Monami Care (Scarborough) Limited

Ashurst Residential and Care Home

Inspection report

36-38 Westbourne Park
Scarborough
North Yorkshire
YO12 4AT

Tel: 01723360392

Date of inspection visit:
20 January 2016

Date of publication:
16 February 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The home has a registered manager in place. 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.

Staff were able to tell us what they would do to ensure people were safe and people told us they felt safe at the home. The home has sufficient suitable staff to care for people safely. Staff received regular supervision and they were safely recruited. People were protected because staff handled medicines safely. The home was regularly cleaned and staff were trained in infection control. However, bathrooms and toilets were in need of refurbishment in order to prevent the risk of cross infection. This was a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also made a recommendation about the way in which clean laundry was stored to reduce the risk of cross infection. You can see what action we have told the provider to take at the back of the full version of this report.

Staff had received training to ensure that people received care appropriate for their needs. Staff were able to tell us about effective care practice and people had access to the health care professional support they needed. Not all training had been recorded.

Staff had received up to date training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured that people were supported to make decisions about their care. People were cared for in line with current legislation and they were consulted about choices.

People's needs in relation to food and drink were met. People enjoyed the meals and their suggestions had been incorporated into menus. We observed that the dining experience was pleasant and that people had choice and variety in their diet.

Health and social care professionals told us that the management team communicated with them very well and were quick to ask and act on advice. People had access to health care services when they needed them.

People were treated with kindness and compassion. We saw staff had a good rapport with people whilst treating them with dignity and respect. Staff had a good knowledge and understanding of people's needs and worked together as a team. Care plans provided information about people's individual needs and preferences.

People were supported to live their lives the way they chose to. We saw people smiling and chatting with staff. They told us they were consulted about their care. Staff responded quickly to people's changing needs. Needs were regularly monitored through staff updates and regular meetings.

People told us their complaints and concerns were handled quickly and courteously.

The registered manager worked with the team, monitoring and supporting the staff to ensure people received the care and support they needed. People told us they liked the registered manager and that they were approachable and listened to them.

The registered manager and staff told us that quality assurance systems were used to make improvements to the service. We sampled a range of safety audits and care plan audits which were used to plan improvements to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to become safe.

People were not protected from the risks of acquiring infection because the bathrooms and toilets posed a risk to infection control.

Risks to people's safety were assessed and acted on and risk plans included how to maximise freedom.

People were protected by sufficient staff who were safely recruited and had the skills and experience to offer appropriate care.

People were protected by the way the service handled medicines.

Is the service effective?

Good

The service was effective.

People told us that they were well cared for and that staff understood their
care needs.

Staff were supported in their role through training, supervision and appraisal which gave them the skills to provide good care

The service met people's health care needs, including their needs in relation to food and drink.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA).

Is the service caring?

Good

The service was caring.

People told us that staff were kind and caring and we observed staff were kind and compassionate.

Staff respected people's privacy and treated them with regard to

their dignity.

Is the service responsive?

Good

The service was responsive to people's needs.

People were consulted about their care.

Staff had information about people's likes, dislikes, their lives and interests which supported them to offer person centred care.

People were supported to live their lives in the way they chose.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place. Leadership was visible and there was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

Communication between management and staff was regular and informative.

The culture was supportive of people who lived at the home and of staff. People were consulted about their views and their wishes were acted upon

Ashurst Residential and Care Home

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 20 January 2016 and was carried out by one adult social care inspector. The inspection was unannounced.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authority. Before the inspection the provider completed 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 also gathered information we required during the inspection visit.

We spoke with three people who lived at the home, two visitors, three members of staff, the registered manager and three health and social care professionals who visited the service during the inspection visit.

We looked at all areas of the home, including people's bedrooms, with their permission where this was possible. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We spent time looking at four care records and associated documentation. This included records relating to the management of the service; for example policies and procedures, audits and staff duty rotas. We looked at the recruitment records for three members of staff. We also observed the lunchtime experience and interactions between staff and people living at the home.

Requires Improvement

Is the service safe?

Our findings

We looked round the home and found the premises were tidy and staff told us it was regularly cleaned. We saw that communal areas and the rooms we looked in were clean. However, we found that the bathrooms and toilets in the home were not in a good state of repair. Some wall tiles were cracked and difficult to clean and we noted grouting where mould was present. Flooring did not meet the base of the damaged skirting boards in both a bathroom and toilet, which meant there was a risk of cross infection. The toilets did not all fit well into the flooring which caused a risk of cross infection. The sides of a bath were damaged and flaking which meant dirt could get underneath the surface. A bath grab rail was rusted at the places where it was attached to the bath. The laundry floor was not impermeable, with a cracked and damaged concrete surface. Although the registered manager told us that new flooring was on order for the laundry, this had not yet been fitted and posed an infection control risk.

The failure to provide an environment which minimised the risk of cross infection was a breach of Regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they felt safe. One person told us, "I feel completely safe here. They really care about me and know when I am going out and coming home." A visitor told us, "They got a sensor pad for when [the service user] stands up. An alarm goes off so that staff can be on hand to steady them. It reduced the number of falls straight away." A visitor told us, "[The registered manager] recruits really well. He has a way of getting the right people. There are always enough staff. [My relative] is really safe here." A social care professional told us that the service had gone, "Over and above what I expected". They told us that the registered manager had gone out of their way to protect a person in the community and that the risk assessment around going out unaccompanied was very clear and detailed. They told us that the registered manager spoke with local shopkeepers in the community, so that they would be aware of their vulnerability and liaised with the community police to ensure the person's freedom was maximised without placing them at any undue risk.

We saw there were safeguarding policies and procedures in place. Staff had received safeguarding of adults and abuse awareness training which was kept up to date. Records did not capture the in- house training that staff and the registered manager told us they had received. However, staff were clear about how to recognise and report any suspicion of abuse. They could correctly tell us who they would approach if they suspected there was the risk of abuse or that abuse had taken place. They understood who would investigate a safeguarding issue and what the home procedure was in relation to safeguarding.

The registered manager had kept CQC informed about safeguarding incidents which had taken place in the service. Recording around safeguarding incidents clearly explained the registered manager's involvement and actions and showed that they had handled these in a way which protected people. Staff were aware of the whistle blowing policy and knew the processes for taking serious concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively.

We asked the registered manager how they decided on staffing levels. They told us this depended on the

numbers and dependency levels of the people living at the home at any time. They explained that for the current occupancy of 17 there was usually the registered manager, a senior care worker and two other care workers on duty during the day time and two at night. The registered manager told us they considered skill mix and experience when drawing up the rota. We spoke with staff about this and they confirmed what the registered manager told us. Staff told us there were enough staff on duty to meet people's needs and not feel rushed. Our observations confirmed this.

Risk assessments were in place for each person living at the home. These covered such areas as mental health, community involvement, falls, moving and handling and food and drink. Staff were able to tell us how they managed risk to ensure people's freedom was promoted while protecting their safety. If people had been assessed as safe to go out unaccompanied they did so, and those people told us they enjoyed having the freedom to come and go as they chose.

We looked at the recruitment records for three recently employed staff which showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and that two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

Most areas of the home were accessible by lift. Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire. We saw that there was a door alarm on the exits doors which alerted staff for people's safety should anyone leave the building.

Staff told us that they had received training in the control of infection during their induction and had received regular updates. Staff correctly described how to minimise the risk of infection. They spoke of the correct use of aprons and gloves and also told us that they washed their hands frequently and always between offering care to people. The service had an infection control policy and procedure which staff told us they followed. This included details of how to manage outbreaks of infection. The laundry room had a suitable washing machine and dryer. Dirty and clean laundry were kept separate. However, clean clothing was stored in this room on open shelving which increased the risk of cross infection. We recommend that the provider stores clean laundry in a way which minimises the risk of cross infection.

Medicines were stored safely in a trolley which was secured to the wall within a cupboard. Controlled drugs were stored separately and administered according to policy and procedure. Medicines were supplied to the home in a Monitored Dosing System (MDS). MDS is a medication storage device designed to simplify the administration of solid oral dose medication. We found appropriate arrangements were in place for the ordering and disposal of all medicines. We observed a member of staff while they were dispensing medicines. They did so safely and according to policy and procedure, using the dot and sign process. Staff placed a dot at the point they would sign, prepared the medicine, administered it, then returned and signed at the placed earlier highlighted. This ensured that the correct medicine was administered and signed for at the right time. The registered manager told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. We saw the results of these medicines audits, which had highlighted some recent missing signatures. This had been addressed with staff and the last month's records had shown an improvement. This oversight of medicines reduced the risk of error.

We looked at the Medication Administration Records (MAR) for two people. The MARs were well completed

and medicines were signed for, which indicated people were receiving their medicines as prescribed. Any refusals or errors were documented.

Staff told us that they received regular medicine training updates and records confirmed this. This meant that people benefitted from staff who were trained in best practice around medicine handling.

Good

Is the service effective?

Our findings

People told us that the staff were knowledgeable about their care needs. One person told us, "They go out with me to get my shopping. I can choose what I like, but they help me choose the right things." One visitor told us, "They have been good at liaising with the nurses and GPs. They are very quick to respond to any changes." One visitor told us that when their relative's dementia became more advanced, the registered manager gave bespoke training to each member of staff individually and explained what the person needed. They explained, "They were all clear about how to support him, they were confident in his care and he got the best care I could wish for." This visitor added, "They have been helping him get the right nutrition when he is ill. All the staff know that the food is pureed and they follow a chart of the things he can and can't have." They told us how the cook understood to fortify meals and how charts were filled out accurately so that they could easily tell what food and drink had been consumed. A health care professional told us "The staff really go the extra mile. Their communication with us is excellent."

Staff had received induction and training in all mandatory areas. Staff told us this was thorough. They told us they shadowed other more experienced staff when they were first recruited and only began working with people unsupervised when they were confident and the registered manager felt they were competent. Staff were due to receive updated externally provided training in mental health awareness. They told us that the registered manager shared detailed information about each individual's mental health needs and shared the expertise of specialist mental health professionals with them. They told us this was very useful in understanding the challenges facing some of the people who lived at the home. This meant staff were trained to give people the care they needed. The home cared for six people who were living with a dementia. Staff had received in-house training to support them to care for these people and the registered manager had planned externally sourced training to complement this. Staff told us they had received more training than had been written down and this was because only the external training had been recorded. This meant there was not a clear records of all the training which staff had received.

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. We checked whether the service was working within the principles of the MCA.

People's plans of care showed that the principles of the Mental Capacity Act 2005 (MCA) Code of Practice had been used when assessing people's ability to make decisions. The service also had a policy and procedure on the MCA and DoLS to protect people. Staff understood the principles of the MCA and DoLS and were able to tell us about the five main principles, for example that they should always assume capacity and

support people to make their own decisions. They were able to tell us about when a Best Interests Decision may be made and who might be involved in this to protect people. A Best Interest Decision is made when a person does not have the capacity to make a decision for themselves and involves a multidisciplinary team. We saw records of Best Interests Decisions which had been carried out involving relevant people. Two DoLS had been applied for and granted which were subject to review. Records confirmed that these had been applied for and put in place appropriately and that the decisions had been made in the person's best interests. A social care professional confirmed this.

People's consent to care and treatment was recorded along with their capacity to make decisions about their care. Where appropriate, Do Not Attempt Resuscitation consent forms were correctly completed with the relevant signatures. Information about advocacy services was available to people and advocates were employed when needed.

Needs relating to nutrition and hydration were recorded in care plans, and risk assessments were available. We observed a meal time. The menu was written on a chalk board for people to consult. People told us, and we saw, they had a choice of food and drinks. Those people who chose to eat in the dining area received food which was hot, served in good portions and looked appetising. People told us that if there was a meal they did not like the cook would ask whether they would prefer an alternative. The home provided a cooked breakfast one day a week, with a main meal each lunch time and a choice at tea time. We observed a lunch time meal and people commented on how much they enjoyed the food. Almost all plates were emptied and people seemed relaxed and happy at meal time. Lunch time was a sociable occasion with people having the opportunity to chat with each other. We noted that drinks and snacks were available throughout the morning and afternoon and people told us that they could choose what they liked at tea time, People varied their dining experience with trips out to local cafes for meals, takeaways and snacks, accompanied by staff when appropriate.

The registered manager told us that medical conditions which required monitoring were managed in consultation with health care professionals and that risk assessments were in place. The service used a 'Telecare' medical consultation system, where they could gain advice and support quickly over the internet. We observed 'Telecare' being used in this way for a person who had sustained a minor injury on the morning of the inspection visit. Staff told us this was very useful particularly if people were reluctant to visit a GP, because they could gain advice quickly and with minimum upset to the person. Staff also routinely supported people to attend GP and hospital appointments.

Care plans showed that people had been seen by a range of health care professionals including GPs, dentists and district nurses. We saw from the records that staff contacted health care professionals to resolve issues, including the Community Mental Health Team. The staff team maintained records of all specialist involvement. We saw care workers had involved GPs and other health care professionals in a timely way and kept clear notes about consultations. Staff also supported people with giving up smoking, managing weight for health and managing alcohol use when they required this. The support guidelines for this were written into care plans with people's involvement and consent where relevant.

Needs around clinical care were recorded. For example we saw plans around pain and nutrition management. People were regularly weighed when they were nutritionally at risk which meant that the home could monitor if people lost or gained weight. The service sought external professional support, for example from the Speech and Language Team (SALT) when necessary to meet people's needs in this area. Nutrition and fluid charts were used when necessary and we saw that these were completed accurately with no gaps. These gave staff and health care professionals good information about how much food and drink people had taken. Similarly when people required monitoring charts to track pressure care, these were

completed accurately with no gaps. This gave evidence that staff monitored people's health to maintain and improve their physical and mental wellbeing.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring with them. One person told us. "They are very understanding and kind. They are always very respectful to me and my partner." Another person told us about a relative who was being cared for in bed due to ill health, "The staff have been very kind. They have been sitting with him, holding his hand and stroking his head. He greets every member of staff as a friend. He loves them all. The staff are in and out of the room all the time. They are really caring for him." People told us the registered manager and care workers responded quickly to their requests for assistance. One person said, "There are staff around all the time, they sit and talk with us." A social care professional told us, "They are amazing with people. A great combination of being firm when It's needed and genuine care." They added, "They are always talking with the people, focusing on them, and not just chatting among themselves."

We observed staff interacting with people in a friendly and positive way. People chatted and we saw them smiling and enjoying each other's company. We heard the registered manager speaking in a respectful way with a person who was arranging an appointment. The person was treated as someone who held important information about their arrangements. A care worker said, "We have time to spend talking with people and supporting them with things they enjoy. It means we have time to get to know people well."

People's privacy and dignity were respected. Care workers told us they knew how the people they supported liked to receive their personal care and what their preferences were for other aspects of their support, for example their social involvement and their choice of meals and food. Care plans contained good assessment information that helped care workers understand what people's preferences were and how they wanted their personal care to be provided for them.

Staff told us that they had completed in house equality and diversity training as part of their induction. This covered how to treat people with respect in relation to gender, disability, race or cultural belief. Staff could tell us how to offer person centred care which respected people's dignity.

Staff told us that they always placed the person in the centre of care and considered what the experience of care was like for each individual. One member of staff said, "We make sure we put each person first. Their welfare and happiness is the most important thing."

People were supported to maintain relationships with their families and friends. This involved supporting people to visit those they cared about and welcoming visitors into the home. We observed staff warmly welcoming people into the home during the inspection. They gave people an update on how their relative was and offered them refreshments, showing genuine care about them. Staff told us how they protected people by supporting them to manage those relationships which placed them at risk of harm. They described some instances when they would not allow people to come into the home if this was not what the person wanted or had been agreed was not in their best interests.

The service respected the confidentiality of people using the service. Care workers confirmed that they did not share confidential information inappropriately. Care workers told us that they made sure that

confidential information was securely stored in the office and not left out for other people to see.

Good

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "They make me feel a part of everything that is decided. I can do quite a lot for myself and they have suggested some things I might be interested in, which I am, so being here has given me some nice things to do." Another person said, "I know how to complain, but to be honest, as soon as you mention something they put it right." One visitor told us, "They ring me to let me know everything. They listen to me and understand my [relative's] particular needs. They have taken on board what I have said about how to support them and it has worked very well." A visitor told us, "The registered manager made a board of interesting objects especially for my relative, for example, things to turn and press with different textures. They absolutely loved it. They go above and beyond what I would have expected."

We found that staff gave care in a personalised way. Some of the people we spoke with told us that they had worked with the registered manager and senior staff to draw up their care plans and remembered being asked questions and their preferences. In the PIR the registered manager told us that they completed a life history with each person and encouraged people to personalise their rooms. The registered manager told us they had plans to improve the life history books so that they were more accessible to each individual, for example they planned to make a visual representation of a person's life, with interests and photographs of significant people and places so that each person could relate to this easily. Care plans included a written life history which contained details of what and who was important to people. Staff told us these gave them valuable information about people's lives and preferences and supported them to offer personalised care. Staff were able to tell us about people's likes and dislikes, what and who was important to them and told us how plans were in place to support people to live the lives they chose.

People gave us a clear account of the care they had agreed to, they had identified areas of interest within their care plans and told us they were supported to pursue these. Plans also included consideration of people's social, recreational and spiritual needs and how to meet these. Plans included details of people's friends and family support and how to facilitate social wellbeing. One plan included details of how to support a person to go out into the community unaccompanied. This had included staff speaking with staff in shops and services in the local area about the person's vulnerability. Records included how the risks had been assessed to support the person to live as fulfilling a life as they were able to. A social care professional told us, "They were completely marvellous about it. They gave a really bespoke service to this individual and made it possible for them to do all sorts of things they probably wouldn't have done in another care setting. They just didn't give up. They kept changing their plans to suit them." People told us that they visited local cafes, went out with staff on trips, attended clubs and pubs, followed musical interests and were sometimes engaged in voluntary jobs. A health care professional told us that they often observed staff keeping people company doing jigsaws, playing dominoes and chatting about things that were important to them.

Staff kept records which gave information about people's daily lives. All records gave details of any changes in care needs or any cause for concern.

All care plans were regularly reviewed with required actions recorded with outcomes. Reviews focused on

well- being and any improvements which could be made to people's care and included people's views. Relevant specialists were consulted for advice at these reviews. We saw regular and frequent updates in care plans, risk assessments and clinical care guidance. For example when a person's care needs had changed rapidly it was possible to see from these regular updates how staff had adapted the way care was given to support the person as their health deteriorated. Staff could tell us about people's care needs and how these had changed.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously, though all told us they had never made any formal complaints. Staff told us that they encouraged people to speak up if they had any concerns and confirmed that people were confident to do so. The service had a complaints procedure and the registered manager told us they followed this to ensure people's complaints were appropriately dealt with; however, there had been no recent complaints.

Good

Is the service well-led?

Our findings

People told us that the service was well managed. One person said, "I know [the registered manager] will help when I ask them to." Another person said, "[The registered manager] is very good at making sure we are alright. If you are a bit down they are straight there to talk to you about it and make you feel better." A visitor told us, "The home management is excellent. They know everything that is going on and are as involved in care as all the care staff." A care professional told us, "[The registered manager] is really good. They anticipate care needs, call us for a chat, suggest things, and generally just do more than you would ever expect. They are completely dedicated to making sure people keep well and have the best life they can."

There was a registered manager in place who spent time in all areas of the home throughout the day. During the day of our inspection we observed that the registered manager worked as part of the care team, and promoted a positive person centred culture through their respectful interactions with people. Both the registered manager and deputy had been employed in the service for a number of years and we heard from our discussions with people and staff that this provided stability and consistency for those who lived there.

The registered manager completed a PIR before the inspection. In this they told us they were signed up to the Social Care Commitment. This is a signed intention to provide people who need care and support with high quality services. They told us that they received and acted upon updates from North Yorkshire County Council, the National Institute for Health and Care Excellence (NICE) and health and social care professionals. This gave evidence that the registered manager sought advice and kept up to date with best practice to provide people with the most appropriate care.

Staff told us that the culture of the service was focused on good quality care and being open and honest about any concerns. They told us they felt supported in their role. We observed that the culture was inclusive and put people at the heart of care. Staff told us they were encouraged to ask questions, to offer suggestions about care and that the registered manager took these seriously and acted on them when possible. Staff understood the scope and limits of their roles and responsibilities which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager or deputy. They told us that mistakes were acknowledged and acted on in an atmosphere of support.

Regular staff meetings took place and staff told us that these were used to keep a track of changes for individuals and where any significant events or developments were discussed. One member of staff told us, "[The registered manager] and [deputy] are great. They show you the best way of being with the people we care for. They make sure we know everything we need to about each person so we can support them in the right way. They are very much part of the team."

The registered manager told us that they consulted with people informally on a one to one basis and more formally through regular reviews. People confirmed that this was the case. People told us about food choices and outings which they had requested and that the manager had arranged. The registered manager explained how they had made improvements to people's care based on results from consultation. They told us that they were planning to introduce resident meetings which would be led by the people who lived at

the service and where people would be encouraged to voice their views. This meant the service intended to improve the way it listened and acted on people's wishes and preferences and that it was forward thinking.

The registered manager worked well in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. Daily notes and monthly updates contained detailed information about how advice was to be incorporated into care practice. Health and social care professional told us that they were consulted and that the registered manager worked well with them.

The registered manager recognised the key challenges to providing a good service. This included recognising that the environment needed to be improved to ensure people lived in safe and pleasant surroundings. It also included working with the new updated quality assurance system, and improving recording around staff training to reflect the full range of training which had been completed both in house and from external providers.

Notifications had been sent to the Care Quality Commission by the service and to other agencies as required. There were systems and procedures in place to monitor and assess the quality of the service. For example we saw records of medicine, infection control and health and safety audits. Staff told us that the registered manager discussed the results of audits with them regularly. We saw that when shortfalls had been identified, staff could tell us what was in place to improve practice. Records also showed that improvements had been made across a range of audited areas.

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 did not take formal enforcement action at this stage. 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 The registered provider had failed to provide an environment which minimised the risk of cross infection.