Ms Rokeya Hussain

Greenmantle Care Home

Inspection report

20 Mornington Road
Woodford Green
Essex
IG8 0TL

Tel: 02085062301

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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

This unannounced inspection took place on 23 and 30 November 2016.

Greenmantle is a 15 bed care home providing accommodation and care for older people, including people living with dementia. When we visited 15 people were using the service. Greenmantle has been a care home for many years but was taken over by a new provider in May this year. This was the first inspection under the new provider but some people used the service and some staff worked there prior to the change.

The service had 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 and associated Regulations about how the service is run.

The arrangements for administering medicines were not always safe. People who received their medicines without their knowledge (covertly) were not managed safely.

Staffing levels at night were not sufficient to safely provide people with the care and support they needed.

Although people's privacy was respected in terms of personal care, discussions and reviews about their care were not held in private.

Systems were in place to safeguard people from abuse and staff were aware of how to identify and report any concerns about people's safety and welfare.

Staff received up to date training and support to enable them to carry out their duties.

People were supported to receive the healthcare that they needed. They told us they felt safe at Greenmantle and were supported by kind and caring staff.

We saw that staff supported people patiently, with care and encouraged them to do things for themselves. Staff provided care in a respectful way that promoted people's dignity.

Information was not readily available or accessible for people and we have recommended that information about the service be displayed so that people can see and read it. We also recommended that pictures and larger print format be used to help those who might find it difficult to read or understand.

The provider's recruitment process ensured staff were suitable to work with people who need support.

Systems were in place to ensure that equipment was safe to use and fit for purpose. We have recommended that consideration be given to make the internal environment more dementia friendly.

Complaints and concerns were addressed but information on complaints was not displayed where people who used the service could see it. We have recommended that information about how to complain be displayed in an area that is accessible for people and also that it is in a format that helps them to see and understand it.

Systems were in place to ensure that people received care and support in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People's nutritional needs were met and this included cultural or religious diets and preferences. We have recommended that lunchtime arrangements and support be reviewed to ensure that people receive the support they need in a timely manner.

Activities were very limited and people and their relatives told us that there was "not much to do." We have recommended that the provider sources guidance and training to support staff to provide suitable activities for people living with dementia.

There was a stable staff team who knew people's needs. Although their care plans were reviewed and updated, they were not sufficiently detailed to enable staff to provide consistent support.

The provider had systems in place to monitor the service provided but these were not robust. However, people were asked for their feedback about the quality of service provided.

We found four 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 back of the full version of the 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

Not all aspects of the care provided were safe. The system for administering medicines was not robust.

There were not sufficient staff on duty at night to meet people's needs.

Staff were trained to identify and report any concerns about abuse and neglect felt able to do this.

The provider's recruitment process ensured that staff were suitable to work with people who need support.

Is the service effective?

Requires Improvement

The service was not consistently effective. Although people were provided with a nutritious diet that met their needs and cultural preferences, they did not always receive timely or adequate support at mealtimes.

Systems were in place to ensure that people were not unlawfully deprived of their liberty.

Improvements had been made to the environment and more were planned by the provider. We recommended changes be made to the environment to better support those living with dementia.

The staff team received the training they needed to support people who used the service.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

Is the service caring?

Requires Improvement

The service was not consistently caring. Although people were treated with kindness their privacy was not always maintained.

Staff supported people in a kind and gentle manner and responded to them in a friendly and patient way.

People were encouraged to remain as independent as possible and to do as much as they could for themselves.

Is the service responsive?

Requires Improvement

Not all aspects of the care provided were responsive. Care plans did not always give sufficient detail to ensure that people received care and support that fully met their current needs. However, there was a small stable staff team who knew the people they supported.

People were encouraged to make choices and to have as much control as possible over what they did and how they were cared for.

Activities were limited and people told us that there was "not much to do."

Complaints were investigated but information on complaints and other topics was not accessible for people who used the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Although people were asked for feedback about the service the systems in place to monitor and improve the quality of service provided were not robust.

Staff told us that the manager was accessible and approachable and that they felt well supported.

A healthcare practitioner told us that the registered manager accepted and acted on advice given and that there had been improvements as a result of this.

Greenmantle Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 and 30 November 2016.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the service including the report on an enter and view visit carried out by Healthwatch Redbridge.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with nine people who used the service, the registered manager, the provider, two senior care staff, five care staff, the cook, seven relatives and a social care practitioner. We looked at four people's care records and other records relating to the management of the service. This included three staff recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records. After the inspection we spoke by telephone to another social care practitioner, a healthcare professional and a relative.

Requires Improvement

Is the service safe?

Our findings

People told us that Greenmantle was a safe place to live. One person said, "It is safe here. It's a nice place." Relatives also felt that people were safe. One commented, "I like the place and I've got absolutely no concerns." Another told us, "It's much better for [my relative] here than when they were at home."

People told us that there were enough staff and their comments included, "They always come when I call from my bedroom," "If I ring the bell they come quickly" and "If you call they come and see to you. They're pretty good on the whole." However, one person told us, "I think there could be more staff; sometimes there's hardly anybody here, especially at night." We saw that during the day there was one senior care worker and two care workers on duty. Staff told us that this was sufficient to meet people's needs and that they also got help from the registered manager and other support staff. A social care practitioner told us they felt people were safe and that there was "always a carer around."

Two people needed two staff to support them with their personal care needs and to turn them. At night there was one member of staff on duty and the registered provider lived on site and was 'on call' if needed for emergencies. A relative told us that as there was only one member of staff at night they felt that if a person needed two people to assist them they were not changed at night. Records showed and staff confirmed that the people concerned received personal care and were turned during the12 hour night shift. This meant that at night they were supported by one staff instead of two and this placed both the person and the member of staff at risk of harm or injury. Therefore night staffing levels were not sufficient to safely and effectively meet people's needs.

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

Medicines were securely and safely stored in a medicines trolley which was kept locked and attached to the wall to ensure it could not be moved or opened by unauthorised persons. Only senior staff had access to the medicines keys. There was also a Controlled Drugs (CD) cupboard and staff told us that none of the people were prescribed CDs at the time of the visit and there were no CDs in the cupboard. However, we found that one person was prescribed a CD, which was kept in the medicines trolley. We have advised the registered manager of this. Medicines requiring cold storage were kept within a locked medicines fridge in the kitchen. The person responsible for the administration of medicines kept the keys with them during their shift and at each shift change the keys were signed over to the person responsible for medicines on the next shift.

Staff told us that no medicines were administered without people knowing (covertly). However, we found that one person's medicines were dissolved in liquid. Staff said this because the person felt they did not need medicines and would not take them otherwise. Therefore this meant that the medicines were being administered covertly and this was not understood by staff or the registered manager. Initially, staff had been crushing the person's medicines but they had discussed this with the pharmacist, the medicines had been reviewed and some were no longer prescribed. The remaining necessary medicines had been prescribed in a different format, melt on the tongue, to remove the need for crushing. However, there had

not been a meeting between care home staff, the health professional prescribing the medicine(s), the pharmacist and a family member to agree that administering medicines covertly was in the person's best interest. There was not an assessment of the person's capacity to understand the implications or consequences of not taking their medicines. Therefore the system for managing covert medicines was not robust and did not ensure that people's rights were protected.

People were not always receiving their medicines in line with the prescriber's directions. For example, one person was prescribed a medicine four times a day but this was only given three times a day. For another person, a medicine was prescribed three times a day when required but staff said they administered it once a day when required. Staff explained why they did this but this had not been discussed with the prescriber to agree a change in dosage. Additionally, there was no guidance for staff about the administration of medicines which were prescribed on an 'as required' basis. There was no information about the circumstances under which these should be administered or the gap required between doses. There was no information to enable staff to make decisions as to when to give these medicines to ensure people received these when they needed them and in way which was safe.

Medicine Administration Record (MAR) charts were completed and were easy to follow. They included people's photographs to check that medicines were given to the correct person. Allergies were also indicated. In line with good practice, opening dates were recorded on liquid medicines, to ensure that they were not used after the expiry once opened period. However, when people were prescribed a variable dose of medicines, for example, one or two tablets, the amount given was not recorded. This meant that there was not an accurate record of all of the medicines people received. Systems were not in place to ensure that people received all of their prescribed medicines safely

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The issues highlighted above evidence a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff who administered medicines had received medicines training from the pharmacist. They had individual workbooks and were observed and assessed as competent by the pharmacist. Medicines training and competency assessments took place before staff began to administer medicines and then yearly. Therefore systems were in place to provide staff with the necessary competency and skills to safely administer medicines.

Systems were in place to safeguard people from abuse. Staff were aware of different types of abuse and knew what to do if they suspected or saw any signs of abuse or neglect. They told us they had received safeguarding adults training and felt confident to report bad practice. One member of staff said, "I would report anything and they [registered manager and provider] would deal with it but it's never happened."

People were protected by the recruitment process which ensured that staff were suitable to work with people who needed support. This included prospective staff completing an application form and attending an interview. We looked at the files of three members of staff. We found that the necessary checks had been carried out before they began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with people who needed support. There was evidence in staff records to confirm that they were legally entitled to work in the United Kingdom.

The premises and equipment were appropriately maintained and systems were in place to ensure that equipment was safe to use and fit for purpose. Records showed that equipment was available, serviced and checked in line with the manufacturer's guidance. Gas, electric and water services were also maintained and

checked to ensure that they were functioning appropriately and were safe to use. The records confirmed that weekly checks were carried out on fire alarms and call points to ensure they were in good working order. A fire risk assessment was in place, staff were aware of what to do in the event of an emergency and individual personal emergency evacuation plans were being written for each person. Systems were in place to keep people as safe as possible in the event of an emergency.

Requires Improvement

Is the service effective?

Our findings

People told us they were well cared for. One person said, "I'm well looked-after." A social care practitioner told us that they did not have any concerns about people's care.

People were provided with a choice of suitably nutritious food and drink. Most people told us they were happy with the quality of food and the choices available. One person said, "I quite like the food." Another added, "I like the food and I get enough." A third person commented, "The food's a different story. Sometimes it's nice." One relative said that the food in the home was good and that their family member loved the food.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat and drink. One person kept asking for food when they had just eaten. The staff showed a flexible and patient approach to this and gave them a second breakfast and several cups of tea. When they asked for a third breakfast staff reassured them that lunch would be coming soon and the person accepted this. Tea, coffee and biscuits were served mid-morning and on several occasions we saw staff gently encouraging people to drink.

There was a two weekly rotating menu and the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic, vegetarian and pureed diets. The cook told us that if someone did not like something they would give them an alternative. The cook was aware of people's dietary needs and made desserts suitable for people with diabetes. We saw that for pureed diets each food was pureed and served separately to enable them to enjoy the different tastes. One relative told us that they appreciated the efforts taken to accommodate their loved one's preference for Indian food. A social care practitioner told us, "On the day I visited, [my client] had a choice of fish and chips and peas, or halal homemade chicken biryani. They said the food was all home cooked and delicious." Therefore people were supported to have meals that met their needs, including any culturally specific preferences.

We observed lunch time and found that the quality of the meal time experience and of the support provided was not consistent. Some people ate independently and others needed assistance from staff. At lunch time everyone was offered a choice of two juices or water with their meal. For some people living with dementia staff pointed to the colour of the liquid offered to help them choose.

We saw examples of positive interactions between staff and people and a clear concern on the part of staff that people ate their food and drank regularly. We observed that staff appropriately supported and encouraged people to eat and that they were not hurried. People either ate at the table or in their armchairs. Some of those seated in armchairs were served fairly promptly but others waited up to 25 minutes for their meal. Four people needed help to eat. One staff member assisted one person very patiently but did not address them throughout. Other people were also assisted patiently but two staff did not give the task their full attention and there were conversations across the room with others at various points. A staff member went to assist another person without communicating to the person they were currently assisting, what they were doing. Another person who appeared not very interested in their food was left for some time with

occasional calls across the room of, "Eat your food, [name of person]." It was 30 minutes before they were actually helped to eat it by which time the food was cold. We recommend that lunchtime arrangements be reviewed, changed and monitored to ensure that people are fully supported in a timely manner.

People were supported to access healthcare services. One person said they were confident a doctor would be called if needed it. One relative said, "They get a doctor if [family member] needs it." Other relatives told us that their family members were visited by the District Nurse. Feedback from health and social care practitioners was that there had been previous concerns about people's care and welfare but this had improved. There had been the need for a lot of support from the district nurse team but issues had been resolved and there was a noticeable improvement. People were supported to remain as healthy as possible.

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 (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 were being met.

None of the people had a DoLS in place but the relevant applications had been made to the supervisory body. The registered manager was waiting for their responses. Systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

Staff told us that the manager was approachable and supportive. They received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service) approximately every three months. Systems were in place to share information with staff including handovers between shifts and staff meetings. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

Records showed that staff had received a range of training including dementia, safeguarding adults, moving and handling and. Staff told us that they received the training they needed to support people who used the service. One member of staff said, "There is good training and it is updated. We have both internet and face to face training. It included dementia, safeguarding, medicines and moving and handling." We saw that in recent months staff had received fire safety and malnutrition screening training. In addition, staff had been enrolled on a course to complete the Care Certificate. This is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. People were supported by staff who received appropriate training to enable them to provide the support people needed.

The service was provided in a large house in a residential area. There was a lift and also ramped access to the building making it accessible for people with mobility problems or who used wheelchairs. In addition, to individual bedrooms there was a large lounge dining area with a conservatory attached. There was an adapted bath and a walk in shower. The new provider had carried out a lot of refurbishment. This included decoration, new flooring, curtains and beds, a new freezer and dishwasher, new hoists and a new call bell system. The kitchen and bathrooms were still in need of improvement and the provider told us that they planned to refurbish those areas. There were pictures on the doors of the toilets, bathroom and some bedrooms to help people, particularly those living with dementia, to identify these areas. Therefore the

environment broadly met people's needs but we recommend that further consideration be given to making the interior decoration and signage more dementia friendly.

Requires Improvement

Is the service caring?

Our findings

People told us that staff were caring. Comments included, "The people are very helpful" and "The carers are nice; they talk to me and listen to me." People also told us that staff were kind and respectful. One person said, "They treat me kindly." Another commented, "Everyone's being very kind."

People's personal information was kept securely in a lockable cupboard in the lounge area and in terms of records their confidentiality and privacy was maintained. However, on the second day we saw that one person's review meeting took place in the conservatory. There were no doors between this area and the lounge and the discussions could be heard by people and visitors in the lounge area. This meant that the person's privacy, confidentiality and dignity were not protected.

This was a breach of breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff supported people in a kind and gentle manner and responded to them in a friendly and appropriate way. We also saw staff talking to people and explaining what they were going to do before they helped them. Relatives were happy with the care their loved ones received. Feedback included, "They treat [my relative] with dignity. I come in at different times and I can tell," "[My relative] is well looked-after," "They treat [my relative] with respect" and "The staff are lovely. They are nice, kind. Brilliant. They spoil [my relative]."

People's privacy and dignity was maintained being supported with personal care. Staff told us how they did this. One member of staff said, "We ask before we do things, knock on doors and shut doors. We dress them so that they look nice." There was one shared room with curtains to screen off areas when people were being supported with their personal care needs and to maintain their privacy.

Staff supported people to make daily decisions about their care as far as possible. For example, what they ate and if they preferred a bath or a shower. People were encouraged to remain as independent as possible and to do as much as they could for themselves. A social care practitioner told us that staff had worked to support a person to regain enough independence after a hospital stay to enable them to move on to an extra care housing scheme. They added that this was "a great outcome" for the person and a "marvellous stopgap".

People's cultural and religious needs and wishes were identified, respected and as far as possible met. This was confirmed by a social care practitioner who said that the service had "culturally met" the person's needs and this had been helped by the fact that some staff were able to communicate with the person in their first language. A member of staff told us that another person liked to pray and that sometimes they sat with the person when they were praying and held their hand to show their support. For another person who, due to their dementia, had reverted back to their first language there was a printout of some key words to assist staff to communicate with the person.

A newsletter was published three times a year and this gave information about the service including any

changes, improvements and staff training. However, information was not displayed around the service for people to see. One member of staff said, "Most people can't read notices." We recommend that information about the service be displayed so that people can see it and read it. Also that pictures and larger print format be used to help those who might find it difficult to read or understand.

Relatives were encouraged to visit and one relative appreciated being able to visit their loved one whenever they liked. They said; "There's no restriction on when I come in." People told us and we saw in the newsletter, that relatives' birthdays were also celebrated with a birthday cake when they visited. A social care practitioner told us, "Families like it here. It's homely and they can come when they want. They come a lot."

Staff told us that they had not provided end of life care at the service but added that there were good links with the district nurse team and that they were very helpful.

Requires Improvement

Is the service responsive?

Our findings

A social care practitioner told us that staff were attentive and were never idle. They also said that people responded well to the staff who knew them.

Arrangements to meet people's social and recreational needs were very limited. Relatives told us that there was a lack of activities and this had been discussed at a relatives meeting in October 2016. One relative said, "[Family member] tells me they are bored." Another commented, "There's not a lot of stimulation here. [Family member] sits in a chair all day." A third said, "I've yet to see activities here and [loved one] ends up sitting in the corner watching TV. They need something to do." People who used the service also commented on this. Comments included, "There's not a lot to do," "There's not really enough to do" and "I do like the TV but I can't hear it." We found that there were some limited activities on offer during the week and the activity for the day of the inspection, was the hairdressers visit. Some people were living with dementia and there were not any dementia friendly items or tactile objects available. We recommend that the provider sources guidance and training to support staff to provide suitable activities for people living with dementia.

People's individual records showed that a pre-admission assessment had been carried out before they moved to the service. Information was also obtained from other professionals and relatives. The assessments indicated the person's needs and gave staff the initial information they needed to enable them to support people when they started to use the service. A social care professional told us that the provider had promptly carried out an assessment on their client and confirmed that they had spoken to the person and to their relative.

This was a small service with a long standing staff team and changes in people's care needs were communicated to staff during the handover between shifts. Staff were able to tell us about people's needs and how they met them. Each person had an individual care plan which set out the care and support they needed. We saw that care plans were reviewed monthly and a social care practitioner commented that care plans were up to date. However, although care plans covered a range of needs they were not always sufficiently detailed or clear. For example, for one person their plan said to ensure they drink plenty but there were no details of what amount of fluid this should be. For another person the care plan for personal care stated that they were dependent for washing and dressing and needed help but the help required was not stated. For a third person, who at times exhibited behaviour that challenged, their care plan said to leave the person in their room to calm down but there were nothing to indicate action to be taken if an incident took place elsewhere. We recommend that care plans be updated with more detail to support staff to provide a consistent service to people.

People were not always aware of their care plans and this was possibly due to their living with dementia. However, relatives felt more involved. One relative told us: "[Family member] has a care plan. I've seen it and read it and signed it." Another was not aware of the existence of a care plan but felt included and informed about their loved one's care. They said, "[Staff] talk to us about [loved one's] care and we feel informed about what is happening." A third relative said: "If there's a difference they talk to me. They keep a book with

everything written down which I can look at."

The service's complaints procedure was displayed on a notice board outside the home in the porch which made it accessible for relatives and other visitors. However, there was no information on complaints in the areas that were accessible for the people who used the service. We recommend that information about how to complain be displayed in in an area that is accessible for people and also that it is in a format that helps them to see it and understand it.

Complaints were logged and actioned by the registered manager. Relatives knew the registered manager and felt that they could and would speak to them if they were not happy about something. Relatives and 'resident' meetings were held and this also gave people an opportunity to give feedback about the service and any concerns they might have. A member of staff said, "[Registered manager] takes concerns seriously and takes action straight away." A system was in place to receive and look into complaints.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post and a relative told us that they were approachable. A healthcare practitioner said that the registered manager had accepted and acted on advice given.

Staff told us that the registered manager and the provider monitored the service provided. One member of staff told us, "[Registered manager] is clear, fair and strict and checks everything in a nice way" and "[Provider] is here a lot." Another commented, "[Provider] makes sure that [registered manager] is doing their job properly."

The registered manager monitored the quality of the service provided by means of observations and checks. For example, they checked the building each day and also checked care plans and medicines. Night staff were required to do a make a call to the registered manager's telephone every hour during the shift and the registered manager checked this the next morning.

The provider lived on site and visited the service most days and spent time talking to people about any issues or concerns they might have. They told us they checked care plans, monies, and medicines and also did spot checks. In addition, residents and relatives meetings were held. Most relatives were aware of the meetings and had attended these. One told us, "They give a report and ask us if we have any queries." Another said, "There are no meetings but we talk to staff every day."
Although the service was monitored, the system was not as robust as necessary. For example, the issues found in this report relating to medicines had not been identified as part of the monitoring. Also there was not a record of medicines held and it was not possible to reconcile stocks held against the records and therefore the audit carried out was not comprehensive. Additionally there was not any written report or action plans in place to confirm any of the checks that had taken place, that issues had been identified, followed up or actioned.

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

The provider had sought feedback from people who used the service and their relatives by means of a quality assurance survey. Responses from this were put in the newsletter and also discussed at a relatives meeting. A person who used the service told us, "Sometimes they ask me whether I like it here and I say it's all right."

Staff spoke positively about the management of the service. One commented, "[Registered manager] is approachable and you can go to them. Another said, "[Registered manager] is clear, fair and strict but also tells you when you have done something good."

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 10 HSCA RA Regulations 2014 Dignity and respect People's privacy and confidentiality was not maintained. Regulation 10 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe use and management of medicines. Regulation 12 (1) (2) (g).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality of the service provided were not effective. Regulation 17 (1) (2) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Night staffing levels were not sufficient to safely and effectively meet people's needs. Regulation 18 (1).