

Mr Stephen John Oldale

Emyvale House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was carried out on 15 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting. The service was previously inspected in March 2017 and was rated good.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had retired; the provider had appointed a new manager they commenced on 19 June 2017. They told us they intended to register with CQC but had not yet commenced the process. However, since our inspection we have been informed by the provider that the new manager had left. The service will be overseen by the provider and the operations manager until a new manager is in post.

Emyvale House is situated in West Melton close to the village of Wath-Upon-Deane which is approximately six miles from the town of Rotherham. The home provides care for up to 16 older people. Bedroom facilities are provided on the ground, first and second floor level of the building. Access to the first and second floor is by a lift. There are communal areas including a lounge, small conservatory and a separate dining area. There is a small car park at the front of the building and a small enclosed garden to the rear.

Before this inspection we received information of concern. Concerns were in relation to staffing levels, and the management of the service. We therefore brought this inspection forward.

Staff we spoke with were aware of safeguarding policies and knew the procedure to follow if they suspected abuse. Staff were also familiar with the whistle blowing procedures.

Care records and risk assessments lacked sufficient detail to ensure staff were aware of people's needs, therefore put people at risk of unsafe care and support.

Medicine management did not always protect people against the risks associated with the unsafe use of medicines. Arrangements were in place for the recording, safe keeping and safe administration, however, these were not always followed.

Adequate staff were not always on duty to meet people's needs. We identified staff were performing numerous roles and covering additional shifts to try to ensure people's needs were met.

Staff told us they received training that ensured they had the competencies and skills to meet the needs of people who used the service. However, the training record did not support this, the records showed training was not up to date and some staff had not attended all necessary training. However, the new manager confirmed that many courses had been booked for staff to update their knowledge.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The manager had a satisfactory understanding and knowledge of this, and people who used the service had been assessed to determine if a DoLS application was required. At the time of our inspection there were no approved DoLS and none were waiting assessment.

People received a well-balanced diet that met their needs. The meal we observed was a relaxed enjoyable experience for people.

We found staff approached people in a kindly manner. We observed staff were caring and considerate. Staff respected people and treated them with dignity. People we spoke with confirmed this and told us they were involved in decisions about their care and support.

We observed no activities taking place during our inspection. People and their relatives told us that activities were very infrequent as the activities coordinator was on maternity leave. A new coordinator had been appointed but was also covering care duties so there were insufficient activities taking place to meet people's needs.

People and their relatives we spoke with were aware of how to raise any concerns or complaints. Some complaints had been raised and dealt with appropriately.

We observed staff were responsive to people's needs and understood how to meet them. However, the care files and records didn't always reflect this and were being updated following our inspection.

The new manager had commenced some quality monitoring to monitor the quality and safety of the service. However, some monitoring had not been implemented although the manager was aware of what was required.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People's care needs and risks had not been reviewed to ensure they were up to date therefore put people at risk of receiving care and support that did not meet their needs.

Systems were in place to manage medicines safely. However, these were not always followed by staff.

We identified at times insufficient staff were on duty to meet people's needs. However, this was being addressed by the new manager.

People were protected from abuse and staff were knowledgeable on policies to follow if abuse was suspected.

Is the service effective?

Requires Improvement 

The service was not always effective.

Staff told us they felt supported by the new manager, received supervision and an appraisal. However, we identified staff training was not up to date, although this was being addressed. Staff induction was also not in line with current guidance.

People's consent was sought in line with legislation and guidance.

We found people received adequate nutrition to meet their needs.

People had good access to health care support.

Is the service caring?

Good 

The service was caring

Staff interactions we observed were kindly and caring. Staff respected people's privacy and dignity. People told us the staff treated them with kindness and were considerate to their needs.

Is the service responsive?

The service was not always responsive.

Staff we observed were responsive to people's needs. However, care plans were in the process of being updated and the care plans in place did not reflect people's current needs.

People were unable to access regular activities. We saw no activities taking place on the day of the inspection.

There was a complaints system in place; complaints had been recorded and resolved

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

There had been a complete change in management there was a new regional manager, new manager and new senior care staff.

The new manger had introduced some quality monitoring and audit systems and these had identified issues that required improving which were being addressed. However a number of quality monitoring audits had yet to be implemented. All systems needed to become embedded into practice and sustained.

Requires Improvement ●

Emyvale House

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 15 August 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information we received from notifications sent to the Care Quality Commission by the service. We also contacted Rotherham commissioners and safeguarding to gather further information about the service.

We had received concerns about the service so had bought the inspection forward. Because of this we did not request a provider information return (PIR) from the. 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 spoke with the provider, the new manager, two senior care staff, three care staff, one domestic and two cooks. We also spoke with five people who used the service and three visiting relatives. Observations helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We looked at documentation relating people who used the service, staff and the management of the service. We looked at four people's care records. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust,

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Emyvale House. One person said, "I am definitely safe here."

Staff told us they had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated an understanding of safeguarding people and told us they would not hesitate to report any concerns. Staff said they had received training in this subject and were also aware of the company's whistleblowing policy. Although from the training records it was identified that only four staff had completed this recently and the other staff were scheduled to attend the training. Records seen in people's care files showed that incidents and accidents had been recorded and well managed to minimise risk and keep people safe.

Staff we spoke with and from our observations staff demonstrated a good understanding of people's needs and how to keep them safe. However, care files did not support this. We were told that the care files were in the process of being transferred to a new format as the existing care plans were out of date and did not reflect current needs. The provider had assured the local authority and set out a plan of how they would achieve this to ensure these would be completed within 6 weeks commencing on 1 August 2017. We found only two care records had been updated and both contained contradictory information. For example, one person's continence risk assessment stated they took themselves to the toilet, yet the care plan detailed that they needed one to two staff for transfers. Therefore it was not clear what the person's needs were. Therefore the schedule the provider had agreed with the local authority was not being adhered to. The care files were so out of date it was not possible to determine safely what people's needs were this put people at risk of receiving unsafe care and support. Although care records did not reflect people's current needs we found this had not negatively impacted on them as we found people received the care they required to meet their actual needs but staff had failed to ensure an accurate, complete and contemporaneous record for each person.

We discussed this with the provider, who agreed to ensure an assessment of needs was carried out for all people and an overview documented in each care file ensuring people's current needs were identified as a matter of urgency. This was to be completed in two weeks then they would commence implementing full care plans. The provider gave us reassurances that they were committed to ensuring this was completed and agreed to suspend new placements until this work was well underway for a period of four weeks. Since our inspection the local authority contracts officer has visited and confirmed that good progress had been made with the care files.

We looked at the systems in place for managing medicines. This included the storage, handling and stock of medicines and Medication Administration Records (MARs) for people who used the service.

Medicines were stored safely. The provider had systems in place for staff to follow to ensure people received medication as prescribed. We saw records were kept for medicines received, administered and disposal of medicines. However, we found the systems had not always been followed by staff and identified errors.

Medication had not always been given as prescribed putting people at risk of harm.

For example, one person's medication had been signed as given each day, but the amount received minus the amount given did not tally with what was left in stock. There was an additional tablet still in stock, therefore on one occasion the medication had been signed as given but had not been administered. Another person's medication had been recorded as out of stock and no action had been taken by staff. The medication was in stock but under a different brand name the staff had not questioned this to ensure the person received their medication as prescribed. The new manager had identified this in the audit and following our visit submitted safeguarding referrals to the local authority as these omissions could have had a detrimental effect on the people.

We found some people were prescribed 'when required' [PRN] medicines. We saw staff were not recording the amount given or the exact times given on the reverse of the MAR as guidance recommends. It is important to record this so that staff know when and how much medicine was given so that the maximum dose is not exceeded and the administration timeframe is as prescribed.

The temperature of the room and the medication refrigerator were checked and recorded daily. We saw records were kept and the refrigerator was maintaining the correct temperatures. However, the room temperature on occasions had risen above the recommended maximum temperature. The room thermometer was also not a maximum/minimum thermometer so it was not possible to determine the temperature of the room over a 24 hour period.

This is a breach of regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Safe care and treatment.

The new manager was undertaking medication audits and had identified many of the issues we found and was in the process of addressing this with staff. The manager told us that two of the senior staff who administered medication had left. This meant the staff were struggling, as there was only three staff trained to administer medicines. The provider had identified that there were numerous issues with medication records when it was booked into the service and had reviewed the delivery arrangements and sourced a new supplier. The manager was liaising with the new provider to ensure a smooth transition.

We looked at four staff files and found all the required information was obtained prior to recruitment of a new staff member. However, the files were unorganised and all documentation differed in each file; there was no consistency therefore information was difficult to locate. The new manager acknowledged this and told us an administrator from another home was going to help with the reorganisation of the files.

On the day of the inspection we found adequate staff were rostered to be on duty to meet people's needs. However, when we first arrived we were informed the new manager and the cook were both attending training which left three care staff on duty, one of which was scheduled to do activities after breakfast. The staff told us one of the care staff would have to go in the kitchen to cover leaving only one senior on the floor and an activity coordinator.

The new manager was informed of our visit and cancelled her training. The cook was asked not to attend training and stay but declined, so the provider bought in a staff member who was at another service attending training but agreed to cancel their training and cover the kitchen. There had been no provisions made to cover the staff scheduled to attend training which left two staff covering although as we observed, staff attending the training could be called upon if required.

From our observations when the staffing issues had been resolved we saw overall, including over lunchtime, there was sufficient staff to meet people's needs, but we did not observe any activities taking place.

All the staff we spoke with told us they were doing additional shifts to cover the gaps in staffing. However, they said that even with this they had worked short over the past weeks since staff had left. They told us there was one occasion when the only staff on duty was the new manager and one care worker to provide care. They told us they had to fetch the manager each time they needed assistance. They also said agency staff had been occasionally used for night cover, possibly on two of three occasions and staff were 'borrowed' from West Melton Lodge (another service owned by the same provider which is across the road).

Staff said that at busy times when they were giving out medication it sometimes left only one, or at best two care worker. They said they had regularly worked below three care staff. They stated this occasionally affected people living at the home, while other staff said it did not affect the care provision, but meant staff were very tired.

One care worker told us their days were busy providing care and serving meals. They added, "I feel we need more staff, so we have time to spend with the residents."

A care worker discussed the fact that a second care worker/activity person was pregnant so a risk assessment was in place to ensure the staff member's safety, they said, "This means I am often left to manage alone, as they can only support two or three people due to their pregnancy. This is particularly hard when the team leader is doing medication or dealing with doctors."

We spoke with a care worker, who was working in the kitchen on the day of our visit, regarding staffing numbers. They told us, they should have been on training but agreed to cancel and cover the kitchen duties. They said, "It has been tight, I have covered a lot of extra shifts, but this had been voluntary and I do not feel pressurised into doing them." They felt the numbers on duty that day were satisfactory.

Staff told us they did many roles and had to completed tasks in the laundry, cleaning and in the kitchen as well as their care duties. Staff told us there was no cover in the kitchen from 2pm – 5pm. The teatime meal was served at 4pm, this meant care staff had to finish preparing and serve the meal each evening.

They people we spoke with who lived at Emyvale House said they did not have to wait too long for staff to meet their needs. This was confirmed by the visitors we spoke with. However, one person added, "They could do with more [staff] especially at mealtimes. It's not so much for me but for other people who need more help."

We saw there was a dependency score sheet in care files. However, the new manager told us they did not have a tool to determine the care hours required for the dependency score sheet. They said they just had three care staff on days and two on nights. We saw from the staff rota we were shown that on some days these levels were not maintained. Cover was identified as required but was not recorded if it was covered or who was covering. At the last inspection we identified a key was not used for the rota to identify what the codes meant. This had still not been put in place and the rota did not always evidence adequate staff were on duty to meet people needs. This was supported by what staff told us. Many of the concerns we had received prior to the inspection were regarding insufficient staff on duty and not able to meet people's needs safely.

This is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staffing.

Since our inspection the operations manager has completed a dependency tool and provided us with this information including copies of the weekly rotas. We have been assured that staffing levels will be maintained to ensure peoples needs are met.

Is the service effective?

Our findings

The people we spoke with were happy with how staff delivered their care. One person said, "The staff are very good, they work very hard. There has been changes but we are told what is happening. I am happy here."

We saw new staff had completed the home's basic induction. However, at the last inspection the former manager had told us they intended to ensure all new staff completed the Care Certificate introduced by Skills for Care, but this had not occurred. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. One care worker we spoke with had not worked in care before and should have completed the Care Certificate but they told us, "I have not been asked to do that."

Another care worker we spoke with who had been recently recruited confirmed the recruitment process had been followed correctly and that they had completed the home's basic induction. However, they had not completed all essential training. Records, and their comments, indicated they had only completed manual handling, fire and food hygiene training over their four month employment.

Staff confirmed they had received supervision sessions and an annual appraisal of their work. The new manager had supervised staff since they commenced in post and had a schedule to ensure this was completed regularly. They explained this was in order to get to know the staff and staff to have the opportunity to raise any issues. However, we identified not all staff training was up to date. Staff training was booked and staff were scheduled to attend, but from looking at the rota, training was on many occasions when staff were working. Staff told us that at times this was cancelled as there was insufficient cover to be able to attend the training.

Training records we checked were disorganised and all certificates were in one file with no system or index to identify easily what training had been completed for each staff member. We also found certificates in the file for staff that no longer worked at Emyvale House. The training matrix showed many staff still had to attend mandatory training including moving and handling and safeguarding of vulnerable adults. Although the new manager said the matrix was not necessarily up to date, we could not evidence from certificates if the training had been completed as they were so disorganised. It was therefore not possible to determine if staff had the skills and competencies to meet people's needs.

This is a breach of regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Staffing.

We observed the lunchtime meal being served in the dining room and saw it was a relaxed experience for people. Tables were set nicely with tablecloths, condiments, cutlery, beakers and napkins. Staff assisted people into the dining room gradually, making sure they were settled and had protection for their clothing if needed. They asked each person individually if they were happy to wear the clothes protection before putting it on. It was noted that meals taken to people in their rooms were not taken on a tray or covered up

to keep them warm.

We saw staff knew people's preferences for drinks and food, but still offered people a choice in case they had changed their minds. The food looked appetising and portion sizes were satisfactory. Where people needed assistance staff provided it in a discreet and very patient manner. For instance, we saw staff encouraging one person to eat, but showed understanding that they had eaten a large breakfast so might not be as hungry.

People told us they had enjoyed their lunch and the meals provided generally. They confirmed they were given choice and could have snacks when they wanted them. Staff told us snacks were available 24 hours a day.

Records were available that included information about people's dietary needs and food preferences. We found people at risk were monitored by staff to prevent or manage the risk of poor diets or malnutrition, and people's weight had been monitored regularly. We saw evidence that if required people were referred to health care professionals and advice and guidance was sought. This ensured any changing needs were identified and met.

We looked at records in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

The new care files we saw clearly outlined both people's capacity to make decisions and contained signed forms indicating people had consented to agree to their carer and treatment and other areas of their support. In one of the new care file there was good information about the person's fluctuating capacity. For instance, it said they could make decisions if it was the right time, so to choose the best time to speak to them and go back and ask the question later if required. However, in the care files that had not been updated this was not as clear but was being addressed by the new manager.

Is the service caring?

Our findings

People we spoke all said the staff were very kind and caring. One person said, "I love it here, the staff are brilliant." A visitor told us, "I think everyone is well looked after they all seem very happy when I visit."

We observed that staff respected people's privacy and dignity. Staff knocked on doors before they entered their bedroom or toilet areas. Interactions we observed were kind and caring. Staff knew people well and understood how to communicate to ensure their choices and preferences were sought.

Our observations, and people's comments, indicated that staff respected people's decisions and preferences. People told us staff were kind, caring and friendly. One visitor told us, "She [person using the service] is well looked after by the staff."

While sat in the lounge reviewing care files in the morning: we saw staff interacting with people in a very positive manner. Their verbal exchanges and body language was warm and friendly and people responded positively to them. The cook was particularly cheerful, singing and chatting to people, which they enjoyed.

The care workers we spoke with demonstrated a good knowledge of the people they supported, their needs and preferences. They spoke about people with kindness and affection.

Staff described, and we observed, how they respected people's dignity and choice. They asked people what they wanted, explained what they were going to do to support them and listened to their replies, acting on their requests.

The new care files included information about end of life care and detailed information so that staff could ensure a person at end of life had their needs met. However, in the old care files there was only very basic information and did not detail sufficient information to be able to meet people's needs. This was being addressed as the new care files were implemented.

Is the service responsive?

Our findings

People told us they were well looked after and staff met their needs. One person said, "Staff are there when you need them they are always happy to help."

At the previous two inspections, although the care files had been maintained up to date they were old and we had been told on both occasions that new formats were being introduced. At this inspection we were told a new care plan format had been introduced but we found only two had been completed. The other old care files were very out of date and did not reflect people's current needs. Although staff were knowledgeable about people's needs and were able to explain how to meet them, there was a lack of up to date information in care files which could put people at risk of unsafe care and support.

We found the new format was more person centred, and contained all the expected basic assessment details. There was clear involvement of the person who used the service and their relative from a review meeting that had taken place at the beginning of August 2017, prior to the new care plans being drawn up. This showed the person had capacity to make their own decisions. It also highlighted that the next review was planned. Everyone present at the meeting had signed the form.

The company pre-admission document had been used to review the person's care and included details of their needs and preferences, including any advanced care wishes and funeral arrangements. This contained good information about the person's needs and wishes. We saw some good examples of the person's preferences being shared with staff. For instance, the file contained a photograph of the person which said 'This is how I like my hair styled.'

The new care plan format when completed should capture all care needs and ensure people's needs are kept up to date and met. However, the two that were completed required more work. For example, we found some conflicting information. The falls risk assessment tool for one person scored 12, which meant there was a risk and a care plan had to be put in place. However, when we checked the tool a score of four had been given for 'intermittent confusion' with the comment 'forgets grandchildren's names' as a reason. Other information in the file indicated the person had capacity and was not confused. We also saw the social care plan said to support the person to follow their religious beliefs, but the assessment said they did not practice any religion.

The provider agreed at the inspection to ensure these were completed in a timely fashion to ensure people's safety. We have received confirmation following our inspection that measures have been put in place to ensure this is implemented.

We were informed that the activity coordinator was on maternity leave and another staff member who worked as a care worker was covering some activity hours. However, they were also counted in the numbers allocated for care. Apart from this member of staff telling us they were speaking to people about their bus passes, we did not see any activities or stimulation taking place on the day of our inspection. People we spoke with confirmed that there had been very few activities since the activity coordinator had been on

maternity leave. They told us they had entertainers come into the home but in house activities had decreased. The staff member covering activities told us they were aware there were not enough hours to organise meaningful activities, but had been told once new care staff were recruited they would be the dedicated activity coordinator. They told us they worked six hours a day and these would be activity hours but would be flexible to meet people's needs.

Is the service well-led?

Our findings

Staff we spoke with had mixed views on the management team. They said at times they felt supported but on occasions felt they were left to sort things out on their own.

People we spoke with all told us they felt the home met their needs. They had been informed of the management changes and said the new manager was approachable and listened to them.

Staff told us communication was effective at the home. They said there was a handover book which all staff had to read and sign at the beginning of their shift. We were told this was monitored by the manager. Staff also said topics of importance were also discussed with the care team.

Staff also said meetings and supervision sessions were used to share information. One staff member said, "We also get the manager's weekly memo which tells us about any changes, what's happening at the home and policies and procedures etcetera."

Staff also said they had received regular supervision sessions and an annual appraisal of their work.

Staff said they felt the manager and the owners were available, approachable and listened to what they had to say. However, some care workers said they thought the owners did not always listen. For example, A recent incident, regarding a person who had been receiving respite care, staff felt that the owners shouldn't have accepted the person as their needs could not be met at Emyvale House as at times they presented with behaviour that could challenge and have an impact on other people who used the service. The local authority officer identified this at a visit and following this the provider did acknowledge that they could not meet their needs and the person was moved.

Staff were aware of issues of confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way. However, staff worried about confidentiality if speaking in the manager's office as they said everyone near the manager's office could hear what was said in there, even if the door was closed. This was shared with the management team.

We found the new manager had implemented systems for managing safeguarding concerns and incidents and accidents. These were thorough audits and identified any themes or trends to ensure any management measures to reduce risk were introduced. The new manager told us that they took steps to learn from such events and put measures in place which meant they were less likely to happen again. They had also carried out medication audits and issues had been identified and actions had been put in place following this audit and staff had been supervised.

However, other quality monitoring and audits were not in place, for example there were no health and safety, environmental or infection control audits. The new manager told us when they commenced at the service there were none in place. They were aware of the need to implement and commence new systems to

ensure the service was managed effectively and any issues identified to improve the service provision. They told us they had prioritised and implemented the most urgent quality monitoring and intended to commence the others in the next two weeks.

The provider had identified that care records required updating, the regional manager had set out a schedule to achieve this. However, we found this was not being followed and although two care file had been updated, we still found they did not fully reflect the person needs. The monitoring systems had not been effective in ensuring actions were addressed within timescales and that the records were fit for purpose.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Good governance.

The new manager had since they commenced in post actively sought the views of people who used the service and their relatives. This was done in a number of ways such as interactions with people when they visited, resident meetings and questionnaires. People's feedback was taken into account to improve the quality of the service. People and their visitors we spoke with all told us the new manager had an open door policy and was always willing to make time to see them.

Since our inspection we have been informed that the new manager has left. The provider has informed us that they will oversee the service with the operations manager to ensure the quality monitoring is continued and actions addressed.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People were not always protected against the risks of unsafe care and treatment.</p> <p>Risk assessments were not up to date, reviewed or evaluated to ensure people were safe.</p> <p>People did not always receive their medicines as required.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Effective systems and processes had not been fully established to access, monitor and improve the quality of the service provided.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not always ensure sufficient numbers of suitably qualified staff were available to meet people's needs.</p>