The Royal National Institute for Deaf People

Huguenot Place

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Huguenot Place on 5 and 6 September 2016. The inspection was unannounced on the first day and announced on the subsequent day. This was the first inspection of the service since it had registered with a new provider, The Royal National Institute for Deaf People.

Huguenot Place is registered to provide accommodation and personal care for up to five people who are hard of hearing with complex needs including mental health conditions. The service is located close to public transport links and is within walking distance of local facilities. At the time of the inspection there were five people using the service.

The service had a registered manager. 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.

Care records showed us that people had appropriate access to health care professionals and received their medicines safely. People were provided with a choice of healthy food and drinks to help ensure their nutritional needs were met.

There were gaps in staff recruitment records, however there was a plan in place to address this. Staff had received training to support people in the home but required further training to meet people's communication needs. There were enough staff in the home to support people.

Where appropriate people were enabled and supported to be independent. People received care in a dignified and respectful manner. Staff knew the care needs of the people they supported and told us that staff were kind and caring. People did not have access to advocacy services and therefore did not have the opportunity to access independent advice and support if they needed it.

Health and safety procedures were not always followed by staff to ensure the environment was safe. Staff had an understanding of safeguarding procedures to identify and report abuse at the earliest opportunity. Risk assessments had been developed for all areas of identified risks to determine actions that needed to be taken to keep people safe.

Staff spoke positively regarding the overall management of the home, and told us they were supported.

Audits had been completed however these were not always effective as they had not identified all of the shortfalls we found during the inspection. People had completed feedback forms to give their view of the service, however the responses to these had not yet been evaluated.

Staff understood the relevant requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty

Safeguards (DoLS).

People were enabled to remain independent and encouraged to participate in activities that were meaningful to them. Care plans were person centred and people told us that their care plans had been discussed with them.

Complaints were acted on and resolved, however the complaints guidelines were not provided in an accessible format.

We have made two recommendations in relation to consent and dignity and respect. We found three breaches of regulations relating to safe care and treatment, staffing and good governance. You can see what action we asked the provider to take at the back of the full version of this 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?

Requires Improvement

Not all aspects of the service were safe.

Health and safety checks were not always carried out and personal emergency evacuation plans were not signed by the people receiving care to demonstrate their understanding of these.

There were gaps in staff recruitment records, there was a plan in place to address this. There were enough staff to meet people's needs.

Staff were aware of the different types of abuse and said they would report any concerns they may have to ensure people were protected from abuse. Risks to people had been identified and staff followed the guidelines in relation to these risks.

People received their medicines safely and staff had received the required medicines training.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received the appropriate training to enable them to communicate effectively with people.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff supported people to maintain a healthy and well-balanced diet.

People's healthcare needs were met.

Is the service caring?

Requires Improvement

The service was not always caring.

Advocacy was not readily available. People told us staff were kind and listened to them.

Staff were aware of people's needs and met these in a caring and sensitive way that respected people's privacy and dignity.

Positive relationships were maintained with people and their relatives.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed, with reference to people's likes, dislikes and preferences throughout.

There were planned activities and people were involved in a wide range of hobbies and interests of their choice. Peoples' diverse needs were met.

People and their relatives were given the opportunity to raise any complaints and where they did these had been resolved. However, the complaints procedure was not provided in an accessible format to ensure that everyone understood it.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

The registered manager did not monitor all aspects of the service on a regular basis to ensure that the service operated effectively and continued to improve.

People had completed feedback forms, however these had only been recently sent to people therefore the responses had not yet been evaluated.

Staff told us they enjoyed working in the home and were well supported by the management team.

Huguenot Place

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.

We inspected Huguenot Place on the 5 and 6 September 2016. The inspection was unannounced on the first day and we informed the deputy manager we would be coming on the second day.

The inspection was carried out by one inspector. All of the people who used the service were deaf, therefore we were also accompanied by a sign language interpreter on the first day. British Sign Language (BSL) is a language in its own right, with its own grammar and syntax and does not conform to the structure of the grammatical English language.

Prior to our inspection we checked information that the Care Quality Commission (CQC) held about the service which included a Provider Information Return (PIR), previous inspection reports and notifications sent to CQC by the provider before the inspection. The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make. The notifications provide us with information about changes to the service and any significant concerns reported by the provider.

We talked to five people using the service and one relative of a person using the service. We also contacted the local authority and spoke with one health and social care professional and had a discussion with a healthcare professional who was visiting a person on the day of our inspection.

We looked at five people's care records including their medicines records. We also spoke with one senior support worker, three support workers, the deputy manager and the registered manager. Additionally, we viewed five staff recruitment files and records associated with the management and running of the service. We observed the care supported people received and looked around the building.

Requires Improvement

Is the service safe?

Our findings

Fire tests and drills were carried out and a report of actions taken when people did not respond to this. The deputy manager stated that one person's personal emergency evacuation plan (PEEP) was to be updated to reflect the change in their health needs after a discussion with the registered manager. Easy read fire assembly procedures were place in people's rooms and in the communal areas of the home and there was an emergency grab bag in place. PEEPS for each person took into account their mobility and moving and assisting needs, however, two of these were not signed by people, which meant that the provider could not demonstrate that people had agreed the plan in place. Furthermore, the documents seen were not presented in easy read formats that could be understood by people using the service.The deputy manager told us that this would be addressed. Following the inspection the provider told us that PEEPs were being transferred to a new format and presented in a picture format and discussed in key working sessions but we did not see any evidence of this during the inspection.

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

There were signs in the communal bathrooms to inform people which taps ran hot and cold water and for people to clean the bathroom after use. We looked at the documentation the provider held in respect of the checks staff undertook to check the hot and cold water temperatures. These must be carried out to ensure people are not at the risk of scalding themselves and to make sure their safety is not compromised. During the inspection we found records to show that there were gaps in the recording of the hot and cold water checks. The deputy manager acknowledged this and was rectified during the inspection.

We saw from records that the provider had arrangements in place for the on-going maintenance of the building and during the inspection a handyman who was hard of hearing arrived to carry out repairs to the building. This meant people could communicate clearly with the handyman and understand why the repairs were being carried out. Routine safety checks and repairs were carried out, such as fire alarm testing and rooms checks. Contractors carried out regular servicing of, for example, fire safety equipment and gas appliances. There were records in place to report any repairs that were required and records showed that these were dealt with. We also saw records to demonstrate that equipment used was regularly checked and serviced, for example, vibrating pads to alert people in the event of an emergency, electrical installations and emergency lighting.

Staff files did not contain satisfactory background checks in relation to references, application forms and criminal background checks where required. Whilst all four staff files included identification checks, three of the staff files had no references and one staff file did not have a criminal record check on file. In addition two members of staff had no application forms in their files which the provider is required to check to show they are suitable for employment. In 2015 there was a change of providers. During the transitional period, staff were transferred over to the new provider which meant staff recruitment checks were carried out by the previous provider. When we raised this with the deputy manager he showed us this had been identified in

an audit carried out by the operations manager and told us the documentation was held with the previous provider and they had to obtain all the relevant documents from the previous provider. This formed part of the action plan that the deputy manager and registered manager had agreed to address.

People told us there was enough staff to support them when they asked for assistance. The deputy manager explained there was a staff vacancy at the service and they used relief or agency staff to cover any absences. Candidates had been interviewed for a full-time position in August 2016. The staff we spoke with confirmed that most people accessed the community independently and there was a sufficient number of staff to help people with their care and support needs.

When we spoke with people about whether or not they felt safe in the home they told us, "Yes, I like it here it's the best", "I like living here", "I like the house I like it all," and "I do feel safe here I'm happy." People were safe because they were protected from the risks of abuse and harm. Staff received safeguarding training and there was easy read information about safeguarding displayed throughout the home for both staff and people using the service. This included the local authority's safeguarding procedure and local contact telephone numbers. The deputy manager told us there had been no safeguarding incidents. Staff knew of the local safeguarding team and that they could contact them if they had any concerns. One member of staff told us they had read and understood people's care plans and due to this knew the procedures to follow about how to protect people from abuse.

Individual risk assessments were in place that were reviewed and evaluated in order to ensure they remained relevant, reduced risk and helped to keep people safe. They comprised of risks specific to people's support needs such as medicines, finances, health and travel. Records contained information for staff on how to reduce and manage the identified risks whilst balancing their right to make their own decisions. For example, where people travelled independently on public transport the assessment identified what action the person and staff should take if their regular travel route was interrupted by a diversion.

Systems were in place to ensure that all medicines had been ordered, administered safely and audited. Medicines were stored securely within the medicines cabinet in the staff office. Records showed storage temperatures were recorded daily and were within the required range for the safe storage of medicines. A staff signature sheet was in place to identify who had signed people's medicine administration records (MARs) and we found that staff had signed records to verify they had read and understood the medicines policy. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. The administration of 'as required' medicines was recorded with the reasons why these had been given, for example, when a person had toothache. People's medicines files contained information on what medicines they were taking and why. This also included any allergies or reactions they may experience and the contact details of health professionals. We saw risk assessments in place for some people who managed their own medicines. Lockable medicines cabinets were in their rooms to store their medicines safely and written records were signed by the person to agree to the arrangement and to show how staff would monitor this. Where surplus medicines had been returned this was recorded in the returns medicines book and signed by two members of staff and the pharmacist. Staff were trained in handling medicines and a process was in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

Requires Improvement

Is the service effective?

Our findings

One person told us their communication needs were not met and that this had an impact on their ability to discuss their care needs, "I would like to be able to ask them more questions and communicate more, one staff signs with me well but the deputy manager does not." The deputy manager and one care worker had received training in BSL level one, which meant their communication with people was limited. The deputy manager told us they planned to complete BSL level two. All other care workers had received training in BSL level two, but told us this was not enough to communicate more clearly with people and required BSL level three. The deputy manager told us they planned to complete BSL level two. All other care workers had received training in BS level two, but told us this was not enough to communicate with people effectively and said that they required further training. This meant that staff did not always have the skills or knowledge to communicate fully with people who used the service to ensure that they were fully understood.

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

Staff had opportunities for training to understand people's care and support needs and they were supported in their role. One care worker said, "It was a good introduction, they explained the organisations objectives." The deputy manager told us there was an ongoing training programme in place to make sure staff had the skills and knowledge to support people. The deputy manager had not completed the induction but showed us records to confirm they were booked on the course in October 2016. Training courses staff had completed included manual handling, food hygiene, emergency first aid, infection control and Deprivation of Liberty Safeguards (DoLS). Additional training courses had been requested by staff to gain a better understanding of how to support people, such as deafblind and safeguarding children training. This was to ensure staff training reflected the specific needs of people who used the service. Staff met regularly with their line manager to discuss their work. Staff appraisals were up to date and staff confirmed they had regular supervisions. This was an opportunity for staff to have conversations about all aspects of their role, any concerns they had or additional training they required. One to one supervisions were carried out to check staff understanding of their role and to check they were putting their training into practice. Regular team meetings were held and a member of staff explained this gave them the opportunity to discuss new ways of working, "The best thing about the home is that I like the teamwork and the different ideas we share to make improvements."

We checked how people's nutritional needs were met and found people were supported to follow a healthy and well-balanced diet. Most of the people who lived in the home were able to cook some meals for themselves and told us they shopped for their own foods and chose what they would like to eat. One person told us, "I like fish, meat, soup and all vegetables, I cook for myself and staff help me with some cooking and we write things down." Where people required support with cooking we saw records to show the name of the member of staff and person who was being helped with the activity and pictorial menu planners were in place to help people prepare and cook their chosen recipes. Support was given by staff when needed whilst ensuring people maintained their independence, for example, there were guidelines for staff to follow that read 'Please do not cook for residents, support them when cooking' and we saw this was adhered to. Care

plans were in place that recorded people's food likes and dislikes and any support required to help them with their shopping, for example one person requested to be shown their food preferences on the computer before purchasing any foods.

Photographs of people being supported to cook were kept in people's care files, their dietary requirements had been identified and staff were aware of them. For example, one person had diabetes and there was a plan in place to monitor this and another person was encouraged to drink fluids regularly. We looked around the kitchen and saw it was well stocked with fresh, frozen, home baked and tinned produce. Safe food hygiene practices were followed. Records showed when perishable items were disposed of that this was signed by two members of staff. Foods were labelled and dated on the day of opening and fridge/freezer temperature checks were accurately recorded. Notices in the kitchen demonstrated pictures of healthy and unhealthy foods so people could make healthy food choices. Pictorial prompts in the kitchen area made people aware to turn off appliances when not in use. Pictures of people were displayed in food cupboards, so they could easily identify what items belonged to them. House meetings were held that included suggestions about people's food choices.

People were supported to maintain their healthcare needs. People's care records showed they had regular input from a range of healthcare professionals and we saw that interpreters had been arranged to help people with their communication needs. Staff received advice and guidance when needed from health care professionals such as, audiologists, social workers, community psychiatrist nurses, the learning disability team and General Practitioners (GPs). We spoke to a healthcare professional who was visiting a person in the home and spoke positively about the staff and the support the person had received. Records were kept of healthcare visits and any changes and advice were reflected in people's care plans. For example, the deputy manager had sent a referral to an organisation to seek advice and support for a person who was visually impaired. People's health plans showed that people had full health checks and their needs were regularly reviewed.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found that care plans held information regarding people's capacity to make decisions, however we found that people had not consented to the care and support they had received. Care plans were written in a way that people understood and people told us they had discussed their care plan with the staff however some of the care plans were not signed by people. This meant we couldn't be certain that care plans were designed and agreed with the person through the process of care planning and review. They are intended to give guidance about the care and support being provided and how people wanted to receive it, which meant that we could not be assured that the provider had obtained people's consent to the care they received. We recommend that the provider reviews systems to ensure that clear records are maintained to evidence people's consent to their care and support.

The deputy manager explained that no one in the service was subject to a DoLS authorisation. People were able to access the community whenever they wished and we saw people come in and out of the home during the course of the day. Our conversations with the staff demonstrated that they understood and were

trained on their responsibilities under the MCA and DoLS arrangements. As some people did not have the capacity to manage their finances, the provider had put control measures in place to protect the person whilst avoiding undue restrictions. For example, when people preferred to go shopping independently they were given smaller amounts of money to reduce the risk of leaving large amounts of change in the shops. Agreement forms were signed by people in relation to their finances and assistance with reading letters.

Requires Improvement

Is the service caring?

Our findings

People were not always provided with independent support to make sure they were represented and supported to make decisions as advocacy support was not accessible to them. The deputy manager told us that the service currently did not have access to advocacy services. An advocate is someone who provides support when it is needed. Advocates help people to access information they may need or attend meetings or interviews, in a supportive role. In addition, they may write letters on people's behalf, or speak on behalf of people in situations where they don't feel able to speak for themselves. For example, most people's diverse needs were acknowledged and respected. We saw that a person had chosen to visit a place of worship in line with their religious beliefs and where there was an interpreter service available for them. However although people's life history and cultural background had been assessed, staff did not always consider if people required support with issues such as their sexuality to ensure that their individual support needs were met. The deputy manager acknowledged this and agreed to address this.

We recommend that the provider seeks advice from a reputable source to ensure that people are adequately supported to meet their diverse needs.
People told us the staff that supported them were kind and caring. They told us, "They are very helpful and nice", "They are caring and kind", "I like them, the staff," and "Yes, they do listen to me."

Staff told us that they knew the people they worked with well and understood people's specific needs. Before we spoke to people a member of staff told us about the person's background, how best to communicate and what the person's moods or emotions may be like at that particular time. They gave us information about people's needs and preferences which showed they knew people well and we observed that they provided support in a caring manner. People's care plans included information about how the person wanted to be supported, and what made them happy. This was to inform new staff, who didn't know people, how people wanted and needed to be supported. For example, care plans recorded, 'Staff help me to know what meals to buy', 'When you see me nodding it doesn't mean I understand you' and 'I like my own privacy'. Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information and showing two items of clothing so people could choose what they would like to wear. This helped to ensure that people remained involved and were supported to make decisions about their own care.

Care plans contained information about how people communicated, for example, finger spell, lip read, hands on sign and the importance of positive words when talking to people. Records described the best way to present choices and reinforce messages to people such as giving the person time to process the information, sign slowly and point to pictures and we saw this was acted on. People's well being was supported by staff who provided care in sensitive way. For example, one person had taken care of a cat that had to be relocated due to an injury and this caused the person to become emotionally distressed. To best support the person staff accompanied them to visit the Battersea dogs and cats home and we were shown photographs of the trip. The deputy manager told us this had improved the person's emotional well-being.

People were encouraged to maintain positive relationships with family, friends and staff. One person told

us, "I'm mostly here, but I go and see my family." Another person had been supported by staff to renew their passport and purchase new clothes to visit their relatives abroad. Photographs of the person enjoying the visit abroad were displayed in the person's care file. We saw written records to show where a relative made a phone call to their family member to congratulate them on a special occasion. One relative told us their family member visited them frequently and was complimentary about the support they received. They told us, "[Person] is very independent and goes shopping by them self, he/she has a very set routine and always comes to visit me, he/she is well supported by the staff." Where one person had a bereavement the person had given staff permission to inform other people using the service about this during a residents meeting and offer their condolences.

People told us the staff respected their dignity and privacy. We observed staff respecting people's dignity and privacy. We saw that staff sought permission from people before we viewed their rooms, which were spacious and personalised with their personal possessions. There was a large lounge, kitchen and garden and we saw people appeared relaxed and content and there was a good rapport and interaction between people using the service and the staff team.

Good

Is the service responsive?

Our findings

People's care records reflected their care and support needs. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and daily routines. Care plans were developed from these assessments that outlined how these needs were to be met. Examples included health, nutrition, communication, and personal hygiene. Monthly key worker meetings had taken place and reviews discussed any changes that had taken place. People were allocated co-keyworkers to ensure the continuity of care in the event the main key worker had taken planned leave. Reviews included information about peoples' progress and well-being and where people had refused support we saw this was recorded. Staff had up to date information and guidance about people's care and support needs which also detailed how their care was to be delivered. One person told us, "Staff ask questions about my care plan I have seen it."

Meal planners showed people's preferences based on their cultural needs, such as British, African and Caribbean dishes. We saw that one person had been invited to visit a care home for deaf people in line with their wishes. There was easy read information regarding how people paid for their care. The deputy manager discussed specific gender care for people and identified that one person responded better to prompts with their care needs from care workers of the same gender. They had actively recruited for specific gender staff to accommodate people's individual needs.

Located in people's files were pictorial records of their daily activities. There were activities in the home to keep people socially stimulated and we saw two people concentrating and interacting when playing a game of checkers. One person showed us the well maintained garden with flowers and a vegetable patch, and explained that they had some difficulties maintaining the garden, but liked to visit the garden frequently. The person explained, "I have a garden patch, lots of runner beans, peas, can you see them all here, they don't get too much sun now since the rain, I grew lots of things along here all sweetcorn, it's lovely, I can't do it now but I did all of this and planted them in the garden, I enjoy my garden." We observed staff consistently supporting people in the home to maintain their independent living skills, for example, a cleaning rota for people was written on the whiteboard located in the kitchen, and we saw staff assisting them with the household chores and making a note on the whiteboard when they had achieved the task. One care worker told us "We encourage residents to be independent, they need support to be healthy, I may create a poster of choices for people, sometimes it works, but you always have to encourage them."

One person said, "I go to college it's hard to fill in forms and they are very good in college and help me with this." On the day of our inspection we saw that planned activities were available and that people had attended various recreational pursuits, interests and hobbies that they chose to participate in. This involved attendance at college and the gym, shopping for clothes and books, trips to the cinema, sightseeing tours, the library, arts and crafts, the deaf club, birthday celebrations, outings to restaurants and football matches, "Staff support me to the matches", one person said. People had set goals to attain their achievements, for example, saving money for a trip abroad and to move into their own accommodation and live independently.

Two people told us they would speak to staff or the deputy manager if they had any complaints. A complaints guide was available for people, however this was not provided in an accessible format to help people understand how to make a complaint. We spoke to the deputy manager about this who told us they were going to update the complaints procedure in a pictorial format so the information could be understood by people who used the service. A relative told us they would know who to contact if they had any concerns and confidently expressed that staff would also contact them if there were any issues. There was a suggestion box in the home to obtain people's views about the service and suggest any improvements. We saw there was a written record of four complaints which were responded to appropriately and action had been taken to resolve any issues identified as a result.

Requires Improvement

Is the service well-led?

Our findings

The provider had not carried out regular audits of records such as care plans, health and safety checks and water temperature checks to ensure that any risks and areas for improvement were identified and addressed. This meant that systems were not effectively monitored to maintain and improve the quality and safety of the services provided to people.

The above issues relate to a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulation 2014.

Other audits had taken place and an action plan had been completed to review any risks associated with people's care and support needs such as finances, the cleanliness of the home, staff training and recruitment and people's medicines. For example, the deputy manager showed us an easy read leaflet they produced for people if they wanted to manage their own medicines, and they planned to discuss holding a workshop with people about this after discussions with the community practice nurse.

Feedback questionnaires had been completed by people in August 2016 and the deputy manager told us people had assistance from an interpreter when completing these. The questions covered the living environment, employment, social relationships, privacy and dignity, safety in the community and people's choices. The responses to these were in the process of being evaluated by the deputy manager to see if there were any improvements that needed to be made to the service. We had not received any notifications of any incidents affecting the service however the registered manager was aware of the requirement to do this.

People using the service and staff described the registered manager and the deputy manager as "supportive", "good" and "approachable". Staff members told us that the registered manager had an open door policy and was always willing to assist when needed. They told us they enjoyed working with the people who used the service, One care worker said, "I enjoy working with people to achieve their goals and live independently." Deaf staff had reasonable adjustments in place to support them in the workplace, for example an interpreter. Staff and people using the service told us that the deputy manager had and maintained a visible presence throughout the day. One person said, "Yes I see the staff and the managers, they all have meetings here."

The registered manager visited the service frequently and was supported by the deputy manager who mainly took charge of the day to day running of the service which they had worked in for a number of years. They were observed offering guidance and support to the staff team and were clear about their own role and the expectations they had for the care workers who were on duty. Records of the staff meeting addressed any concerns and suggestions staff had. For example, one person's health needs had deteriorated and a discussion had taken place about the requirements for staff to learn hands on signing. This was to enable them to communicate with the person so they could be understood.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment How the regulation was not being met: Care and treatment was not always provided in a safe way for service users as the registered person did not always assess the risks to the health and safety of service users and did not always do all that was reasonably practicable to mitigate any risks to ensure the safety of service users receiving care or treatment. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Systems or processes were not always operated effectively to assess, monitor and improve the quality and safety of the services provided. Regulation 17 (1)(2)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing How the regulation was not being met: Staff were not always supported to obtain further qualifications appropriate to the work they performed. Regulation 18 (2) (a) (b)