to the home's audit. However, these areas were outstanding for over 12 months.

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

A registered manager was in post. A member of staff said the registered manager was approachable. The registered manager told us the key challenges were based on lapses of standards and low morale. This was caused by the registered manager having a period of absence and organisational re-structured. They also said improvements were needed to resume the previous high standards. It was also stated that some improvement such as the recruitment of new staff had taken place and continuity to people was to be provided.

Staff said they felt well supported by the registered manager. A member of staff said the staff team worked well together. They said "we pull together and help the new ones [staff.]". Another member of staff said morale had improved and since the re-structure of the organisation and since the return of the registered manager from a period of absence staff "felt more settled". The registered manager confirmed there had been a period of instability and the plans were for team building with the staff and mentors to be appointed

to new staff. The aim was to "foster good relationships between new and existing staff."

There were clear values and staff knew what the vision of the organisations was. A member of staff said "promoting independence for customers [people]" and providing the "best possible care." The registered manager said the aim of the service was to create a culture that empowered people. They said "a home from home, to provide people with opportunities that were not available where [people] lived permanently". Additionally the plans for the service were for staff to support people to become independent and reduce the need for long term care.

There was open communication with people who used the service, those that matter to them and staff. A member of staff said "we get loads of compliments." Team meetings were monthly and the minutes of the most recent meeting listed the issues discussed which included recruitment. Staff were given lead roles which included infection control, organising training and delivering medicine competency training.



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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The principles of the Mental Capacity Act 2005 were not followed. People's capacity to make complex decisions about their care was not assessed. Best interest decisions that led to restricting people's liberty had not followed.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed and action plans developed on minimising the risks identified</p> <p>Accidents and incidents were not reviewed individually or collectively to identify patterns and trends</p> <p>Areas of the property were in need of repair.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Audits were not regular and where shortfalls were identified action was not taken to meet standards set.</p>