

# Frampton Residential Homes Limited

# Brookthorpe Hall Care Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brookthorpe Hall Care Centre is a residential home which provides personal care for up to 32 older people and people living with dementia. The home has a range of communal areas, including lounges, dining room and reception area. At the time of our inspection 19 people were living in Brookthorpe Hall Care Centre

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

The registered manager did not always ensure people's care plans were current or reflective of their needs. Three people did not have a care plan in place at the start of the inspection, however the registered manager took action during our inspection to start addressing this shortfall. Where the service had received the views of people or their relatives, concerns or complaints, there was not always a documented record of the action the registered manager had taken to respond to these concerns.

People's risks were known by care staff. Care staff were fully aware of their responsibilities to raise concerns and the registered manager ensured lessons were learnt from any incidents or accidents. There were enough staff deployed to ensure people received the support they required. People received their medicines as prescribed.

People told us care staff were kind, caring and compassionate. Staff were attentive to people's needs and knew how to promote their wellbeing. When people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect.

Staff were appropriately trained and had the skills to meet people's needs. Staff had access to training, support and continued professional development they needed and requested. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People received care which was personalised to their needs. Where people's needs changed, or their health deteriorated, care staff took appropriate and effective action to ensure their health and wellbeing were maintained. People enjoyed talking with staff, other people and activities, including games they had played throughout their life.

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.

The registered manager supported staff and ensured they had the information they required to meet people's needs. Staff were involved in discussing changes in the home. The registered manager had plans to

develop the home and provide a high-quality dementia care home. The registered manager sought and acted on the advice of local authority commissioners and healthcare professionals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the registered manager and provider to discuss their good governance systems. We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our safe findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our safe findings below.

# Brookthorpe Hall Care Centre

## **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.

#### Service and service type

Brookthorpe Hall Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The registered manager and provider were not asked to complete a provider information return prior to our inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with five members of staff including three care staff, the deputy manager and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records; this included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We also spoke with and reviewed feedback received from local authority commissioners, safeguarding team and the care home support team.

# 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 Good. At this inspection the rating of this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safe and protected from abuse at Brookthorpe Hall. People told us they felt safe. Comments included: "I definitely feel safe here" and "I have no concerns, I'm well looked after."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the registered manager or provider and knew which organisations to contact outside the home if required.
- The registered manager and provider reported and shared appropriate information with relevant agencies to safeguard people. The registered manager and provider ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.
- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learning identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The registered manager used Incident and accident audits to identify possible trends which may require them to adjust the support people received.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety were identified and assessed by care staff and management at Brookthorpe Hall. Staff completed risk assessments in relation to people's health and wellbeing as well as the actions required to reduce these risks. One person was at increased risk of damage to their skin as they were cared for in bed. Care staff had clear guidance on the support the person required including the equipment they required and how often they needed to be assisted to reposition.
- Where people required assistance with their mobility an assessment was in place which documented the support they required. We observed care staff assisting people with their mobility and following their assessed plan of care. Staff used recognised safe techniques to assist people with their mobility.
- Where people had been assessed at risk of falls, staff followed clear guidance, including the use of equipment such as bed rails and crash mats. The registered manager and care staff understood the importance of monitoring people after a fall, especially if they were on blood thinning medicines or had injured their head, to ensure people's health and wellbeing were promoted.
- The home was clean and well presented on both days of our inspection and staff protected people from the risk of infection. Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
- People could be assured the building and equipment used to assist people with their mobility was safe and routinely service and maintained. The registered manager and provider had systems in place to ensure any health and safety and maintenance issues were addressed.

### Using medicines safely

- People received their medicines as prescribed. Care staff kept a clear record of the support they had provided people regarding their prescribed medicines. Staff had systems they followed to ensure people were protected from the risk of unsafe medicines administration.
- People spoke positively about the support they received with their prescribed medicines. People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine, staff asked if people wanted these medicines and acted upon their wishes.
- People's prescribed medicines were reviewed frequently alongside healthcare professionals. Where people received 'as required' medicines (such as pain relief and medicines used to assist people when they became agitated) there were clear protocols in place for staff to follow.

### Staffing and recruitment

- There were enough staff, at any given time, to meet people's needs. The registered manager told us they hadn't had to use agency to maintain safe staffing levels, as they had enough employed staff which promoted people's continuity of care.
- People told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "There is always someone around" and "I never have to wait, the staff are quick to come."
- Staff told us that there were enough staff to meet people's health needs and enable them to engage with people and promote their wellbeing. Comments included: "We have lots of staff, I never feel rushed" and "We have enough staff, we have enough to get people ready for the day and to spend time with people."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.



# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. People spoke positively about the nursing and care staff that supported them and felt staff had the skills to meet their needs. Comments included: "They are all very nice, they know what I need"; "The staff are great" and "The staff are very good here."
- Staff spoke positively about the training and support they received and felt they had the skills required to meet people's needs. Staff comments included: "I have a lot of support. There is a lot of training here which helps with confidence" and "There is lots of training and support. I still need to attend more courses, which they are sorting, however I have the support I need."
- Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "I have started my NVQ 2 (a qualification in health and social care). This job means everything to me." Staff also had access to supervision and support, including regular one to one meetings with their line manager, which included discussions about key information as well as their developmental needs and goals.

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

- People's needs were assessed with ongoing involvement of themselves and their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes. One person told us, "I am involved when I want to be."

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

- People had access to a varied and balanced diet. People spoke positively about the food they received and were supported to make a choice over the meals they enjoyed. Comments included: "There is always plenty to eat and drink here, I never go without" and "Oh I enjoy my food, I never have to feel hungry."
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements and textured diets such as soft or puréed foods. All staff were aware of people who required a textured diet and ensured they had appropriate food. Staff understood and followed Speech and Language Therapist (SALT) guidance to ensure people were protected from the risk of aspiration.
- Where people were at risk of malnutrition this information was shared with all staff and a record of the support people required was discussed with staff. The registered manager ensured people were weighed monthly or more frequently if required to ensure the support they received was effective in helping them maintain a healthy weight.
- We observed staff prompting and encouraging people to enjoy food and drink throughout the inspection.

Where people requested food or drink, their requests were acted upon quickly.

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

- Advice from healthcare professionals helped inform people's care plans to enable staff to meet people's needs. For example, there were clear recommendations in place from occupational therapists around one's persons mobility support and equipment.
- People were supported to attend medical appointments and were supported to access additional healthcare services such as opticians and chiropodists.
- Each person's oral care needs had been assessed. This included the support they required with cleaning their teeth or dentures. People spoke about the support they received with their oral care. One person told us, "My teeth are fake, however the staff clean them." Another person said, "They assist me to clean my teeth, I like to brush them myself."
- Staff told us they understood the importance of promoting people's oral health, including assisting people to do as much for themselves as possible, such as using a toothbrush. The registered manager informed us of the checks they made to ensure people received oral care on a daily basis. This included spot checks and reminding staff of the importance of promoting people's independence and oral care.

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

- The registered manager informed us that they discussed the refurbishment of the home with the provider. They had plans to replace the main carpet in the entrance hallway as they had identified some wear. The registered manager explained that in the last year an enclosed garden had been opened which people enjoyed. The registered manager had plans to provide raised potting beds in the garden to support people who enjoyed gardening.
- People could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. Bathroom doors and bedroom doors had been painted vibrant colours used to assist people to identify the correct room.

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.

- People told us their choices were respected. Comments included: "They assist me, I don't feel they do things I don't want them to" and "they give me choices. They ask me what I want."
- Staff supported people to make an informed choice, by providing clear options. Comments included: "We always promote choice; one or two options and we make sure people understand" and "If we make decisions for people we make them in their best interest. We support people to make decisions, sometimes

they can make an unwise decision. If they have capacity and they want something that's not right, it's wrong to stop them, they have that choice."

- The registered manager had made applications to the local authority in relation to depriving people of their liberty. The majority of these were pending assessment. We advised the registered manager to review these applications to ensure they were still current to the support people received.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's 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 had remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by dedicated and committed care staff. People spoke positively about how kind, caring and compassionate the nursing and care staff were. Comments included: "I am happy here, the staff are lovely"; "The staff know what I like. It's like I own the place" and "The staff are all really nice, I love it here. I've been here for years."
- Staff positively engaged with people and ensured they were comfortable and happy. We observed care staff engage with people in a respectful and natural way. One person told us, "We have a good laugh."
- People told us how staff knew them and their needs and promoted this confidence and wellbeing. Comments included: "They know me well, they assist me with all I need" and "They talk to me, they know what's important to me."
- The service respected people's diversity. Staff were open to supporting people of all faiths and beliefs, and there was no indication people protected under the characteristics of the Equality Act (2010) would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. People's care plans reflected their protected characteristics and provided staff clear guidance.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to do as much as they were able to. Staff discussed one person who had days when they were more physically able. A member of staff explained how they assessed the person each day to understand the support they needed to promote their mobility. They said, "Sometimes they can walk. We assess and give him the choice. If he can walk or if he would prefer the wheelchair."
- People told us their independence and wellbeing were promoted. Staff encouraged and reminded people regularly, including prompting them to have drinks and letting people lead their care. For example, one person was supported to get comfortable in the lounge, they picked the chair where they wanted to sit and were given a foot rest as they wished to elevate their legs.
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering, announcing their presence as they entered rooms and by talking and engaging with people before assisting them, whether with their meals or their mobility.

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

- People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making.

- Where people were unable to verbally communicate their needs, care staff looked for changes in their body language to identify if they were in pain or any discomfort. One member of staff told us, "We know the residents well, so when their mood or presentation changes we take action to ensure they're okay."
- People were at the centre of their care and where possible were supported to make decisions. One person responded positively when asked if their decisions were supported. For example, they talked about the support they had to live their life as they chose, they said, "It's about me, I enjoy my life here and the staff, they do what I ask."

## 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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care needs and the support they required had not always been documented. For example, one person had not had a care plan documented since their admission to the service in June 2019. We discussed this concern with the registered manager. They informed us they had implemented a new short care plan in August 2019 which they were now using to document people's care and support needs. During the inspection this person's plan had been written, however one other person still required their care plan to be documented.
- People's care plans had not always been updated when their needs had changed, or when falls or incidents had occurred. One person had two falls from their bed in September. Their care assessments had not been updated to document the equipment in place to protect them from the risk of falling or avoidable harm. We discussed this concern with the registered manager who took immediate action.
- People's care plans were not always personalised to their individual needs. There was not always clear information of the support people required with activities and promoting their social stimulation. The registered manager was aware of this and was taking action.
- We discussed people's needs with the registered manager and care staff. Staff clearly understood people's needs, risks and the support they required. This included recognising changes in people's wellbeing. This meant that whilst people's needs had not always been documented, their care and support was not being negatively impacted.

A current and consistent record of people's assessed needs, care and support had not always been recorded. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 enjoyed activities which were tailored to their preferences and life histories. On both days of the inspection, people were engaged in well-known pub games. People clearly valued these activities. One person told us, "I love skittles and darts. I used to play darts, I really enjoy it." One person didn't participate in the activities, however liked to sit and watch. They appreciated seeing people playing these games.
- People told us they enjoyed their life at Brookthorpe Hall including going into the home's garden, attending religious services and activities. Comments included, "It is very good here, I enjoy it" and "There is always something for us to do, not lots, but enough. I have my friends here."
- People's relatives and friends could visit them at any time. We observed people spending time with their relatives and enjoying the freedom to spend time where they chose in the home. One person told us, "My

family can visit when they want, I love seeing them."

- Where people were being cared for in bed, staff told us they took time to sit with these people and provide them with company. One member of staff told us, "We sit and talk to [person]. They can't talk back however we know they enjoy the company."
- Staff took time throughout the inspection to sit with people, chat and laugh. People enjoyed talking with staff. One person said, "I like that we can have a bit of a laugh here. They [staff] always take time to talk to us."
- Staff were responsive to people's needs and requests. One person asked if they could be supported to move seats as they frequently experienced some back pain. Staff supported the person to move. The person told us, "They are really accommodating."

#### End of life care and support

- People were supported at the end of their life by care staff. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available.
- People's end of life wishes had been explored with people and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs.

#### 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.

- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

#### Improving care quality in response to complaints or concerns

- People told us they knew how to raise complaints. Comments included: "I would go to [registered manager] if I was unhappy" and "I have no complaints at all, although I'm confident they'll be dealt with." A copy of the home's complaint procedure was available for people to access.
- The registered manager told us they had not received any formal complaints within the last year. The registered manager kept a record of people's compliments and complaints. During the inspection, we discussed one concern that the service had received (which was not made as a formal complaint) and how the registered manager responded to this concern.

## 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager informed us they had plans for the development of Brookthorpe Hall, however these plans had not been documented and shared with people, their relatives or staff. There was no clear plan of how and when actions were required to be taken, or who would be responsible for these actions. The registered manager told us they planned to develop this plan.
- Where actions had been identified, such as implementing a new short care plan for people, there was no overview of the action required to ensure each person had a documented care plan in a timely manner. We discussed this with the registered manager, who informed us they would implement a procedure which would detail when people's care plans should be documented.
- Where concerns had been received by the registered manager or provider there was not always a documented response. Some concerns were communicated to the registered manager in August, however there was no recorded response or documentation to demonstrate what action was taken or lessons learnt. The registered manager discussed these concerns with us at the inspection and actions they had taken to reassure themselves of the care and support people received.
- The registered manager had carried out a survey of people and their relatives' views of the service. Seven responses had been received. While the results were mainly positive, where comments had been made which may require attention, the registered manager had not documented their response to demonstrate action had been taken. For example, one survey documented concerns about their relatives' wheelchair. The registered manager told us about the action they had taken.
- The registered manager had not always analysed or communicated the outcome of the survey. For example, two respondents said they didn't know how to make a complaint and another two raised comments over the activities people enjoyed. We discussed these with the registered manager who informed us the survey responses had been addressed with the individuals so that improvements could be made. At the time of the inspection the registered manager had not provided feedback to people, their relatives or staff on the survey.

Quality assurance systems were not always effective as action taken to respond to people's concerns or address shortfalls were not always recorded. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



- The registered manager and deputy manager had systems in place to monitor the quality of the service that people received. This included audits in relation to the management of medicines and infection control. One audit in relation to the management of people's medicines had identified improvements were required in relation to staff signing when they had administered people's prescribed medicines.
- The registered manager was 'hands on' with monitoring the care people received and supporting staff to provide safe and effective care and support. For example, the registered manager and staff informed us of how the registered manager challenged support people received which did not meet their expectations in a supportive way.
- Care staff were involved in driving improvements. Staff felt valued by the registered manager and provider. They spoke confidently of how the registered manager listened to and acted on their views. One member of staff said, "[registered manager] gets my views. He is always discussing these things."
- Care staff were provided with clear information they needed on people's needs through staff handovers. The registered manager used team meetings and staff supervisions to communicate information on key subjects, including where staff had carried out training.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager challenged staff to provide high quality care. One member of staff told us, "[Registered manager] challenges us, it's not about him, it's about the residents, the home, the regulations and the rules. He encourages us to do better."
- Care staff were encouraged and supported to reflect on how they supported people. One member of staff discussed how they supported one person with topical creams. They told us that they hadn't asked a question of the person and hadn't worked as they usually do. The staff member had reflected on this and informed us how they would make a change.
- People were supported to raise their views through resident meetings. In these meetings, the views of people had been sought in relation to activities and food and drink. People were asked for their views and given assurances that they could always raise any concerns that they had.

Working in partnership with others

- The registered manager had sought and acted upon the advice and support of local authority commissioners. The registered manager had made some changes to the service following this advice including ensuring people had access to more meaningful activities.
- The service worked with a range of services aimed at supporting care homes in Gloucestershire. This included a local care home support team and meaningful activities forum. The registered manager and staff spoke positively about the support and advice they had received and how they used this to continually drive improvements to Brookthorpe Hall Care Centre.

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

- The registered manager was aware of their legal responsibility to notify CQC of notifiable events. The registered manager understood their responsibility to be open and honest when an incident had occurred.

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 17 HSCA RA Regulations 2014 Good governance  A current and consistent record of people's care needs and of the action the registered manager had taken in relation to the management had not always been recorded. Regulation 17 (1)(2)(c)(d)(ii)