Lincoln House Care Home Ltd

Lincoln House Care Home

Inspection report

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Tel: 01362637598

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service:
Lincoln House is a nursing and residential home that provides accommodation and personal care for up to 60 people. At the time of the inspection, a total of 53 people were living in the home.

People's experience of using this service:
Some risks to people's safety had not been assessed and therefore managed appropriately placing them at risk of avoidable harm. The registered manager took immediate action in response to these findings to keep people safe.

There were not enough staff working on some shifts within the home. This resulted in people having to wait for assistance and care staff not being able to spend much time with them.

There had been a lack of impetus to increase staffing levels when it had been identified this was needed.

Some of the provider's current systems to monitor the quality of care people received, had not been effective at identifying issues and driving improvement.

Medicines were not always being managed safely at the home.

Improvements to the environment are recommended to help people with memory difficulties orientate themselves around it.

People told us staff were kind and caring and treated them with dignity and respect.

People had several different activities they could participate in that were available seven days a week, to stimulate them and enhance their wellbeing.

Good links with the community had been made for the benefit of people living in the home.

Staff supported people to maintain their health and were quick to report concerns to outside healthcare professionals when required.

The staff had been recognised externally for the kind and compassionate care they provided at the end of people's lives.

The home was clean, and staff understood how to protect people from the risk of the spread of infection.

People were involved in making decisions about their care and were given choice.

When things went wrong such as accidents or complaints, these were fully investigated, and lessons learnt. People were involved in this process if they wanted to be.

Systems were in place to protect people from the risk of abuse.

Consent had been obtained from people before care was given and in line with relevant legislation.

Rating at last inspection:
Good (Published October 2016)

Why we inspected:
This was a planned inspection based on the period since the last report was published by CQC.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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

The service was not always safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led

Details are in our Well-Led findings below.

Lincoln House Care Home

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of three inspectors, one of whom specialised in medicines management and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Lincoln House is a 'care home'. 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.

Care is provided over one floor. The home is split into two units being the nursing unit and residential unit. The nursing unit can accommodate a total of 33 people and the residential unit 27 people. There are communal and dining areas within each unit. People are free to move around within both units if they wish to.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Before the inspection visit to Lincoln House we reviewed the information we held about the service and the provider. This included any notifications the provider had to send us by law and information we had

received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from the commissioners of the service.

During the inspection visit to Lincoln House we spoke with seven people who received care and five visiting relatives. We also spoke with the registered manager, the head chef, a kitchen assistant, the head of maintenance, eight care staff and two visiting healthcare professionals.

We looked at various records relating to the care that people received which included four people's care records and 13 medicine records. We also looked at a range of records regarding how the registered manager and provider monitored the quality of care people received.

After the inspection visit to Lincoln House the registered manager sent us further information regarding the inspection of the home which we reviewed and have included within this report.

Requires Improvement

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

• People and relatives gave us mixed views about staffing levels. One person told us, "I think there probably are (enough staff), though they are always busy." However, another person said, "No. There are not enough kitchen staff, carers, cleaners or nurses. Our meals are often late, so we miss the activities." Relatives were also mixed with one telling us, "There seem plenty to me. The staff answer the bell quickly" but another saying "There are always staff around, but you do have to wait sometimes. The PEG machine beeped for 20 minutes recently as it had finished. No staff came so I had to go and find a nurse to get it turned off." (A PEG is a tube that is passed into the stomach, most commonly used to provide a means of feeding or giving medicines when this cannot be done orally).

• Staff also gave us mixed views regarding staffing levels in the home. Staff working on the residential unit told us currently they could meet people's needs as the unit was not full. Staff on the nursing unit told us people often had to wait for assistance, and that they could not always meet their needs promptly. For example, one staff member told us they could not always carry out the required checks to make sure people were safe.

• During our inspection visit, we observed staff were very busy in both units providing people with care and that call bells rang often, some for over seven minutes particularly later in the day.

• We asked the registered manager to carry out an analysis of the time it had taken staff to answer call bells on the nursing unit for the week before our inspection visit. This showed that 321 calls (26.5%) took longer than five minutes to answer and 217 calls (17.9%) took longer than 10 minutes to answer. This demonstrated people sometimes had to wait an unacceptable amount of time to have their needs met.

• The registered manager told us staffing levels were assessed regularly in line with people's needs. However, this did not consider people's emotional needs or other tasks that staff had to complete during the day. For example, cleaning commodes.

• The registered manager told us they had recognised in November 2018 that more staff were required on certain shifts but that this had not been fully implemented.

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

• Staff on the nursing unit raised concerns about the number of agency staff they had to regularly work with. They said this impacted on their ability to provide people with the care they required as they often had to direct these staff on what they needed to do. The registered manager told us agency had been used to cover 877 hours of care (17% of all shifts) in the 28 days prior to our inspection to cover staff absence.

• The registered manager advised they had made some changes to staffing levels recently on the residential unit that had a positive impact. They also said they and the provider were actively trying to recruit new staff

to the service including a clinical lead. Some new staff had recently started at the home and were currently undergoing training.
• The provider had recently introduced a new initiative to attract new staff to work in the home.
• The required checks had been made on new staff before they started working for the service to ensure they were of good character.

Assessing risk, safety monitoring and management;
• Risks in relation to hot surfaces had not been adequately managed. Exposed pipework was found in a communal area which was extremely hot to touch. This posed a risk of burns should a person fall against them. Other exposed pipework was found in one person's bedroom that had not been assessed to see if it was a risk.
• Items such as denture cleaner and toiletries were easily accessible to people in the home. Staff told us some people may lack capacity to understand what these items were. These posed a risk of harm should they be accidentally ingested.
• Two communal kitchen areas within the home were accessible to people throughout our inspection visit. The registered manager said the risks associated with having these areas open, for example with access to hot kettles or toasters had not been assessed.
• Immediately after the inspection visit, the registered manager confirmed that action had been taken to reduce any risks to people's safety within these areas.
• Staff demonstrated a good knowledge to help them manage other risks to people's safety in areas such as falls, developing pressure ulcers and not eating enough.
• Risks in relation to fire and legionella had been managed well.

Using medicines safely
• Most people told us they received their medicines when they needed them, and the relatives agreed with this. One person told us, "Oh yes. The staff give me a drink with my tablets. I can ask for paracetamol if I need it." However, another person said, "When my PEG is late it messes up the times for my medicines."
• Oral medicines were stored securely however, medicines prescribed for external application such as creams were not safely stored to prevent people from accessing them and causing themselves potential harm.
• Medicines were given by staff and recorded on Medicine Administration Records (MAR charts), however, we noted some gaps and discrepancies in the records for both oral and external medicines which may have meant people had not received their medicines appropriately and as intended by prescribers.
• There was guidance to help staff give people their medicines safely, but some written information lacked detail. For example, body maps were in place for people prescribed medicines for external application, but these were not always completed to show staff where on people's bodies they should be applied.
• Staff had been trained and assessed for their competency to handle and give medicines safely.
• Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.

Systems and processes to safeguard people from the risk of abuse
• People living at Lincoln House told us they felt safe living in the home. One person said, "Yes I'm as safe as anyone can be. If something wasn't right, I'd speak to the staff." A relative told us, "Yes. [Family member] is much safer here and happy. If there had been issues, and there weren't, I would have started with the manager and then the CQC if necessary."
• Staff knew how to recognise abuse and protect people from the risk of abuse. The registered manager had reported abuse or alleged abuse to the local authority safeguarding team appropriately.
• People were supported to understand how to keep safe and to raise concerns when abuse or alleged abuse had occurred.

Preventing and controlling infection
• People and relatives told us they felt the home was clean. One person said, "Oh everywhere is very clean. They [staff] empty my bin and clean the loo every day."
• Most areas of the home and equipment people used was clean.
• Staff had a good knowledge regarding cleanliness and infection control.
• They were observed to take appropriate precautions such as wearing gloves and aprons to prevent the spread of infection.

Learning lessons when things go wrong
• Staff told us they reported any concerns such as incidents or accidents to senior staff within the home.
• The registered manager had fully reviewed any incidents or accidents that had occurred and made changes where necessary. For example, where people had fallen and injured themselves, the registered manager had ensured they had the appropriate equipment in place and worked with the GP to ensure their medicines had not contributed to the fall.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care records showed that people's needs, and choices had been holistically assessed with them and/or a relative before they started using the service. This included physical, mental, social and cultural needs.
• People's care needs had been regularly reviewed to ensure the service could continue to meet them.

Staff support: induction, training, skills and experience
• People gave us mixed views about staff skills. They were all happy that staff who worked permanently in the home were well trained, but some had reservations about agency staff. One person told us, "Oh yes the staff are very good. I often hear them talking about going for training." Another said, "Some of the agency staff are suspect. They don't know how to use the equipment properly. At weekends we don't know who will be looking after us. The regular staff know what they're doing."
• Staff told us they had received enough training and supervision to meet people's needs and to provide them with effective care.
• We did not observe any issues with staff practice during our inspection visit.
• New staff working at the service received comprehensive induction training that included the completion of the Care Certificate. This is a recognised qualification within health and social care.
• Not all staff had training that was up to date. The registered manager was aware of this and had booked staff on relevant sessions within the next few months.
• The registered manager told us they checked that agency staff had enough training before allowing them to provide care to people.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us the quality of food they received was very good, that they got a choice and that alternatives were made for them if required. One person told us, "There is a good choice of food and the trolley comes around during the day with drinks and things. There's plenty to eat if you fancy it, yes."
• Records for two people whose fluid intake was being recorded due to concerns in this area, showed they had low intake but that no action had been taken to improve this. One person's records indicated a healthcare professional had asked for them to be given more fluids due to a health concern. The registered manager said this was a recording issue as both people had a good intake of fluids. They agreed to speak to staff to ensure they kept accurate records in this area.
• People who required assistance to eat their lunchtime meal were observed to receive this. However, the registered manager told us that at teatime it was more challenging for staff to ensure people received their meals in a timely manner due to the number of people who required assistance.
• The kitchen staff demonstrated a good understanding of people's likes and dislikes. They said communication about people's individual dietary and cultural needs was good to help them meet people's

diverse needs.
• Themed events such as celebrating different foods around the world were held to encourage people to eat and drink. For example, pizza and pasta had been available on Italian food day.
• People had access to regular drinks. In March 2019, a 'hydration week' had been held for people to try out various flavours of drink that they could be provided with in the future.
• Risks associated with people not eating enough were managed well. These people were monitored regularly and received meals fortified with extra calories to help them maintain or put on weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People told us staff supported them with their healthcare needs. One person told us, "The staff arranged for the doctor, pronto. If I asked the doctor would come this afternoon. Yes, I have the chiropodist come." A relative told us, "[Family member] had lost weight from not looking after herself but she put on weight once she was in here."
• Staff had a good understanding of people's healthcare needs. They told us they worked with several different healthcare professionals including district nurses, physiotherapists and the GP.
• The most recent survey of healthcare professionals showed they were happy with the quality of care people received in terms of their health needs. The professionals we spoke with told us staff were quick to report any concerns to them. However, one said they felt communication could be improved and that staff did not always follow their guidance.

Adapting service, design, decoration to meet people's needs
• People told us the building was suitable for their needs. One person said, "It's [building] very nice. Very comfortable. Yes, I can get around safely with my frame if I know where I'm going, like the lounge."
• There was a lack of signage around the home to help people with memory difficulties find themselves around the home. Also, for people living with dementia, there was no items such as memory boxes that can assist with this. The registered manager said they had recognised the need for signage, and planned to put this in place.
• Some areas of the home such as corridors and people's doors required redecoration as they were scuffed and scratched. The registered manager told us there was an ongoing programme in place to refurbish and redecorate the home.
• The home was designed so people could move freely around it. This included access to a pleasant garden area.
• We recommend the provider reviews relevant guidance regarding how to improve the environment for people living with dementia or memory difficulties.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA. In care homes this is usually through MCA application procedures called Deprivation of Liberty Standards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People told us staff always asked for their consent before completing a task. One person told us, "Yes the

staff show respect for me. No problems there at all. The staff help me wash and dress. It is very good here."
• The staff and management team demonstrated an understanding of the MCA and DoLS. They told us they always offered people choice to help them decide about their care and would only act in their best interests where the person was unable to decide for themselves.
• We observed staff offering people choice and helping them make decisions where necessary, for example regarding the lunchtime meal.
• Records showed that people's capacity to make decisions about their care had been assessed when necessary and details any decisions made in their best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People told us staff were kind and caring, particularly those employed by the home. One person told us, "The staff are nice, kind and caring. They listen to you and do what they can for you. I was feeling a bit down the other day and [staff member] took her break with me in here. That was so lovely of her and it perked me up." Relatives agreed with this with one relative saying, "The staff are lovely. Very nice. Really caring."
• The staff we spoke with who were all permanent members of staff, demonstrated they knew people they cared for well. They understood people's personalities and spoke to us about their life history, which they used to strike up conversation with people.
• Most people were happy that staff knew them well. However, two people did say they saw a number of different staff which was an issue for them. The registered manager told us they tried to ensure the same agency staff worked in the home, so they could build relationships with people. However, we noted 10 different agency nurses and 15 different agency carers provided care to people in the three weeks prior to our inspection visit.
• We observed staff talking to people in a kind and caring manner. They got down to people's eye level when engaging with them.
• The registered manager provided us with several examples where they felt staff had gone above and beyond to enhance people's quality of life. For example, a member of the kitchen staff had visited a person in their own time and made Easter cakes with them as they knew the person (who was being looked after in bed) would enjoy participating in this activity. Other staff had taken people to local fetes and out in the community in their own time.
• On Mother's Day, some people had been provided with flowers and cards to make this a special day for them and people received a card and gift from the home on their birthday. This occasion was celebrated by all the staff. Parties were organised and catered for if required.

Supporting people to express their views and be involved in making decisions about their care
• People told us they could express their views to the registered manager and staff when they wanted and felt in control of making decisions about their own care needs. They said they felt listened to. One person said, "They definitely listen to me. I have no problem in talking to the ones I know."
• People could express their views in a variety of ways. This included completing an annual survey regarding the quality of care they received, during reviews of their care or at residents' meetings.
• Staff told us they always involved people in making decisions about their care where possible.
• Plans were in place for people to be involved in the recruitment of new staff to the service.

Respecting and promoting people's privacy, dignity and independence
• Most people told us they felt respected and that their dignity was promoted. One person told us, "Respect

me, oh yes. When I want some privacy, or my family come, we sit in here, in my room usually." Another person said, "Many of them, yes (treat me with respect). Some of the agency staff are not that great though."
• We observed people being treated with dignity and respect. For example, staff knocked on people's doors before entering their rooms and staff used a screen when hoisting people in communal areas, to protect their dignity.
• People told us they were encouraged to be independent. One person said, "I wanted to keep my independence in here and that's how it is. I look after myself and keep my room tidy. I make my bed and take my own medicines." One person was observed folding napkins in a communal area for lunchtime. The registered manager told us that other people engaged in doing gardening and some people were supported to decorate their own rooms.

Requires Improvement

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's feedback about staff responsiveness to their needs and preferences was mixed. One person told us, "I'm treated how I want to be. They help me with a bath once a week." A relative said, "The staff have a good routine with [family member]. She wakes up and has her breakfast in bed, then they [staff] get her up and dressed. She always has her door closed, stays in her room and eats in there." However, another person said, "My evening PEG changeover is often late. If it's delayed, then it's late coming off and means I'm not allowed to be comfortable for a while in bed in the morning." A relative told us they often found their family member not up and dressed by 11am which was not in line with their family member's preference.
• Staff on the residential unit told us they could currently provide people with care that was responsive to their needs but that they struggled to do this when the unit was full. Staff on the nursing unit told us the care they provided was task based and not individualised as they had no time to spend with people apart from when they performed a task.
• We observed, and call data showed, that staff sometimes took a long time to respond to people's requests for assistance. Staff were not observed to have much time to engage with people apart from when they supported them with care.
• There were several different activities available for people to participate in seven days a week if they wanted to, to aide their well-being. These included various clubs such as a baking, gardening and reading club.
• A mini-bus had been purchased by the home which enabled people to go out on trips now and again, the last one being to a local historical building.
• People told us their spiritual needs were met. One person said, "They do have a church service here on a Friday, monthly I think. I don't go, but [Vicar's name] usually comes to see me and we have a prayer together, which is lovely for me."
• People and a relative if required, had contributed to the assessment and planning of their own care. Care records contained clear information about people's needs and preferences to guide staff on the how people wanted to receive their care.
• Relatives told us they were encouraged to visit their family members to maintain important relationships.

Improving care quality in response to complaints or concerns
• People and relatives told us they knew how to complain and felt confident to raise any concerns they had if they needed to. They also told us they were confident these would be listened to and dealt with.
• The registered manager had fully investigated and responded to any complaints that had been made. This included verbal complaints. Action had been taken where required to improve the quality of care being provided.

End of life care and support

• People's wishes had been sought regarding their wishes towards the end of their life so they could be respected and honoured. For example, people had been able to stay in the home to pass away. For one person, the home had specifically arranged for a singer to visit the person in their room. Here they performed the person's favourite songs to provide comfort to the person and their family.
• The home won an award at the Norfolk Care Awards in 2018 for providing effective end of life care. They had also been shortlisted for an award at the national Caring UK Awards in the same year.
• The service had completed the Six Steps Programme for end of life care. This is an accredited programme where a service demonstrates it provides good quality end of life care.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Some aspects of service management and leadership were inconsistent. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager told us they had recognised in November 2018 the need for more staff to work on certain shifts within the home, but these had not all been implemented. A record of staff meeting minutes in March 2019 had documented that a theme from the recent survey of people living in the home, was staffing levels. This showed that timely action had not been taken to rectify this issue.
- There was no robust system in place to monitor call bell response times. This was despite an electronic call bell system being used on the nursing unit that had this functionality. During the provider's last two audits, they had only assessed staff response to two call bells on the day they were there which had been answered promptly.
- The provider and registered manager had not assessed some risks to people's safety in line with best practice guidance. For example exposed pipework had not been included in the risk of hot surfaces within the home.
- The systems in place to monitor that people had received their medicines correctly were not fully effective. The need for recording the stock of boxed medicines on the medicine administration records had been raised in a nursing meeting on 3 April 2019 but we found this had not been embedded.
- People's recorded fluid intake had not been monitored effectively. A senior staff member told us they checked people's fluid charts daily to ensure their total intake had been recorded and was adequate for their needs. This had not taken place for the records we viewed even though they had been reviewed by senior staff. This issue had been brought up in staff team meetings in December 2018 and early April 2019 but had not been fully embedded.
- A representative of the provider had completed audits of the home however, these had not been sent to the home in a timely manner to help drive improvement. For example, both the audits completed in December and January 2019 had not been received by the home until March 2019. The section entitled 'The experience of staff' within the audit, recorded staff vacancies rather than staff feedback and so was not robust at capturing staff's views.

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

- The registered manager and staff were clear about their roles.
- The registered manager conducted regular analysis of incidents and accidents to see if any patterns could be identified. Regular meetings were held with staff where incidents, accidents and complaints were communicated and thoroughly discussed to drive improvement in these areas.

Planning and promoting person-centred, high-quality care and support with openness;
how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• People gave us mixed views about the running of the home. One person told us, "Yes, I'm happy, safe and well looked after. I would recommend the home. Its run well and the manager often comes for a chat and makes sure all's well." A relative said, "My relative was very happy living here, yes. I would recommend the home at the drop of a hat. I think the home is managed well." However, one person told us, "Up to about nine months ago, we were very happy here. Things have changed. We wouldn't [recommend the home] with things as they are now. "

• People did tell us they felt the management were approachable and that they could raise issues with them or the staff without fear of reprisals.

• We received mixed views from staff regarding the culture within the home. Some said they felt the management were approachable and they felt valued and appreciated. However, others said they felt under-valued, not appreciated and not listened to. This feedback reflected what had been found in the recent staff survey which the registered manager was currently analysing.

• People were regularly asked for their opinion about the running of the service and their suggestions were acted upon. For example, people had been asked about the meals and activities provided within the home and these had been changed in response to their suggestions.

Working in partnership with others

• The provider had developed good working relationships with other services such as the NHS and local authority to support people when they required this.

• Links with the community had been established for the benefit of people using the service. For example, the Prince's Trust had helped to re-decorate a garden at the home and had spent time with people having a meal which people had enjoyed.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance Not all systems in place had been effective at assessing, monitoring and improving the quality and safety of care provided to people or to mitigate risks to their safety. 17 (1) and (2) (a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not deployed appropriately. 18 (1).