

Greenfield Close Residential Home Limited

Greenfields Close

Inspection report

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Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Requires improvement	
Is the service responsive?	Requires improvement	
Is the service well-led?	Inadequate	

Overall summary

We inspected the service on 25 August 2015. The inspection was unannounced. Greenfields Close is registered to provide care for up to 30 people. Greenfields Close provides care and support to people with a diagnosed learning disability and/or autism. Some of these people also receive care in relation to diagnosed physical disability. The service consists of a main house and three smaller houses which have been built on the grounds of the main house. The site is made up of four residential buildings and one activity lodge: Greenfields

(17 people), The Stables (five people), Kloisters (four people) The Lodge (activities and staff room) and the new building Aspen (four people). On the day of our inspection 28 people were using the service.

We carried out an unannounced comprehensive inspection of this service on 2 and 3 of June 2015. Breaches of legal requirements were found in relation to the care, treatment and safety of people, staffing levels and induction and training of staff, the cleanliness of the

Summary of findings

service, the environment and the providers monitoring of the quality of the service. We took enforcement action against the provider and told them they must make improvements.

We undertook this focused inspection to confirm that the provider now met the legal requirements in relation to the enforcement action we took. This report only covers our findings in relation to those requirements and what we found in relation to the concerns raised. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Greenfields Close on our website at www.cqc.org.uk

The service did not have a registered manager in place at the time of our inspection. 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.

We found improvements had been made in relation to sharing information of concern with the safeguarding team at the local authority. Improvements had also been made to the cleanliness and hygiene in the service. Although improvements had been made in relation to keeping people safe from intruders, there was still a risk to people leaving the service alone and unobserved when they were not safe to do so.

Not all of the improvements had been made in relation to the management of the Deprivation of Liberty (DoLS). DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

Staffing levels had improved and further improvements were being made. People were now supported by staff who received an induction when they commenced working at the service and received supervision and support.

People knew how to raise concerns but concerns were not recorded to show if they had been responded to appropriately. Activities had improved but were still limited.

The systems in place to monitor the quality and safety of the service had improved but were still not fully effective and people were still not protected from the risk of harm as a result of this. People were given the opportunity to have a say in how the service was being run but their requests were still not always being acted on.

Although we found there had been improvements to the quality of the service, the overall rating for this provider remains 'Inadequate'. We could not improve the rating from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

This means that the service remains in 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People were not fully protected from the risk of harm due to a lack of systems to protect them from leaving the service and the risks in relation to the internal and external environment.

There was a risk that people would not receive their medicines as prescribed and there was a lack of structure being followed to minimise the use of medicines designed to control behaviour which may challenge.

People had support which was more consistent as staffing levels had increased. People were protected from acquiring a health associated disease as infection control and the cleanliness of the houses had improved.

We could not improve the rating for safe from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Inadequate



Is the service effective?

The service was not always effective

People were supported by staff who did not all have the skills and experience to support them safely.

People were not always supported to make decisions in relation to their care and support.

People were cared for by staff who received an induction when they first started working in the service and received supervision from the management team.

Requires improvement



Is the service responsive?

The service was not always responsive

People were getting more support to pursue their interests and hobbies. However some people were still not supported to have stimulating or meaningful days.

Complaints were not always responded to or acted on appropriately.

Requires improvement



Is the service well-led?

The service was not always well led

People were involved in giving their views on how the service was run, however changes were not always made when people requested them.

Inadequate



Summary of findings

The systems in place to monitor the quality of the service were more robust and the culture of the service was more inclusive. However the systems were not fully effective in identifying and bringing about improvements.

We could not improve the rating for well led from inadequate because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Greenfields Close

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. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 2 and 3 June 2015 inspection had been made and to look at concerns we have received since the last inspection.

We undertook an unannounced focused inspection of Greenfields Close on 25 August 2015.

The team inspected the service against four of the five questions we ask about services: is the service safe, is the service effective, is the service responsive and is the service well led. This is because the service was not meeting some legal requirements.

The inspection team consisted of three inspectors, a specialist advisor who specialised in learning disabilities 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 care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with nine people who used the service, seven support workers, and various members of the management team including, the interim manager, two team managers, the regional manager and the provider. We observed care and support in communal areas of all four houses. We looked at the care records of eight people who used the service, as well as a range of records relating to the running of the service including audits carried out by the manager. We looked at the physical environment of the service, and reviewed maintenance records and risk assessments.

Is the service safe?

Our findings

The last time we inspected the service we found there were improvements needed in relation to the safety of people due to the security of the building, information being shared with the local authority and how challenging behaviour was being managed. We told the provider they must make improvements to protect people from the risk of harm. During this inspection we found that some improvements had been made but that there were still improvements needed.

People told us or indicated they felt safe in the service. One person said, "I like it here." Another person told us, "I am alright. I don't worry about things."

People could be assured that incidents would be responded to appropriately. Staff we spoke with knew how to recognise and respond to allegations or incidents of abuse and how to escalate concerns. We saw the manager had shared information with the local authority when the incidents were of a safeguarding nature.

We found some improvements had been made to the security of the environment to prevent unauthorised visitors from entering the service. A key fob system had been fitted and only staff with a key fob could access the houses. In addition, the gate to the main road was closed and visitors were asked to sign in at reception when they arrived. This meant the risk of unauthorised visitors had been minimised. We saw from records of meetings with relatives that they had welcomed this improvement and felt their relation was safer now.

However, steps had not been taken to ensure people who may not fully understand the risks of leaving the service alone were safe. We observed one such occasion during our visit when a person left the building without staff being aware. When we asked staff if they knew the person had left the building they told us they did not and they said that this person would not have understood the risks of leaving the service alone. This meant people were still being placed at risk of harm due to a lack of systems to keep them from leaving the service.

The last time we inspected the service we found there were improvements needed in relation to how medicines were stored and in relation to staff reliance on administering medicines to a person to help them manage their behaviour.

During this visit we saw the storage had improved in the main house and medicines were now stored in an appropriate lockable facility. However we still had concerns about how frequently one person was being given medicines to help staff manage their behaviour. This medicine was prescribed as a last resort when their challenging behaviour was escalating and when other de-escalation techniques did not work. However, we found that this medicine was still heavily used, instead of staff trying other techniques to support the person and keep them calm.

We spoke with a health professional involved in the person's care who told us they shared this concern. Additionally they expressed concern that the effectiveness of the medication would reduce as it was used so much. Staff were still not following a consistent routine with this person, in line with guidance from healthcare professionals. There was a 'now and next' system (a system designed to explain to the person what they were doing and what they were going to do) in place and this was displayed in the lounge and the person's bedroom. However the one in the lounge was not displaying pictures to support the person to understand the routine and the one in the person's bedroom was still displaying the previous evenings symbols. This meant the systems in place to support the person with their behaviour were not being used properly to try and minimise the use of the medicines.

Another person had recently been displaying episodes of violent behaviour and had destroyed furnishings and fittings in the service. There was a lack of routine or effective management plans in place for this person to guide staff on how they should protect other people from harm if de-escalation methods were not effective.

Additionally, we accessed the Medication administration records (MAR) for one person and found that these had been handwritten as the original printed sheet had been lost. The handwritten sheet did not contain a record of a medicine the person had been prescribed for their epilepsy and this had not been identified as an error. This could lead to the person not receiving a medicine they required if staff were not aware it should be administered. We found that this person had two doses of medicine in stock but the lack of stock control made it impossible to identify if the medicine was being administered as prescribed by their GP.

Is the service safe?

This was an on-going breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last time we inspected we had concerns about risks to people because of the environment both inside and outside the houses. The provider sent us an action plan detailing the improvements they would make. We found some improvements had been made and the risk to people was not as great, but the provider had not fully met their action plan.

Maintenance had been carried out to improve the environment and make the repairs which had been a concern at the last inspection. Doors had been repaired and equipment replaced. The vehicles used to take people out were now being regularly serviced and maintenance was being addressed much quicker. A garden for one person, which had been hazardous, had now been completed we saw the person enjoying the garden during our visit and saw this had a positive impact on them.

However, we found that although the hot water from taps was now being tested to ensure the temperature did not exceed safe levels, action had not been taken for some taps which exceeded the recommended temperature, particularly for hand washing basins and kitchen sinks in communal areas. This placed people at risk of scalding themselves. The environmental health officer had visited the service on 25 June 2015 and left recommendations for the provider to display warning signs next to sinks where the water temperature needed to exceed 50C to manage infection risk. We found the provider had not fitted the warning signs to any of the sinks or taken any other action to balance the risk against the need for hotter water to cleanse crockery and cutlery.

We also found that unfinished building work around the property was still in a state which posed hazards to people. The provider had carried out a risk assessment for the building work and had recorded that the areas should be appropriately cordoned off. We saw that this had not been completed to a standard which would protect people from the risks.

Additionally the provider had not acted on advice from expert agencies to reduce risk. We saw that a report from

the Environmental Health Officer recommended steps be taken to reduce the risk of trips caused by large rubber strips in the wet room for Meadows unit. During our inspection we found the strips still posed a trip hazard.

This was an on-going breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The last time we inspected the service we found there were improvements needed in relation to how many staff were deployed in the service. We found that some improvements had been made and further improvements were in progress.

The provider had reviewed the staffing levels and mix of skills and experience to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in the service. Ten new staff had been recruited and this had led to a reduction in the use of agency staff. A further ten staff were being recruited. People commented positively on the staff. One person told us, "The new staff are alright. Everybody is kind. I like the new ones." Another said, "There are new staff here now. They are much nicer than some of the people who were here before." Staff we spoke with told us things were improving with more permanent staff having been recruited.

Staffing levels had also been increased at night in one house since our last visit. This was in line with the support needs of one person in the house. This meant the person now received the support they had been assessed as needing.

The last time we inspected the service we found there were improvements needed in relation to infection control and the cleanliness and hygiene of the service.

Action had been taken since our last inspection and we found the service to be cleaner and more hygienic. Bath and shower rooms were much cleaner and old damaged chairs we raised concerns about had been replaced. Audits had been put in place to monitor the cleanliness of the houses and to ensure people were protected from the risk of the spread of infection and these were effective.

Is the service effective?

Our findings

The last time we inspected the service we found there were improvements needed in relation to people being supported by newly appointed staff who had not received induction into the service. We also had concerns about the lack of training and supervision given to staff. At this inspection we found there had been some improvements made.

People commented positively on the staff and said they felt they supported them well. One person said, “They (staff) are alright here.”

We observed staff during our visit and they appeared more confident in their role and worked following safe practice. We spoke with staff who had been recruited since we last inspected the service and they told us they had received an induction and had shadowed experienced staff until they were confident in their role. One member of staff told us that when they had commenced employment in the service they had worked in each house to determine where they were most suited to their skills and the needs of the people they were supporting. We looked at records and these showed staff were now receiving an induction to prepare them for the role.

Staff we spoke with told us they had been provided with further training since we last inspected. We looked at the staff training records and these showed that training was improving and being rolled out to more staff. Since our last inspection more staff had been trained in areas such as infection control and safeguarding adults.

Records showed that there were still a large number of staff who had not received training in areas such as the safe administration of medicines and safe moving and handling. However the management team were aware of the need for more training and further training was being booked.

Staff we spoke with told us they had received supervision with the management team since we last inspected and that they discussed how they were working and any development needs. We looked at records and these showed that staff were now receiving supervision. Daily observations were also being undertaken to assess work practice and where issues were identified these were dealt

with via a ‘flash meeting’ with the staff concerned. This meant systems had improved and people were being supported by staff who had their work practice and development needs assessed.

The last time we inspected the service we found there were improvements needed in relation to people being supported to make decisions and people having restrictions placed upon their movements. The provider gave us assurances that improvements would be made and we found during this inspection that some improvements had been made and the risk to people was not as high but the provider had not made all of the improvements.

We found during this inspection that some improvements had been made but not all. We observed staff interacting with people and saw they explained what they were going to do before supporting them. We saw staff asking people what they would prefer such as, “Would you like to sit in here or be in your room?” People told us they felt happy with the choices they were given and one person said, “This place has a real family atmosphere.”

Some improvements had been made to how people were supported to make decisions and protected under the Mental Capacity Act 2005 (MCA) when they lacked capacity. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. In the care records we viewed, we saw that MCA assessments had been undertaken and decisions made in people’s best interests. However we found that a decision had been made that one person should receive their medicines covertly and an assessment had not been undertaken to assess if the person had the capacity to make this decision themselves or how the decision had been made in their best interest. Additionally another person had bed rails on their bed and there was no documentation in place to show if the person understood this decision or how the decision had been reached in their best interest.

We saw that one person had a Deprivation of Liberty Safeguard (DoLS) in place and that this DoLS had certain conditions attached to it. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We saw that the provider had taken notice of the conditions and taken

Is the service effective?

the required action to meet them. We saw that the DoLS for one person had expired, however the provider had been in contact with the granting authority to arrange for this to be renewed but this had not yet been actioned.

One person, who we observed in a wheelchair for the duration of this and our previous inspection had a lap belt in place to prevent them leaving the wheelchair. One of the management team told us that the person was agreeable to the lap belt and able to unfasten the belt if they wished, however an MCA assessment had not been carried out to assess if this person understood this decision. We asked

the person if they were able to unfasten the lap belt and they demonstrated on the day of our visit that they could not. This meant it had not been determined if the person understood why the lap belt was in place and whether an application for a Deprivation of Liberty (DoLS) would be needed and the person may be having their movements restricted without the necessary authorisation.

This was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

The last time we inspected the service we found there were improvements needed in relation to people's needs being assessed and planned for and how the risk of pressure ulcers were managed. The provider sent us an action plan detailing how they would make the improvements and we found during this inspection that some improvements had been made and the risk to people was not as high but the provider had not fully met their action plan.

With the exception of one of the care plans we looked at care plans had been replaced with new plans which gave information to staff about the current needs of people. We saw that information recorded in the plans was up to date and gave staff guidance on the current needs of people. The care plans had been written with clearer detail and gave a good picture of what level of support people needed.

However, where people were at risk of developing a pressure ulcer, improvements had not been made to the care planning. We looked at the care records of two people who we had concerns about last time we inspected. We found that they had specialist equipment in place and had been seen by a tissue viability nurse; however we found that despite them having pressure ulcers in the past, they did not have a care plan in place informing staff of the risk and giving guidance on how to minimise the risk. Both of these people spent a great deal of time in their wheelchair and this would increase the risk of them developing a pressure ulcer.

We looked at the care record of one person who had epilepsy. This contained a plan guiding staff on what they should do if the person had a seizure. However despite the person being prescribed a rescue medicine for this and staff being tasked with administering it, the records did not inform staff of when the medicines should be administered. This created a risk the medicine may not be given at the right time and could impact on the person's health.

Additionally we saw that staff had identified that one person needed an assessment by the physiotherapist due to their condition. The assessment had been undertaken and the physiotherapist had recommended that staff support the person to do regular exercises to improve the

effects of the condition. However the person was not being supported to do these exercises and staff we spoke with did not know about them. This meant the person was not being supported to lessen the effect of their condition.

This was an on-going breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although people felt they could speak with staff if they had any concerns, people could not be assured their concerns would be responded to as complaints were not always recorded. We saw there had not been any concerns or complaints recorded since we last visited. However, prior to our inspection we were told that a relative had raised a number of concerns with the management team. We saw that this had not been recorded in the complaints records. This meant we could not be assured that the concerns had been acted on or that the relative had received a response to their complaint.

We found there had been improvements in relation to staff responding to the needs of people during this inspection. Interactions between staff and people who used the service were positive and we observed a number of warm interactions, particularly in the Stables and Aspen houses. In the Stables, one staff member was dancing with a person while another staff member gave a person a hug at the person's request.

Although some people told us they were happier with the activities they were supported to be involved in, we saw there was still a lack of stimulation for some people, particularly in the Greenfields House. We observed the people in the main lounge were not offered any stimulation or activity throughout the day and just sat looking around or sleeping. Two people commented that they didn't have anything to do other than watch television. One said, "I watch TV. That's all I do here."

One member of staff told us that they didn't feel one person got to go out often enough and although they preferred to be outdoors, this was not facilitated enough. We observed this person and they were not offered the opportunity to go outdoors during our visit and they paced from room to room with nothing to do.

Another person had instructions from an external health professional that they needed a structured activity plan to minimise the risk of behaviour which may challenge staff.

Is the service responsive?

There was no structure in place on the day we visited and although one of the managers told us this had been displayed on the wall, staff supporting the person were unaware of what the structure should be for that day.

One person told us about a job they had and how this had helped them to meet new people. They told us they were supported to follow their faith. Another person told us, "I go to a day centre three times a week. I play on the [computer game] game there. I like bowling and golf and I have my lunch there." We observed some people being supported to

access the community during our visit. One person went out shopping, four people went out in the minibus, two people were going to the cinema and another person went out to music therapy.

Staff we spoke with were able to describe individual people's hobbies and interests. One person particularly liked knitting and had made a blanket for a staff member's new baby and gave this to the member of staff whilst we were there. The staff member reacted with genuine interest and praise saying, "That's brilliant. You have done an amazing job there. How have you managed to do that lovely pattern?"

Is the service well-led?

Our findings

There was no registered manager in post when we inspected the service. The provider had taken the appropriate steps to replace the manager but this had been unsuccessful as the new manager had left the service after three weeks. The provider told us they would be recruiting another manager.

Despite taking action against the provider in relation to regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, we found that the provider had not addressed all of the concerns we told them to. There had been improvements in the service and the risk to people was not as great. However the provider remained in breach of these two regulations.

The last time we inspected the service we found there were improvements needed in relation to people being listened to and their wishes acted on. We found during this inspection that some improvements had been made, however people's wishes and requests were still not always acted on.

We saw that weekly house meetings had been introduced and that people were asked how the previous week had gone and if there were any changes they would like. We saw that two people had made specific requests which would have been easy for staff to act on. However on the day of our inspection we saw that these requests had not been acted on. This meant that people's wishes were sought but not always acted on.

The last time we inspected the service we found there were improvements needed in relation to staff being listened to and this had led to staff contacting external organisations to voice their concerns or leaving employment at the service. This had a negative impact on service delivery as a high number of agency staff, who were not familiar to people who used the service, were having to be used. We found during this inspection that some improvements had been made.

Staff told us that morale was improving and we saw this to be the case with staff appearing happier in their role. This had a positive impact on people who used the service as the atmosphere was happier and there was more engagement between staff and people. The management

team told us that no further staff had left the service, with the exception of the new manager, since our last inspection and one member of staff had returned to work in the service.

Staff had stopped contacting external organisations to voice their concerns about the service and staff we spoke with told us they felt more supported by the team managers in the houses. They told us that if they had any concerns or needed advice and guidance that they felt confident in approaching the team managers and felt things would be done. One member of staff told us, "[Team manager] often comes into the house and checks that we are OK." We saw that meetings were now being held for staff to have a say in how the service was running.

However some staff told us they still didn't feel that the senior management team were listening to them and considering what they said. One member of staff told us, "[Team manager] tries to make improvements but it's the hierarchy above. The management in the company are only interested in the cosmetic appearance when people come through the gate. It doesn't matter what we ask for to support residents, they don't want to know." Another member of staff said, "It wouldn't matter what [team manager] tried to do, they'd (senior managers) stop them." We raised these concerns with the provider after the inspection and they assured us they would look into this.

The last time we inspected the service we found there were improvements needed in relation to the systems in place to audit the quality of the service. At this inspection we found that some improvements had been made.

We saw that a range of audits had been introduced and a consultant had been engaged to support the provider in identifying and addressing where improvements were needed. During the first four weeks of the audits being introduced these were being completed at a high frequency with hourly audits of people's appearance and the cleanliness of the houses. There were also daily and weekly audits of medicines, the environment and observations of staff practice.

We saw that some of these audits were identifying where there were issues and starting to bring about the improvements needed in the service such as improving the

Is the service well-led?

cleanliness, care delivery and checks on the safety of the vehicles used. These were due to be tested by the consultant through site visits to assess the quality of the service being provided.

However the issues we found in relation to failings in the risks of people leaving the houses, the external environment, medicines, MCA and DoLS had not been identified or addressed by the provider prior to our visit. This meant that although the systems designed to identify issues and improve the service were in place they were not always used and still not fully effective.

An infection control audit completed since our last inspection and this had identified improvements needed and we saw some of these improvements had been made. Overall we found that the systems had been effective in bringing about improvements in relation to the risk of the spread of infection and resulted in a cleaner environment. However the findings of these assessments were not always acted on. For example one assessment had highlighted the need for two toilet seats to be replaced and a section of flooring to be sealed. We found that one of these toilet seats had not been replaced and the floor was not sealed.

We found during this inspection that records relating to people were not always being kept securely and

confidentially. We saw care plans stored in a corner of a communal lounge in The Stables house and 'health action plans' stored in a cupboard in the kitchen of the Greenfields House. This meant that confidential information about people was accessible by other people who used the service and by visitors to the service.

Additionally we found some gaps in various records such as activity records and repositioning records. We also found some records were not dated and so it was difficult to ascertain when the record had been made, such as care review records. We found that records were disorganised in some areas, such as maintenance checks which were not in date order. When we asked for records they were not always easily accessible.

This was an on-going breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the provider about our inspection findings and they agreed they were an accurate reflection of where the service was at. They knew there were further improvements to be made and that this work was in progress and the improvements would be made. They told us new beds and furnishings had been ordered to improve the environment.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not provided with care and treatment which was safe and met their needs. Regulation 12 (1)(2)(a)(b)(g)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems in place to assess, monitor and improve the quality of the service was not always effective. Regulation 17 (1)(2)(a)(b)