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Fairmount Residential Care Home

Inspection report

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Date of inspection visit: 10 and 11 September 2015
Date of publication: 11/12/2015

Ratings

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

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. At our previous inspection on 28 November 2013, we found the provider was meeting the regulations we checked.

Fairmount Residential Care Home provides accommodation and personal care for up to 38 people and is situated in the London Borough of Bromley. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. At the time of the inspection, the home was providing care and support to 35 people.

Whilst people and relatives were pleased with the standard of care provided at the home, we found that people needs had not always been assessed comprehensively and detailed care plans were not in place to describe how people's needs should be met. They were therefore not being protected against the risks of unsafe care. This was a breach of legal requirement. You can see the action we told the provider to take at the back of the full version of this report.

The registered manager and some staff had been trained in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Whilst staff carried out mental capacity assessment to check whether people could give consent to aspects of their care and treatment, the actual decisions being made was not always described and recorded to make clear what specific decisions needed to be made. We have made a recommendation for the provider to review the service's practices around mental capacity assessments in line with the MCA and DoLS Codes of Practice.

The home had made appropriate DoLS referrals to the local authority in line with legal requirements. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

There were arrangements to manage risks to people and where risks were identified, appropriate management plans were in place to mitigate risks. The provider ensured the premises and equipment were maintained to ensure the safety of people and others

There were enough staff to meet people's needs and the provider made appropriate recruitment checks before staff started work to make sure only suitable staff were chosen to work at the home. Staff received training and were appropriately supported to fulfil their roles and responsibilities.

Medicines were managed safely to make sure people received their medicines as prescribed. They were supported to maintain good health and had access to health care support. The provider ensured a variety of meals was provided to people to meet their nutritional needs and choices. Where people needed support to eat and drink this was provided in a caring way.

People were treated in a kind and considerate way and were given opportunities to be involved in their care and make decisions. Staff had a good understanding on how to maintain people's privacy and dignity.

There was a range of suitable activities available to people using the service to enjoy, and these activities were provided consistently by the activities coordinator. People were provided with information about the home and they were aware of the services and facilities available to them.

Where people or their relatives had concerns or were unhappy about the quality of the service there were processes in place to enable them to raise their concerns with the provider. These were taken seriously and addressed appropriately.

The home had a well-established staff team. People said the service was well managed and staff worked as a team. Staff said the registered manager was approachable and provided good leadership. They felt confident to raise concerns for example through the whistleblowing procedure and said their concerns would be addressed.

The provider had arrangements to receive feedback about the quality of the service from people and their relatives by conducting satisfaction surveys and through regular daily contact with them. Where areas for improvement were identified, the provider took action to make the necessary improvements.

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?

Good

The service was safe. Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

Risks to people were safely assessed and managed.

Is the service effective?

Requires improvement

The service was not always effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), and acted according to this legislation. However, mental capacity assessments did not always indicate the reason for the assessment and the specific decision being made.

People were being supported to have a balanced diet and had access to drinks and snacks.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring. Staff spoke to people using the service in a respectful and dignified manner and ensured their privacy was respected. People we spoke with spoke highly of the caring approach of the staff and registered manager.

People were consulted and involved in developing their care plans. There were arrangements in place to meet people's end of life care needs.

People were provided with information about the home and they were aware of the services and facilities available to them.

Is the service responsive?

Requires improvement

The service was not always responsive. People's needs were not assessed comprehensively and their care files did not always include detailed information and guidance for staff about how their needs should be met.

There were a range of group and individual activities available that were appropriate to the needs of people using the service. Clergymen from a local church attended the home to facilitate Sunday services.

Summary of findings

People's views and the views of their relatives were listened to. People we spoke with said they knew how to make a complaint if they needed to. They were confident the service would listen to them and take action in response to any concern they raised.

Is the service well-led?

Good

The service was well led. The provider monitored the quality of care and support that people received, and recognised the importance of regularly monitoring the quality of the service provided to people living at the home.

People and relatives were consulted about the care and support they received, and any concerns they had or ideas to improve the service. The provider took into account the views of people and their relatives through surveys and their daily contact with them. Feedback was used to make improvements at the home.

Staff enjoyed working at the home and they received good support from the registered manager. The service had an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. Staff were aware of the provider's whistleblowing procedure and told us they would be confident to use it if needed.

Fairmount Residential 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.

Before the inspection, we reviewed information we held about the provider, including the provider's information return (PIR) and notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A notification is information about important events which the service is required to send us.

This unannounced inspection was carried out on 10 and 11 September 2015. The inspection team consisted of a lead inspector, a second inspector, and an expert by experience in dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with 16 people using the service, the relatives of seven people, six members of staff, the administrator and the registered manager. We spent time observing the care and support delivered to people and the interactions between staff and people using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people using the service, five staff member's recruitment and training records, and records relating to the management of the service. We also spoke with a GP and physiotherapist and received information from the local authority and a health professional team to get their views about the service.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe and that staff treated them well. One person, when asked whether they felt safe, said "Oh yes." Another person told us, "It never entered my head, so I must do, mustn't I?" A third person said, "I think I am safe here, there's nothing I know of."

Relatives also told us that they felt their family members were safe at the Home. One relative said, "They're safe. We don't worry now." Another told us, "They're totally safe here.' A third relative said, "It is all safe, or as safe as it can be."

The provider ensured appropriate risks assessments were carried out and management plans put in place where risks were identified. People's care records showed risk assessments were in place to address areas of risks such as manual handling, falls, mobility, the risk of leaving the home unescorted and the risk of developing pressure ulcers. Where people were at risk of falls people were referred to relevant healthcare professionals. Comments we received from a team of health care professionals confirmed that staff were proactive and engaged with the falls prevention team to make the necessary referrals and to identify ways to manage falls.

There was an up to date risk assessment in place for the use of oxygen for a person. However, there was no warning sign on the outside of the person's bedroom about this hazard. We brought this to the registered manager's attention who addressed the issue promptly.

We saw the fire risk assessment for the home was up to date and personal emergency evacuation plans were in place for all of the people using the service to ensure their safety in the event of a fire. Staff were aware of what to do if there is a fire, and told us there undertook regular fire drills so as to be prepared in the event of a fire. Staff training records confirmed that staff received regular training on fire safety.

Accidents and incidents were recorded and reported appropriately so appropriate action could be taken to prevent reoccurrences. The registered manager told us that each incident was reviewed and appropriate action taken, such as referring the person to a GP or hospital, and records we reviewed confirmed this. One person had fallen numerous times and the registered manager had asked for the funding authority to review of the person's needs to agree how best to meet their needs and to promote their safety.

The home was in a good state of repair and well maintained to ensure the safety of people, staff and visitors. One relative said, "they are always renovating and redecorating here." We saw that all of the homes equipment such as lifts, hoists, water, gas and fire equipment and emergency call bell system were maintained under contract and that the records of maintenance were up to date.

People were protected from the risk of abuse. The home had a policy for safeguarding adults from abuse and staff we spoke with were aware of the local procedures for acting on and reporting any abuse allegations. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for and what they would do if they thought someone was at risk. They also told us they would be confident in reporting any concerns or allegations to an outside agency if needed, in line with the provider's whistleblowing policy. One member of staff said, "I have never had to report anything but I would report any concerns to the manager or the deputy manager, or to social services if I wasn't being listened to." The registered manager told us, and training records confirmed that all staff had attended training on safeguarding adults from abuse.

Thorough recruitment checks were carried out before staff started working at the home to ensure the safety of people. Staff files contained evidence of completed application forms and various recruitment checks including employment references, health declarations, criminal records checks, qualifications and full employment history.

There were sufficient numbers of staff on duty to meet people's needs. We saw that people were appropriately supervised where required to ensure their safety, such as when they sat in the communal areas. The staffing rota indicated that staff were scheduled according to the numbers agreed by the provider to safely support people on each shift. The registered manager told us that staffing levels were managed according to the needs of the people using the service and that if people's needs changed, additional staff cover would be arranged. We noted that the staff complement was adequate to cover vacancies, staff annual leave or sickness.

Good

Is the service safe?

Medicines were stored securely and the temperature of the storage area was monitored to ensure medicines were stored in the right conditions. Controlled drugs were kept in a separate secure locked metal cabinet, and these were checked daily by senior care staff and on a monthly basis by the registered manager. Medicines were administered safely. We observed medicines being administered correctly to people by senior care staff. The registered manager and two senior care staff told us that only trained staff could administer medicines, and training records confirmed this. The administration of medicines was safely recorded. People each had an individual medicines administration record (MAR) which included a photograph, details of their GP, and information about their health conditions and any allergies. MARs we reviewed were up to date and accurate. The registered manager conducted regular medicines audits to monitor that medicines were being managed appropriately.

Requires improvement

Is the service effective?

Our findings

People were supported to give consent to their care and treatment and where they did not have capacity to give consent, the provider had arrangements to ensure decisions were made in their best interests. However, the specific areas where people's capacity to make decisions had been assessed, or where best interests decisions had been made, were not clearly recorded to demonstrate that the staff fully understood their responsibility in respect of the Mental Capacity Act 2005 (MCA).

The registered manager and the majority of care staff had completed training on the MCA. The Act aims to empower and protect people who may not be able to make some decisions for themselves and to help ensure their rights were protected. The registered manager said if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. People's care records showed that mental capacity assessments had been completed for people but it was not clear for which decisions these assessments had been undertaken. This was because the specific aspects of care where people's capacity to make decisions had been assessed, had not been clearly recorded. This is against the MCA code of practice, which states that mental capacity assessments are decision specific. We raised this issue with the manager who said they would address this issue to ensure the information was recorded more thoroughly.

The registered manager said that where decisions have been made regarding medical treatment or covert medication for example, this has been done in liaison with the person, their family and GP. The GP confirmed that they had been consulted by the home regarding best interests decisions for people. We found from looking at people's care records that these decisions had not been comprehensively recorded. The manager explained that these discussions were briefly recorded in people's care plans or medical records and agreed that it would be best practice to improve the formal recording of best interests discussions for individual people to more easily reference and track agreements that had been reached.

CQC are required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the location was meeting the requirements. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager and provider were aware of the recent Supreme Court judgement in respect of Deprivation of Liberty Safeguards (DoLS). In line with this judgement, the registered manager had made seven applications to the local authority (supervisory body) for people whom they assessed as unable to give consent, and who could have been deprived of their liberty. The local authority DoLS co-ordinator confirmed that the appropriate applications had been received.

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. Information we received from staff about the frequency they received supervision varied. The homes policy was unclear as to how often staff should receive formal recorded supervision. We discussed this with the manager and they agreed that this should be every three months, and would revise the supervision policy to include this.

Although the regularity of staff's supervision varied, all staff we spoke with said that they had regular discussions with the registered manager and gave examples of receiving support and direction on a daily basis from them or deputy manager regarding people's care. They said they felt this enabled them to provide safe care for people and to be aware of the improvements they needed to make.

Staff training records confirmed that all staff had completed training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, administering medicines, infection control, first aid, fire safety and food hygiene. Staff had also completed training on other topics such as the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and dementia. However, this training had not been provided to all care staff, and a number of them said they would find this training beneficial to their understanding of restrictions on peoples' freedom in relation to their work.

Staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and

Requires improvement

Is the service effective?

hygiene. All the care staff said they had sufficient training to carry out their duties and the two who were involved in caring for people with dementia about their dementia training.

People and relatives spoke positively about the quality and choice of food provided at the home. One person said, "It is really quite good food, and there is plenty of it." Another said, "I like the food here." One relative said, 'I help with feeding and it is all homemade food and all good'. Another noted, "There is great food there and plenty for [my family member]." People could choose where they have their meals. Some stayed in their rooms and others came to the dining areas. Our observations during mealtimes showed that people were offered choices for their meals and these were taken into account when serving them. Care workers checked that people were appropriately seated and where people needed support to eat, care workers sat with people and took their time to support people.

The cook kept up to date information about people's food preferences and allergies, including people who were on pureed or special diets so they knew what to prepare to meet people's needs. We observed that at lunchtime people who needed special diets were served the appropriate food promptly and were supported to eat by staff when required. We noted that people were offered snacks in between meals or when people requested these. We saw that drinks were available to people in their rooms at night and during the day for people who stayed in their rooms so they had enough to drink.

People were supported to maintain good health and had access to health care support including their GP, dentists, physiotherapists, opticians and podiatrists. One person said, "I'm sure they would get a doctor if I needed one." Another said, '"If you are not well, you see one of the staff and they look after you." Appointments with health care professionals and the outcomes were recorded in people's care files. Comments we received from a team of health care professionals who visit the home included that the care staff understood people's care needs and provided for them in a person-centred manner.

Relatives were happy with the healthcare received by their family members. One relative said, "My [family member] looks so much better now and she has gained weight as well." Another relative said that their family member had a condition and staff arranged for them to go into hospital very quickly to be treated. Where people needed to be seen by the doctor, staff referred them to the GP who visited the home weekly. Relatives added that they were kept informed whenever their family conditions changed or when they were unwell and staff took their concerns seriously if they say their family member was not well and acted on these.

We recommend that the provider consider the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards Code of Practice and review their current practices in regards to dealing with issues around people's mental capacity assessments, in line with these Codes of Practice.

Good

Is the service caring?

Our findings

People using the service described the staff as 'helpful' and 'good'. One person said. "Yes, they help and they're alright here." The relatives all felt that the staff understood the needs of their family members and knew how to care for them. One said, "They do understand and they make an effort with [my family member]." Another relative said, "They are all great with her, all helpful. It is just the way they are here."

People and relatives also told us staff were caring. One relative said, "When my [family member] was taken to hospital, the carer who went with them was really kind. She kept on checking [my family member] and talking to [them] and did not want to leave [them]." Another noted, "They really seem to like her, which is nice." Another relative emphasised, 'they don't just look after her, and they respect her too, which is important.'

People were provided with appropriate information about the services provided at the home and about their rights in the form of a 'Residents user guide'. This guide provided information to people on the standard of care to expect, access to health care professionals, complaints procedure and the services and facilities provided at the home.

People using the service and relatives told us they had been consulted about their care and support needs. One person told us, "I know I have a care plan and I know what's in it. I can talk about it with staff." Another person said, "They staff talk to me about all of the aspects of my care." A third person said, "I think my brother probably did my care plan."

People were supported to maintain their personal identities. We observed a person was supported to dress the way they wanted and to wear the jewellery to match their clothing. All people appeared well cared for and were appropriately groomed and dressed for the weather.

Staff knew the people they were caring for and two of them told us they saw it as an essential aspect of their role, to become familiar with the people using the service so they better understood people's needs. One said, "I make it my business to get to know them well. I always speak to the families; they are very important and read all their notes." We saw staff sitting with people engaged in meaningful conversations.

We observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. For example, when staff were supporting people to move, they were calm and carried out the manoeuvres in a relaxed and professional manner to reassure people. In some cases, staff continuously engaged with people to divert their attention and gain their cooperation.

All the relatives we spoke with said that they could visit at any time and that they were made to feel welcome at the home. One said, "Oh, yes, whenever you like" and another said, "We come in so much we feel like part of the family now. They play jokes on us!" A family said showed where they could make their own hot drinks whenever they came in and then added, "But they make them for us as well, which is nice." At one point, we observed staff encouraging a person to go into another room with their visitors saying, "It's important for you to see each other."

Requires improvement

Is the service responsive?

Our findings

One person said, “They look after us, we don’t worry about anything.” Another person told us their personal care wishes were respected by staff.

Whilst people were happy with the care and support they received, we found that they were not protected from the risks of unsafe care and treatment because their needs were not comprehensively and regularly assessed to identify their current needs so appropriate care plans could be put in place. Where care plans were in place, these were not comprehensive enough and did contain information about the actions staff needed to take to meet people’s identified needs.

People’s health care and support needs had been assessed before they moved into the home. Their care files contained some information such as how people would like to be addressed and their likes and dislikes. However, we found that the assessments were not completed comprehensively. These were often short and did not fully described people’s preferences and likes and dislikes. There was little information about their cultural and diverse needs. The needs assessments for two out of the four people whose records we looked at, were not detailed enough to clearly identify their needs, so appropriate care plans could be put in place. Subsequent assessments of people’s needs were not carried out to identify whether their needs had changed. For example, the needs assessments of a person were last completed in March 2014. This meant that there were risks that people’s needs had not been fully identified for appropriate care plans to be put in place to meet these needs.

Whilst some care plans included information and guidance to staff about how people’s needs should be met, others did not. For example where people had behaviours that challenged the service, diabetes or epileptic seizures, we did not see adequate care planning in place to describe how staff should care for and support the individual person to ensure their safety and wellbeing.

The provider had arrangements for care plans to be reviewed monthly, but we found that this was not happening regularly. For example, the care plans of two people had not been reviewed in August 2015. We spoke with the registered manager who said they would follow this up.

Where people had conditions that needed close monitoring by staff, we found that this was not always happening and that people were therefore being place at risk of poor health. The chart in place for a person who had diabetes and needed monitoring of their blood sugar, showed that they last had their blood sugar monitored in December 2014. This meant that staff might not be aware whether the blood sugar for the person was stable and if the person’s medicines regime was suitable for them.

The above shows that the provider was breaching Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that people’s care plans were developed using the assessments and information received from family members. Relatives also confirmed they had been asked about their family members’ care when they first came to the home and we saw that care plans for people had been agreed by families of people to show their agreement to the appropriateness of the care proposed.

People using the service and their relatives told us they enjoyed the activities provided at the home. They agreed there were things to do and the activities coordinator was involved with all aspects of life within the home. A person told us, “You can do things here and talk to people.” Another person said, “We are all happy doing things.” The provider had appropriate arrangements for the provision of activities in the home. They employed a part-time activities coordinator and was recruiting for a second full time activities coordinator post. During our visit, we noted people were engaged in a range of activities such as, movement to music, art therapy and reminiscence. Comments we received from a team of health care professionals confirmed that the service was very good at providing activities that met people’s individual needs.

People were also supported to maintain contact with the local community. The activities co-ordinator had formed community links, with the nearby school, library and local café. People confirmed they had opportunities to go out. A person explained, “We go out to the library a few times and to other places.” People were also supported with their spiritual needs. Ministers and representatives from the local churches visited the home to support people with their spiritual needs.

Requires improvement

Is the service responsive?

The provider had a complaints process and a complaints procedure was available for people to use. People and relatives we spoke with told us they knew how to make a compliant if they needed to, but they had not had the need to make a complaint. They described the registered manager as approachable and proactive. One person said, "I should go to the fountainhead, to the manager but there are no problems." A relative also told us, "There've been no issues for a long time. If we find something, they are already on to it." Some relatives told us the registered manager took action when they raised issues such as with decoration of their family member's rooms, or health issues, which needed attention. Complaints records showed that raised concerns were investigated and responded to appropriately in line with the provider's complaints procedure.

Good

Is the service well-led?

Our findings

The provider had procedures and systems in place to evaluate and monitor the quality of the service and ensuring action was taken to make improvements where necessary. Monthly quality monitoring activities were carried out by the provider or registered manager which included inspection of the premises and checks on fire safety, food hygiene, medicines and a review of care records. We saw that the manager took action to make improvements when necessary for example regarding medicines when a GP omitted to do a repeat prescription for antibiotics the manager had contacted them immediately and ensured the prescription was collected and medicines made available.

In addition to the quality assurance processes and checks being done by the registered manager, they told us that an external professional had been contracted to visit the home, usually every two weeks to provide an external monitoring system to ensure that quality standards were being maintained. There were however, no formal reports outlining the scope or findings of these visits so any areas for improvement were clearly identified for follow-up. The registered manager advised us that they would discuss this with the provider with a view to ensuring a structured record of these visits were produced for the purposes of record keeping and action.

The provider took into account the views of people using the service and their relatives about the quality of care provided at the home through discussion with them and satisfaction surveys and used the feedback to make improvements at the home. We saw a report and an action plan from a satisfaction survey carried out in December 2014, and evidence that the action plan had been met. For example, larger cups were provided for residents as some people had requested them and activities had been reviewed to ensure there were a range of frequent activities for people.

The provider used to arrange meetings for people and relatives to share information and to receive feedback from them, but these have been discontinued in the past year and according to the registered manager this was due to poor attendance. Some of the relatives we spoke with were not aware of the possibility of such meetings, although they said they could speak with the registered manager if they wanted to raise something. We discussed this with the registered manager and they said they would ask people and relatives if they wanted the meetings to be reinstated and would act accordingly.

The home had a well-established staff team. One staff member said, “I know the staff I work with here and that is really good for the people living here and for staff. There is a very friendly atmosphere here.” Staff we spoke with told us they were well supported by the manager. One member of staff told us, “The manager has an open door policy. I can talk to them any time I want to, about anything I want and I will be listened to.” All of the six staff we spoke with said that they enjoyed working for this provider and felt appreciated here. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it. Staff said there was a whistleblowing policy and they would use it if they needed to in the knowledge that their concerns would be taken seriously and as a way of improving the service.

The registered manager had worked at the home for many years and people and relatives spoke highly of them and said they demonstrated good leadership. They told us the registered manager was visible always on the go, checking things. One relative said, “[The manager] is firm but fair, and runs a tight ship.’ Another relative commented, “[The manager] is good at her job and when you get to know her, you see that she is very good at what she does.”

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Service users were not protected against the risks of unsafe care and treatment because the provider had not carried out a comprehensive assessment of people's needs and has not designed care and treatment, with a view to achieving service user's preferences and ensuring their needs were met. Regulation 9 (3)(a)(b)