

St Martin Of Tours Housing Association Limited

Chalkhill Road

Inspection report

125-127 Chalkhill Road
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Middlesex
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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Chalkhill Road 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. Chalkhill Road is registered to provide personal care and accommodation for up to 20 people with complex mental health needs making a transition from psychiatric wards, into the community. At the time of this inspection there were 14 people in residence.

People's experience of using this service and what we found

People did not receive person centred care. Although there were measures to promote person-centred care, these were not implemented effectively. This was evident in several practice areas, including medicines management, management of violence and aggression, nutritional support and monitoring compliance with treatment orders. The cumulative effect of shortfalls in all these areas meant people did not receive care that met their needs.

People were not always protected from potential harm. Although there were safeguarding procedures, which were followed by sufficient qualified staff, risk assessments had not always addressed potential risks or included sufficient guidance for staff to mitigate potential risks to people. This included arrangements for medicines management, which were not satisfactory. People were at risk of not receiving correct medicines.

Quality assurance systems had not been used effectively to identify shortfalls. Although audits had been carried out in relevant areas, the service had not identified the shortfalls we found during this inspection. We also judged there was limited organisational learning. Action to tackle findings from our last inspection had not yet led to fundamental changes in practice. We found improvements were still required in medicines management and quality monitoring systems.

We observed kind and caring interactions between people and staff. However, the concerns we found at this inspection did not demonstrate a caring approach.

In as much as the key role for staff was to help people to regain independence, creative and flexible approaches needed to be adopted to motivate people, keeping in mind the variable degrees of support people required. In particular, the service needed to be mindful about this in relation to people's medicines, nutrition and self-care, including keeping their living space clean.

We have made three recommendations about the management of complaints, person-centred care and end of life care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 February 2019). At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Well-led, Responsive, Effective and Caring sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chalkhill Road on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and relevant authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our responsive findings below.

Requires Improvement ●

Chalkhill Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, a specialist advisor, a pharmacist to support with medicines and an Expert by Experience on the first day of the inspection. 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

Chalkhill Road is a 'care home'. People in care homes receive accommodation or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, following this inspection, the registered manager applied to cancel their registration with the CQC.

Notice of inspection

This inspection was unannounced and took place on 28 February 2020.

What we did before the inspection

Before the inspection we reviewed the information, we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection

We spoke with seven people using the service. We also spoke with five members of staff including, the

registered manager.

We observed interactions between staff and all the people using the service as we wanted to see if the service communicated and supported people in a way that had a positive effect on their wellbeing.

We reviewed six people's personal care records, seven staff record, staff rotas, medicine administration records and other records relating to the management of the service such as health and safety records and training records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also received further feedback for healthcare professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant 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.

Using medicines safely

At our last inspection in November 2018, we found people were at risk of harm because they did not receive medicines safely. At this inspection we found sufficient improvement had not been made and the provider was still in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

- People were at risk of harm because the service did not have robust individual risk assessments that identified and documented the support people needed in order to self-administer their medicines. For example, one person had a complex and significant forensic history. Their relapse indicator was poor adherence to medicines. We identified from care records they were self-administering medicines. However, the service did not have a robust risk assessment and written procedures to ensure they were taking their medicines correctly, more so because of their poor adherence to medicines. We found this to be the case with other people who were self-administering medicines.
- People were at risk of harm because the service did not have robust individual risk assessments for supporting secondary dispensing. Secondary dispensing is the transfer of medicines from the container in which it was received from pharmacy and to another container by staff prior to administration. Secondary dispensing is not recommended because the risk of making a mistake is too great. Exceptional circumstances required a robust risk assessment and written procedure, which the service did not have. For example, the containers were not labelled and did not have other relevant information such as warnings. Therefore, we could not be assured people received the right dose of the right medicine at the right time, as prescribed.
- People were at risk from adverse effects of medicines errors because there was no robust system to check the hand-written MAR (Medicines Administration Records) were correct before they were used. We reviewed the hand transcribed MARs of some people and established the service had not followed good practice. NICE Guidance Managing Medicines in Care Homes 2014 states: "The new record (handwritten MAR) should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used." This had not been followed. Therefore, we could not be assured the service had done all that was reasonably practicable to mitigate potential causes of preventable medicines errors, including clerical, for the respective service users.

Assessing risk, safety monitoring and management

- People were at risk of harm because there were gaps in systems to assess, monitor and manage risks to their safety. For example, a care plan for one person referenced a history of violence and aggression, including possession of a knife. However, their risk assessment lacked detail on known triggers and early

warning signs and what de-escalation methods to be used. There was a risk staff might miss specific relapse indicators and would not be able to support the person fully or report back to external agencies any relevant concerns about mental health deterioration. Therefore, we could not be assured the person would receive timely intervention if their mental health deteriorated. Similarly, we found gaps in risk assessments of other people receiving care.

- The fire risk assessment for the service was up to date. Each person had a personal emergency evacuation plan (PEEP). This gave guidance to staff to ensure people's safety was protected during the evacuation of the home in the event of fire or other emergencies.
- There was a record of essential maintenance carried out. Regular safety checks were carried out to ensure the premises and equipment were safe for people. The registered manager was aware they had a duty of identifying and reporting concerns about the safety of the home.

Preventing and controlling infection

- There was an infection control policy in place and staff had completed relevant training. They wore personal protective equipment (PPE) such as gloves and aprons where required. Arrangements were in place for managing waste to keep people safe.
- However, some people required more help to regain confidence in managing their own self-care and keeping their living space clean. We observed one room had not been cleaned. The bathroom floor was wet and dirty. The sink was blocked, and a wet towel was on the floor. We enquired from a member of staff why this person's room was in that state and they told us, "We did not know about it. We will get this sorted."
- Although in some cases, the service was trying to help people regain the skills and confidence, this approach needed some refinement, so it was more tailored to people's needs. For example, one person's physical condition showed they were not capable to clean their room without help. However, they had not been helped to clean their room.
- The medicines room was untidy. People's medicines were kept in plastic tubs some of which were dirty with dust and residue inside the tubs.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (safe care and treatment).

Learning lessons when things go wrong

- The service did not have an effective system to manage accidents and incidents to reduce the risk of them reoccurring. We identified from incident reports the information collected was not up to date, accurate, properly analysed and reviewed.
- Whilst the service recognised that analysis and review of incident data was essential to inform the process of learning and change, the incidents were analysed separately. While this approach was likely to prevent that particular incident from reoccurring in the short term, the approach did not address generic or systemic problems. We discussed with the registered manager the need for aggregate analysis in order to consider generic causes of incidents.

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

Staffing and recruitment

- There were enough staff on duty to support people who used the service. Staff spent time with people for a chat and when people requested support staff attended to their requests swiftly.
- Recruitment records showed appropriate checks to employ safe and suitable staff to work with people were completed.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding policy and procedures and staff were aware of this. Staff had received safeguarding training to ensure they had the skills and ability to recognise when people may be unsafe. They were aware they could contact the local authority safeguarding team and CQC when needed.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Most care records set out people's needs and addressed their risks. However, care had not been consistently delivered in line with standards and guidance. There were a few notable examples, including medicines management and management of violence and aggression.
- The care records of one person identified risk of suicidal ideation, intent and self-harm. They had attempted suicide on an occasion. However, the risk assessment and support plan had not been reviewed until 13 days later. Therefore, we were not assured the service had followed good practice guidance in order to adopt control measures necessary to make sure the risk was as low as was reasonably possible.
- Some people were subject to the Mental Health Act section 37/41. This section is a hospital order with restrictions added. Only the Crown Court can add section 41 restrictions, if it thinks that it is necessary for the protection of the public from serious harm. It was not always clear how compliance was monitored and reviewed or what action was taken when restrictions were not complied with. We observed action was not always taken when the restrictions were not complied with. Therefore, we could not be assured the restrictions were followed to help rehabilitation, prevent relapse and harm to the people or to others.
- The care plan of one person referenced risk of physical aggression to staff. However, the care plan did not specify the presentation of the aggression nor did it provide staff with sufficient guidance, in line with published best practice, such as the National Institute for Clinical Excellence's "Violence " to manage the risk as presented by the person.

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

Adapting service, design, decoration to meet people's needs

- The environment felt custodial and institutional. Corridors and doors were blue and there were no homely features with only notice boards on the walls. Some doors were locked including the one from the entrance area and the main office door. People were observed to have to knock on the office door and wait for staff to respond to them.
- It was not clear what sort of service the home identified with. Some reports and documents referred to the service as "person's home" and others referred to it as a "hostel." The service needed to be clear about its identity as this will shape their ethos and philosophy of care for the people using the service. This could also have an impact on other aspects of the service, such as environmental design.

Supporting people to eat and drink enough to maintain a balanced diet

At the last inspection in November 2018 we found St Martin Of Tours Housing Association Limited had not supplied cooked meals throughout the week in registered care homes for the past 15 years as part of their policy to enable people to gain independent living skills. However, people who lived at the home had raised concerns with this arrangement. Following the inspection, the service reported that they had reviewed their policy and were now offering meals throughout the week to people who lived at Chalkhill Road. At this inspection, we found further improvements were required.

- There were arrangements to ensure people's nutritional needs were met. Their care plans considered their individual requirements in relation to nutrition and these were known to staff
- However, we received mixed feedback from people. Some people told us, "The food is good. We have cereal and one main meal" and "The staff helps me to cook." Others said, "Food is challenging at times, but I try to do my best or buy my own food" and "They don't cook every day. We have to find our way and what to eat."
- We found even though the service was now providing a cooked meal for people once a day. This approach was not person centred because people had different levels of skills. Some people still required support regarding meal preparation.

Staff support: induction, training, skills and experience

- The service deployed sufficient numbers of suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs.
- New staff were provided with training and the workplace assessment of competence, which met the requirements of Care Certificate standards. The Care Certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff felt supported by their managers and had access to regular supervision and appraisal.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- There were records to demonstrate appropriate staff, including members of the multidisciplinary team (MDT) were involved in assessing, planning and delivering care and treatment. People were supported to attend annual health checks. Records showed the home was responsive to changes in people's physical and mental health with the involvement of other professionals such as GPs and psychiatrists.
- People told us they had access to healthcare. They told us, "At the moment I'm very happy with my current doctor. If I need dentist or GP, the staff member will arrange it for me. Recently I saw optician" and "Staff help with appointments."

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people receiving care had mental capacity. Care records noted whether people had capacity to make decisions about their care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Even though we observed kind and caring interactions between people and staff, the concerns we found at this inspection did not demonstrate a caring approach.
- The service was not homely. The dining room was cold. There was one electric heater with one wheel missing. At one side of the room was a big desk with a computer. Under the desk was a box with Christmas decorations. There was a dining table with six chairs and two small sofas. People told us they sat on sofas holding plates on their laps or would go to their rooms to have their dinner.
- Whilst most people told us staff respected their dignity, some shared a different view. One person told us, "Some staff show respect, but some are rude. They boss you about, for no reason." Another person told us, "Staff are very respectful. They knock on my door and respect my privacy." We observed a member of staff knocking on people's doors to ask if people could speak with us. People were able to stay in their rooms if they preferred privacy.
- Although relevant procedures needed improving, the service promoted people's independence by supporting them to manage as many aspects of their care as they could.
- Privacy was upheld in the way information was handled. The service recognised people's rights to privacy and confidentiality. Confidentiality policies had been updated to comply with the General Data Protection Regulation (GDPR) law. People's care records were stored securely in locked cabinets in the office and, electronically, which meant people could be assured that their personal information remained confidential.

Ensuring people are well treated and supported; respecting equality and diversity

- People had access to support and care regardless of their individual circumstances. The service had a policy on ensuring equality and valuing diversity. Staff were knowledgeable about people's care needs in relation to diverse needs, including spiritual and cultural differences.
- One person wished to transition to a different gender. Records demonstrated staff were supporting the person and had arranged an appointment at the gender identity clinic. There was evidence their keyworker was supporting the person to join local trans-gender support groups. This person had also been supported to complete a creative writing course and was writing their life story.

Supporting people to express their views and be involved in making decisions about their care

- There were systems and processes to support people to make decisions. As stated, the service complied with the provisions of the MCA 2005, which meant people were involved in making decisions about their care.
- A range of platforms were also in place to enable people to express their views. These included, regular

meetings with their keyworkers.

- People were supported to make decisions and express their wishes and views. This was covered in care plans and we observed staff supporting and encouraging people to make decisions and have choice and control over their support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant services were not planned or delivered in ways that met people's needs.

Improving care quality in response to complaints or concerns

- Some people did not know how to make a complaint and who they needed to speak with if they had any concerns. One person told us, "I have raised a few complaints and put in the complaints box, but nothing happens." When we enquired with the registered manager, he told us the complaints box was no longer in use. We asked if he could open the box in order to retrieve the comments from people, but the keys could not be found.
- It was not always clear if all complaints or concerns were responded to. One person told us, "I complained but doesn't go anywhere." Another person said, "They don't care. I have complained about many things, but nothing happens."

We recommend the provider follows its policies and procedures to respond to people's concerns or complaints.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People did not receive person-centred care because care was not consistently delivered in line with standards and guidance. There were notable examples, including self-administration of medicines. Although the approach was aimed to promote independence in line with relevant guidance, our review of relevant care plans showed the monitoring arrangements were not person centred or implemented effectively.
- Furthermore, although people's care records showed a person-centred approach, the records were not easy to navigate, and it was time consuming to find salient information on people's support needs and risks. It was not always clear what legal framework applied to an individual or what conditions applied as part of that. For example, a support plan for one person stated, "[The person] to comply with Community Treatment Order (CTO) conditions as outlined by the Ministry of Justice." However, what their restrictions were, were not found.

We recommend the providers consider current guidance on person centred care and take action to update their practice accordingly.

- On the other hand, there was evidence the service aimed to optimise people's independence and achieve their aspirations. The service used the Mental Health Recovery STAR. This is an outcomes measure which enables people using mental health services to measure their own recovery progress, with the help of

mental health workers or others. Part of the tool uses a 10-pronged STAR, mapping progress across the ten life dimensions of living skills, work, identity and self-esteem, identified as core to recovery.

- There was evidence the Recovery STAR promoted social inclusion and placed people at the centre of the service provision and empowered them to identify the outcomes they wanted. One person had been supported to achieve part-time employment.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. People were involved in their reviews and their views and comments on their progress of their recovery journey were documented. The review record was signed by respective individuals and they were offered a copy and it was recorded if this was declined.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with them in the way they preferred. Where necessary, families or advocates were consulted. This ensured people with limited capacity understood options available to them.

End of life care and support

- No one was receiving end of life care. People's choices and preferences regarding their end of life care had not always been explored with them and documented. The service should find creative ways of engaging people in discussions about end of life care, including involving advocacy organisations. This is important because a sudden death may occur.

We recommend the providers consider current guidance end of life care and support and take action to update their practice accordingly.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection in November 2018, we found the provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. At this inspection we found sufficient improvement had not been made and the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (good governance).

- There were measures to promote person-centred care, however, the culture at the service did not promote sustainable person-centred care. This is because although the service designed care and treatment with a view of meeting people's needs, care plans were not always implemented effectively.
- For example, although in promoting self-administration of medicines the service was promoting people's independence in line with NICE guidelines: Medicines Management in care homes Quality Standard 85, March 2015, our review of relevant care plans showed there were no robust risk assessments and appropriate monitoring arrangements in place to mitigate risks.
- Notably, there were no effective systems and processes for monitoring CTO compliance, medicines management, care plans and risk assessments. The absence of such a monitoring system in all these areas had a cumulative effect, which meant when all was considered, people did not receive person centred care.
- The registered manager complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events.

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

- There were clear management structures in place. Staff were clear about their own roles and those of the managers. They were aware of their responsibilities and the reporting structures in place. Staff told us the registered manager was "approachable and supportive". However, it was not clear the management had a good grasp of changes that were required to make improvements. Despite some progress since the last inspection, the pace of change had been slow. Principally, action to tackle findings from our last inspection had not yielded the required improvements. Improvements were still required in the quality of risk assessments and care plans.

- The service did not have effective quality monitoring systems. The the provider carried out us an audit once every month. However, there was no evidence of an audit having been carried out in 2019. When we enquired with the registered manager, he told us audits had been completed but the reports had not been disseminated. However, the registered manager could have requested for these reports. Therefore, we could not be assured care plans and risk assessments of people had been monitored to ensure they were receiving a high-quality care.
- We received mixed feedback from people about the management of the home. One person told us, "The manager knows what is going on. He is very good." Another person told us, "This service is well managed." However, other people thought improvements were required. One person told us, "It could be a bit scary sometimes. [This member of staff] can get angry. They shout and moan about things." Another person said, "Management could be better."
- There were procedures for investigating and learning from accidents. However, we judged there was limited organisational learning because the service had not successfully delivered changes required. For example, we still found gaps in procedures for secondary dispensing or support for people who were self-administering their medicines.

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

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, including age, disability, gender reassignment, race, religion or belief and sex. We found these had been fully considered in relevant cases.

Working in partnership with others

- The service worked together and with other health and social care professionals to understand and meet people's needs. We could see evidence of this in records, including appointments with relevant professionals.

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 The provider did not always take action to mitigate risks to people receiving care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems to assess, monitor and improve the quality and safety of the services provided.