

The White Horse Care Trust

Whistley Dene

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Whistley Dene provides accommodation and personal care for up to five people with a learning disability. At the time of our inspection five people were living in the home. The service is one of many, run by the White Horse Care Trust, within Wiltshire and Swindon.

The inspection took place on 3 October 2017 and was unannounced. At the last inspection in August 2015, the service was rated as 'Good' overall. We rated Responsive as requires improvement, as some information in care plans needed clarifying. At this inspection we found the provider did not satisfy all of the legal requirements in the areas that we looked at.

A registered manager was employed by the service but was not present during our inspection. Our inspection was supported by two area care managers who have responsibility for overseeing the services within the Trust. 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.

Assessments were undertaken to identify risks to people's safety. However, assessments had not been completed for all areas where risks had been identified in their care plan. There was not always guidance in place to support staff to keep people safe.

Staff undertook training in how to safeguard people from potential abuse and harm. Staff were aware of their responsibilities to report any concerns they had. Appropriate actions were taken when safeguarding concerns were raised.

The planning of staffing was flexible to support such things as outings or appointments. However, there were some concerns raised by staff about the lack of consistent staffing. Staff vacancies were currently being covered by bank staff and agency staff. The area care managers were reviewing staffing arrangements.

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

Where people's capacity to consent had been assessed, assessments had not been reviewed since the last inspection in August 2015. DoLS that had been applied for had also not been reviewed to ensure they remained the least restrictive practice. Staff were able to explain how they promoted people's day to day living choices.

People were supported to eat and drink sufficient amounts. We observed people accessing food and drink throughout our inspection. Where people had fluid monitoring charts in place these were not reviewed to ensure people were receiving sufficient fluids.

Staff spoke about how they maintained people's privacy and dignity. However, interactions we observed did not always uphold people's dignity. The culture of the home was not consistently enabling and promoting people's independence.

During our last inspection we found the service was responsive to people's needs and wishes. However some information in care plans needed clarifying. During this inspection we found the care plans had not been updated and some care plans had information missing.

People had access to some structured activities throughout the week but on the days when nothing was planned staff told us they felt access to opportunities could be improved.

People looked comfortable in the presence of staff and didn't hesitate to seek support when required. We observed individual staff were kind and caring towards people when offering support.

Medicines were stored safely and securely. All medicines in the home were given by staff who had received training and had their competencies observed. Records showed that people had access to healthcare services to maintain good health.

Quality audits and monitoring had not been completed to ensure improvements to the service were identified and acted upon. The service worked in partnership with other appropriate health and social care professionals to ensure people's care needs were met.

Staff spoke positively about the support they received management.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulation 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?

The service was not always safe.

There was not always risk assessments and guidance in place to support staff to keep people safe.

The planning of staffing was flexible to support such things as outings or appointments.

Staff told us they understood that people could be vulnerable because they could not easily tell anyone if they had any concerns. Staff understood how to recognise possible signs of abuse. They knew who they should report any concerns to and what actions to take should they suspect abuse had taken place.

Medicines were managed so that people received them safely. ☐

Requires Improvement 

Is the service effective?

The service was not always effective.

Where people's capacity to consent had been assessed, assessments had not been reviewed since the last inspection in August 2015. DoLS that had been applied for had also not been reviewed to ensure they remained the least restrictive practice.

People were supported to eat and drink sufficient amounts.

People had access to appropriate healthcare professionals to support them to maintain good health.

Requires Improvement 

Is the service caring?

The service was not always caring.

Staff spoke about how they respected people's privacy and dignity when providing care and support. However we observed some interactions where people's dignity and privacy was not maintained.

People looked comfortable and relaxed in the presence of staff. They didn't hesitate to ask for support when required.

Requires Improvement 

We observed individual staff were kind and caring towards people. □

Is the service responsive?

The service was not always responsive.

Some information in care plans that required clarifying at our last inspection had still not been reviewed and amended.

Whilst people were supported to engage in activities staff felt that this was an area that could be improved upon.

Complaints procedures were in place for people and relatives to voice their concerns. □

Requires Improvement ●

Is the service well-led?

The service was not always well – led.

Quality audits and monitoring had not been completed to ensure improvements were identified and acted upon.

The service worked in partnership with other appropriate health and social care professionals to ensure people's care needs were met.

Staff spoke positively about the support they received from management.

Requires Improvement ●

Whistley Dene

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 was an announced comprehensive inspection and took place on 3 October 2017. The inspection was carried out by one inspector.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. Not all the people using the service were able to tell us their views about the care and support they received. We spoke with two people and three relatives about their views on the quality of the care and support being provided. We received feedback from one healthcare professional that supported the service to meet people's care needs. During our inspection we looked around the premises and observed the interactions between people using the service and staff.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included two care and support plans and daily records, staff training records, staff duty rosters, policies and procedures and quality monitoring documents.

During the visit we met all of the people who use the service. We spoke with two area care managers, three care staff and an agency worker.

Is the service safe?

Our findings

People were not always protected from the risk of potential harm. Risks to people's personal safety had not always been assessed and plans were not in place to minimise these risks. For example, for one person who liked to smoke cigarettes, their care plan stated there was a risk assessment in place to support them to do this safely. However, a risk assessment was not in place to guide staff on the actions they needed to take to minimise this risk and support the person safely. When we spoke with staff they were able to explain the support the person needed to access their cigarettes safely.

For another person who had experienced some episodes of choking their care plan stated there was a list of foods which were deemed as high risk or low risk of potentially causing the person to choke. The care plan informed staff that this information could be found in the kitchen. However, this information could not be found in either the care plan or the kitchen. This meant that staff who may not know this person well did not have access to information on food that may put this person at risk.

When people had accidents or incidents these were recorded. However, they were not monitored or reviewed to identify trends or patterns. For example, some people using the service had behaviour support plans in place which provided information for staff about what could trigger certain behaviour and what support to offer if behaviour occurred. Incidents were recorded on a monitoring form and also an accident and incident form. This information had not been reviewed to identify potential trends to support the person further with managing their behaviour or to identify any lessons learned.

This was a breach of Regulation 12, Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Relatives told us they felt their family member was kept safe by staff and well looked after. Their comments included "They make sure he is safe. I wouldn't want him living anywhere else" and "They always keep a close eye on her to make sure everything is ok."

Staff told us what actions they would take to protect people from the potential risk of abuse or harm. They said they had received training in the safeguarding of vulnerable adults which had covered different types of abuse people may be at risk from. They explained how, for those people who may not be able to communicate their concerns, they would observe them for changes in their behaviour or physical marks which may alert them to abuse taking place. One staff member told us "[person] would get upset with staff or may refuse to do things if something had happened. Any concerns I would report to my manager straight away or the on-call."

The area care manager told us that after a recent safeguarding incident they had been meeting with staff to discuss how they report concerns about staff practices. The Trust had a safeguarding and Whistleblowing policy in place to support staff with raising concerns.

We discussed with the area care manager our findings with recording of accidents and incidents and staff

being aware of their reporting responsibilities. In April 2017 one person had alleged that a staff member had hit them. Whilst the staff member had checked to see that the staff member concerned had not been on duty recently, apart from telling the person not to lie, no further investigation had taken place. This had not been reported to safeguarding and no justification for not raising it had been recorded. The area care manager confirmed that this had already been identified as an area for development. This had been included in the action plan they had compiled.

Safe practices for the administering and storing of medicines were followed. Only staff who had completed a medicines administration course and were deemed competent were able to administer people's medicines. Assessment of staff's competency in medicines administration were completed via observation of their practice.

We reviewed the Medicines Administration Records (MAR) for the three people using the service. We saw these had been correctly completed and initialled by a staff member. Unused or damaged medicines were recorded and appropriately returned to the pharmacy to be destroyed. Staff had reported medicine errors and had taken appropriate actions which were recorded.

There were sufficient staff to meet people's needs. The area care manager explained that staffing levels were flexible depending on activities taking place or scheduled appointments people needed to attend.

Staff told us whilst they felt there was sufficient staff on duty they did raise concerns regarding the consistency of staff. They said that when staff were on annual leave or sick, cover was organised. Due to recent changes and staff absence they said cover was being provided by bank staff and agency workers who did not always know the people they were supporting. This meant there was not always a consistent approach with how people were supported. Staff also said this put pressure on them to support new staff to know how to assist people correctly. One staff member said "People get good care at Whistley Dene. I just feel sorry for them (people using service) getting loads of new staff." The area care manager was aware of this situation and was currently reviewing staffing and deploying experienced staff from other services to provide some consistency.

Safe recruitment practices were followed before new staff were employed to work with people. The area care manager told us checks were made to ensure staff were of good character and suitable for their role. We were unable to view staff files as they were stored securely and in the absence of the registered manager and deputy they were not accessible. New staff confirmed application forms and appropriate references had been sought prior to them commencing employment. Appropriate checks were made with the Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Is the service effective?

Our findings

The CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this.

Where people's capacity to consent had been assessed, assessments had not been reviewed since the last inspection in August 2015 to identify if anything had changed for the person.

For one person a DoLS had been applied for as they were deemed to lack the capacity to consent to care and treatment and a sensor mat had also been put in place. People can only have a DoLS applied for if they are lacking capacity to consent to the decision being made. However, there were no capacity assessments in the person's care plan and no evidence that a best interest meeting had taken place to support the decisions being made. In discussion with the area care manager they were unable to find any capacity assessments for this person.

DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. All necessary DoLS applications had been submitted by the provider. However, some these applications had been submitted in 2105 and had not been reviewed to ensure they remained the least restrictive practice.

Care plans contained information for staff on how people made daily choices. For example, one person's care plan stated that the person would point or could sometimes verbalise their decision. Staff we spoke with told us how they supported people with making day to day choices. One staff member said "we sometimes show (person) pictures or objects to help them choose. This might be boxes of cereal or clothes to wear. They can then choose which one they want."

People were assisted by staff who had not always had the opportunity to remain up to date with core training required by the provider. We reviewed the training matrix for the service which recorded when training had been completed and how often staff should receive refresher training in this area. We noted some training had not been refreshed in line with the required timescales. For example, records we reviewed recorded the training for 15 members of staff including the registered manager and deputy manager. Three of these staff members were bank staff who regularly provided cover for this service. The training records identified when staff had completed 'manual handling' training and prompted that it should be refreshed yearly. However, this had not been kept up to date. Two staff had last completed this training in 2013, one staff in 2014, five staff in 2015, five staff in 2016, one staff in 2017 and one staff had not completed it. For safeguarding training it stated this should be refreshed every two years. One staff member had completed this training in 2013, five staff in 2014 and one staff in 2015. The other staff were found to be in date. This meant that staff were not being kept up to date with current practice.

Staff spoke positively about training opportunities and felt they received the correct training to carry out their role. New staff completed an induction to ensure they had the skills and confidence to carry out their roles and responsibilities effectively. This included the Care Certificate which covers an identified set of standards which health and social care workers are expected to adhere to. One member of staff told us they had completed core training as required by the provider and had been able to shadow more experienced members of staff. They said "Staff are brilliant they tell me everything I need to know."

Not all staff had received regular one to one meetings with their line manager which enabled them to discuss training needs or concerns they may have. We were unable to access staff's personnel files to review information held relating to discussions taking place. All staff we spoke with said they felt supported in their role. One staff member told us "I have not had any formal discussion. They have been more casual but I have been able to talk things through with the manager."

The area care manager told us they had recently started to hold individual supervisions with staff and showed us records of recent meetings held.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. We observed that people had access to food and drink throughout our inspection. Whilst there was a menu plan in place staff told us alternatives were available should people not want the meal on offer.

During our last inspection we spoke with the registered manager regarding their recording of one person's fluid intake. The records did not show when fluid had been offered and refused by the person. We could see there were gaps in the recording which looked like the person had not been offered a drink for five hours. We explained this would help them identify when the person was refusing drinks and also evidence that the person had been offered drinks during these times. They had said they would action this immediately however we found on this inspection recording of fluid intake was still not being completed. Information on these charts was not being reviewed to ensure records were being completed to ensure the person was receiving sufficient fluids.

Our experience during our visit was that staff were offering drinks regularly throughout the day. One relative told us "they know she doesn't like to drink and keep a close eye on her food and drink. They make sure she gets enough."

People were supported to maintain good health and access healthcare support as necessary. Contact with health professionals such as the doctor, consultant, optician or dentist was recorded in people's records, showing people's day-to-day health needs were met. The service ensured people were able to attend appointments and check-ups for all their health needs. On the day of our inspection one person was supported to attend their local GP practice for a check-up.

Relatives told us they felt that health professionals were contacted at appropriate times and they were always kept up to date with any health appointments or concerns. Their comments included "they always make sure she goes to the dentist or doctor to keep her well" and "they support his health needs very well. They always let me know about appointments."

A health professional told us "management are quick to inform the health team when they experience a change in an individual's or group of individual's needs. They have been known to phone the team direct, make a referral or attend multi-disciplinary meetings to share concerns. This is done in a timely fashion."

People had 'Health Action Plans' in place which contained information on their medical history and current

health needs. People had individual hospital 'grab' files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital. However, we looked at two 'grab files' which had been completed in 2015. Some information in these files was no longer relevant. For example, one file contained details of a relative who was deceased. It had also not been updated with information relating to a long term health condition. We have raised this with the area care manager who agreed to review this information.

Is the service caring?

Our findings

Staff spoke about how they respected people's privacy and dignity when providing care and support. One member of staff described how they supported one person to maintain their privacy when they did not like to have curtains up at their window. The person was happy to have posters on their window instead. However, we did observe some interactions where people's personal care was discussed in front of others. One person was reminded by staff about "going to the toilet" in front of other people in the home. This could have been done discreetly so that other people were not aware.

While many of our observations of the support people received were positive, we did observe and hear some interactions between staff and people which could have involved the person more, or where staff could have informed the person about what was happening. This included one person who was visually impaired entering the room with staff with no verbal communication about what was happening and where they were going to sit. They later supported the person to leave the room without saying where they were going.

The culture of the home was not consistently enabling and promoting people's independence. People had been supported by one staff member in the morning to make drinks. However, those people who were able were not supported to be involved in making the lunchtime meal. People were asked what they wanted to eat but we did not hear them being asked what they would like to drink. We also did not observe people supporting to set the table or be involved in the preparation of the evening meal.

In staff meeting minutes we read some information which was not age appropriate and complimentary of the person. The information recorded related to additional staffing that had been deployed to support the person. The statement mentioned that the additional staffing was to "alleviate the pressure on other clients" and "not reward for their bad behaviour". This statement informs staff that the person's behaviour is "bad" rather than it being a form of communication.

Relatives spoke positively about the care and support their loved ones received. Their comments included "the staff are so caring. They do everything to their own individual needs. The staff are wonderful. They are his family", "the staff are very good. She is always happy to go home after a visit and is delighted to see everyone. She is very fond of staff" and "it's all about [person]. Her wishes are taken into account. She seems happy."

One relative spoke about how staff treated people living at Whistley Dene as individuals. They said "The staff know people well and are very good at treating people as individuals. We are not all the same and they know people's differences."

A health professional told us "I have always witnessed good person centred care with staff respecting their privacy and dignity. Meetings try to be tailored around limiting the impact this could have on the people in their own homes. Bathroom/bedrooms doors are always shut. Choice is offered. Individuals are listened to."

The atmosphere in the home was relaxed and welcoming. People looked comfortable in the presence of staff and did not hesitate to seek assistance if required. Staff responded to people's requests for support in a

kind and caring manner. For example, at lunchtime we heard one member of staff say "[person] it's [staff member]. Would you like to come and have some lunch? We can have lunch together. I am just going to get my sandwich." They supported the person to sit at the dining table and explained what was for lunch as the person had a visual impairment. The staff member supported the person to eat their meal at a pace appropriate to them.

Staff showed concern for people's well-being offering reassurance as needed. For example, one person was concerned that a staff member had gone home as they were not feeling well. Another staff member offered them reassurance that this staff member was alright and that they just needed to rest. The person was happy with this reassurance and continued with their activity.

Staff knew people's preferences and were able to tell us about the people they were caring for and their needs. Staff had the time to spend with people and care and support was not rushed. People were able to choose where they wished to spend their time. We observed during our visit that most people chose to spend their time in the communal areas. People had keys to their bedrooms which were kept locked during the day to ensure the security of their belongings. One staff member told us that one person used to enjoy spending time in their room but since the doors were locked they were unable to do this independently. They said the person was asked if they wished to go back to their room but no longer wanted to. They told us "[person] cannot access their room independently. They used to do this."

People's bedrooms were personalised. There were items in their rooms that were important and meaningful to them. This included such items as ornaments, photographs and items of interest such as puzzles or music CDs. One person told us "I have a nice room."

Staff were aware of the individual wishes of people, relating to how they expressed their culture, religion and gender. People's religious preferences were noted in their care plans and they had been supported to attend places of worship if they wished to.

Is the service responsive?

Our findings

During our last inspection in August 2015 we identified that some information in care plans needed clarifying. At this inspection we found the information in care plans that required clarifying at our last inspection had still not been reviewed and amended. For example, one person had been diagnosed with dementia. There was a positive behaviour support plan in place to assist staff to support the person to manage their dementia. However, information from this plan continued not to be reflected in other parts of the person's care plan. Other parts of the care plan still did not mention the person's dementia nor cross reference the information to the positive behaviour support plan. The positive behaviour support plan was also held in a different file to the care plan so was not available alongside the guidance completed to support the person on a daily basis. This meant that it could be over looked by staff who were not aware it was in place.

We had spoken with the registered manager at our last inspection who acknowledged this and said they would action this immediately. The care plan had not been updated to reflect this information.

This was a breach of Regulation 9, Person centred care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care and support plans contained information on maintaining the person's health, their daily routines and preferences. Another care plans we reviewed was detailed and included a health action plan and future goals the person wished to achieve. Staff we spoke with were knowledgeable about the needs and preferences of the people they were supporting.

People had participated in a range of different social activities both within the home and outside. People were supported to access their local community and attend local events. However, due to recent staff shortages one staff member told us people did not have the opportunity to go out as often as they would like. Staff we spoke with felt that whilst they offered choice, activities was an area that could be improved upon. One staff member told us "activities need improving. They could be better structured and more varied. Everyone has a walk around the garden every day. They can choose in-house opportunities."

On the day of our inspection people were asked what they would like to do. There were four people at home during our inspection. One person requested to do a jigsaw puzzle. Another person was looking through their magazines. People were supported to take a walk around the large garden. Apart from this there was nothing available for the other two people to be involved in during the morning. One person attended day services which was part of their daily routine.

There was complaints procedure in place in pictorial format for people living in the home to use if they wished. There had not been any complaints since our last inspection. Relatives told us they knew how to make a complaint. They said they would feel comfortable raising any concerns they had and felt these would be responded to by the manager. One relative told us "I would feel comfortable sharing my concerns. I have no concerns about the care she receives."

Is the service well-led?

Our findings

A registered manager was employed by the service but was not present during our inspection. Our inspection was supported by two area care managers who have responsibility for overseeing the services within the Trust. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The systems in place to assess and monitor the quality of the service had not been kept up to date and had not always been effective at identifying shortfalls and areas of improvement in the service.

The provider had systems in place to regularly assess and monitor the quality of service people received. However, the audits had not been completed periodically throughout the year. We saw records of completed infection control and a managers monthly checklist audits. However, the most recent monthly manager's report had been completed in December 2016 and did not include any of the shortfalls we have identified in this inspection. An infection control audit completed in July 2017 by a member of staff recorded there were paper towels available in the home. However, during our inspection we saw that no paper towels were available and staff confirmed they hadn't been. This questions the validity of the audit. The audit had also not been checked by the registered manager to check its accuracy.

The lack of monitoring of care plans had not identified that for some people there were no capacity assessments in their care plan and no evidence that a best interest meeting had taken place to support the decisions being made. Where DoLS applications had been submitted in 2105 they had not been reviewed to ensure they remained the least restrictive practice.

There not been any auditing of people's training needs to ensure they kept up to date with training as per the providers requirements.

We saw records for accidents and incidents that had occurred. They were not monitored or reviewed to identify trends or patterns. There was no evidence that lessons had been learned and care practices changed to minimise the risk of incidents reoccurring.

We discussed our findings with the area care managers who confirmed that in the absence of the registered manager they had been reviewing the service and had identified areas of improvement. We reviewed the action plan they had compiled which included the shortfalls we have identified.

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

Regular maintenance was undertaken to ensure the property remained fit for purpose. Environmental risk assessments such as fire risk assessments were completed.

The service had appropriate arrangements in place for managing emergencies. There was a basic plan in place which contained information about what to do should an unexpected event occur, for example a flood or loss of utilities. There were arrangements in place for staff to contact management out of hours should they require support.

Overall staff spoke positively about working at Whistley Dene and stated they enjoyed their work. They felt that staffing could be improved, with more permanent staff being employed. They said they had team meetings where they could raise their ideas, suggestions and concerns.

Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. We saw that where concerns had been raised investigations were undertaken and appropriate action taken to address the situation. Staff knew and understood what was expected of their roles and responsibilities.

A health professional spoke positively about the management of the service. They told us "currently management are very approachable and welcome feedback from visits, observations or any concerns raised. They request this as a form of reflective learning to move forward and promote positive change where required. I have been invited back or contacted in the past to see how the concerns have been dealt with and to discuss the changes / improvements or the need for further advice input."

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 9 HSCA RA Regulations 2014 Person-centred care Care plans that required clarifying had not been reviewed and amended to reflect the person's care needs.
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 always protected from the risk of potential harm. Risks to people's personal safety had not always been assessed and plans were not in place to minimise these risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality audits and monitoring had not been completed to ensure improvements were identified and acted upon.