

Affectionate Healthcare Limited

Barons Down Nursing Home

Inspection report

Brighton Road
Lewes
East Sussex
BN7 1ED

Date of inspection visit:
29 March 2022
04 April 2022

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25 May 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Barons Down Nursing Home is a care home with nursing and accommodates up to 30 people in a purpose-built building. The service supports adults whose primary needs are nursing care although some are living with dementia. At the time of our inspection there were 30 people living at the service.

People's experience of using this service:

The providers' governance systems had not identified all of the shortfalls found at this inspection. Records were not always clear and accurate regarding people's care and support. For example, oral care, communication needs and daily records. The cleanliness of the home whilst identified in the audits as needing to be improved had not been satisfactorily resolved and we found continued issues.

Care delivery was not always person-centred. The care had not been designed to ensure that people's independence was encouraged and maintained. People were not always offered the personal care they wanted or required consistently. Whilst there were some planned activities, they were not designed in line with people's preferences and interests. Activities for those who remained in their rooms were not planned for.

Areas of the home were not found to be clean

People received care and support by enough numbers of staff who had been appropriately recruited and trained to recognise signs of abuse or risk and understood what to do to safely support people. One person said, "I have not been here long, but staff are kind and gentle." A relative said, "Everything seems fine so far," and another said, "I don't have any concerns." There were areas identified to improve and these were taken forward immediately by the registered manager. People were supported to take positive risks, to ensure they had as much choice and control of their lives as possible. We observed medicines being given safely to people by appropriately trained staff, who had been assessed as competent.

People confirmed they were involved in their initial care planning. End of life care planning and documentation guided staff in providing care at this important stage of people's lives. Complaints made by people were taken seriously and investigated.

The registered manager and staff team were committed to continuously improve and had plans to develop the service and improve their care delivery to a good standard. Feedback from staff about the leadership was positive, "I feel we are going forward, we are working together and building a good team." We were also told, "Communication between the team is better, I feel supported."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 May 2021) and there were breaches

of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns raised and based on the previous rating. This enabled us to review the previous ratings. We also used this opportunity to look at the breaches of Regulation 9 and 17. As a result, we undertook a focused inspection to include the safe, responsive and well-led key questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified continued breaches in relation to person centered care and good governance at this inspection.

The provider took immediate action to mitigate some risks which have been effective.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barons Down Nursing Home on our website at www.cqc.org.uk.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our well-led findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barons Down Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Barons Down Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We looked at the action plan from the previous inspection, notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We also sought feedback from the local authority and professionals who work with the service.

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

During the inspection

We looked around the service and met with the people who lived there. We used the Short Observational Framework for Inspection (SOFI) during the morning of the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with eleven people to understand their views and experiences of the service and we observed how staff supported people. We spoke with the registered manager, and seven further staff members. This included care staff, providers, and ancillary staff.

We reviewed the care records of six people and a range of other documents. For example, medicine records, four staff recruitment files; staff training records and records relating to the management of the service. We also looked at staff rotas, and records relating to health and safety.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found. We spoke with three relatives and four health care professionals and completed these discussions on 4 April 2022.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People told us, "I see staff when I need to, if I ring they do come, sometimes a little slow," "Pretty good I think, but sometimes it seems a long time between visits from staff, I know they are busy." Visitors to the home did not express any concerns about the care staffing levels, but one visitor expressed concerns about care delivery being rushed.
- Staff told us, "Staffing has been difficult, especially with cleaning staff, we do have enough care staff, but we also use a lot of agency staff, but I know we are advertising for staff and are recruiting." Another staff member said, "We are building up a good staff team, we have all done extra when we needed to."
- On the day of the inspection, morning personal care was still being delivered at 11:45 am, the registered manager told us that they were trying to break away from task based care and not putting time limiters on care delivery, but this was not seen to be reflected in individual care plans. It raised some concerns regarding continence care as some people on continuous bedrest had not had their continence needs checked since the day staff arrived on duty. There were strong odours of urine noted in some peoples' rooms. This was identified to the management team. This also fitted in with some feedback we received from visitors regarding inconsistent continence care.
- There was a shortage of housekeeping staff which meant that the laundry assistant and the administrator were covering the cleaning of the home alongside their actual role. We were informed that additional hours were allocated. It was acknowledged by the provider that recruiting housekeeping staff was difficult and that they had tried different solutions which had not been successful. This has been reflected in more depth in the well-led question.

We were assured by the provider and registered manager that staff deployment would be reviewed against the dependency and personal wishes of people. There was also discussion regarding the introduction of extra care staff to enable staff to be deployed more effectively to deliver care. They shared their strategies of recruiting new staff, which were underway.

This was an area that requires improvement.

- Rota's confirmed staffing levels were consistent, and using the training matrix against the rota, the skill mix was appropriate to meet peoples' needs. On the days that required agency the registered manager brought in senior care staff to ensure that staff were supported. Staff training was up to date and the registered manager was undertaking competencies to underpin the on-line training and registered nurse

competencies.

- We looked at accident and incident records, and there was no indication that staffing levels had affected peoples' safety at this time.
- Staff shortfalls had been planned for and regular agency staff booked. There was an agency file that contained information in respect of their training and Disclosure and Barring Service (DBS)- which are police background checks. Staff told us "We try to get the same agency staff for consistency."
- The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- Registered nurses have a unique registration code called a PIN. This tells the provider that they are fit to practice as nurses. Before employment, checks were made to ensure the PIN was current with no restrictions.

Assessing risk, safety monitoring and management

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- There was a file kept by the registered manager of all the DoLS submitted to the local authority and their status. The documentation supported that each DoLS application was decision specific for that person. For example, regarding restricted practices such as locked doors, sensor mats and bed rails. We saw that the conditions of the DoLS had been met.
- Most care plans and risk assessments identified specific risks to each person and provided written guidance for staff on how to minimise or prevent the risk of harm. This included, risks such as skin integrity, weight management, nutrition and falls.
- People with mobility problems had clear guidance of how staff should move them safely. People with fragile skin had guidance on how to prevent pressure damage using air flow mattresses, regular movement, continence promotion and monitoring. Daily record checks for air flow mattresses and continence care were seen.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. However, we found one bedroom on the first floor without a working window restrictor, all other windows had a restrictor to mitigate risk. The maintenance person immediately installed a window restrictor to mitigate risk. This has been reflected in depth in the well-led question as it relates to audits.
- Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).
- Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan which instructed staff on what to do in the event of the service not being able to function

normally, such as a loss of power or evacuation of the property.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. There were areas of the home and equipment that were not clean and hygienic. This included communal bathrooms, commodes, and ensuite bathrooms. The provider immediately called in professional cleaners to undertake a deep clean of the premises. The registered manager has confirmed that this has been achieved over two days. This has been reflected in the well-led question in depth.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Accidents and incidents were documented and recorded, and a tracker form kept by the registered manager. Any serious incidents resulting in harm to people were escalated to other organisations such as the Local Authority and CQC. We asked for further clarification regarding an incident in January 2022 as there was no recorded action or learning from this event. This has now been received and reflected in more detail in the responsive question.
- There was evidence that learning from accidents took place. Specific details and follow up actions by staff to prevent a re-occurrence were documented in people's care plans. Any subsequent action was shared with all staff and analysed by the management team to look for any trends or patterns.
- Staff had taken appropriate action following falls that ensured people's safety without restricting their freedom and this was clearly recorded. For example, the use of sensor mats that enabled staff to support them and keep them safe.

Using medicines safely

- We asked people if they had any concerns regarding their medicines. Comments received included, "No worries at all," "I trust the staff, they tell me of changes," and "I have had to ask sometimes for pain killers but I think that's pretty normal in a home."
- Medicines were stored, administered and disposed of safely. Medicines were ordered in a timely way.
- The medicine administration records (MAR) were legible and completed in full and registered nurses told us they checked them daily for any errors or signature gaps.
- Staff who administered medicines had the relevant training and competency checks that ensured medicines were handled safely. When poor practice was identified, a performance review was held with the staff involved and a plan put in place to monitor and improve practice.
- Protocols for 'as required' (PRN) medicines such as pain relief medicines described the circumstances and symptoms when the person may require this medicine.
- Medication audits were completed on a weekly and monthly basis.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Meeting people's communication needs

At our last inspection the provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection, there were still improvements needed to fully meet the breach of Regulation 9.

- The new registered manager was in the process of reviewing care delivery and care plans. Improvements had been made in respect of exploring the reasons why people were on continued bedrest and the management of peoples' pain and topical creams. However there still work to be done to ensure care plans reflected people's individual preferences and needs.
- Care plans and treatment plans had not all been fully developed to reflect people's individual care needs. For example, there were people who relied on staff for their personal care. Daily notes were minimal and for some people it was recorded that hands, face and groin washed on consecutive days with no rationale or reason recorded. There was also no reflection whether further personal care was offered to the people. Following the inspection, the Provider has informed us that they are auditing and amending, where necessary, all care plans to ensure that they contain clear person-centred guidance and preferences.
- We identified in the safe question that personal care was still being delivered at 11.45 am, this was not recorded within their care plan that this was their preference and that it met their specific care needs in respect of continence care.
- There was no reference to peoples' feet and toenails within the care notes of people we tracked. We noted that there were some people that required the attention of a chiropodist/podiatrist. We also received some concerns from families regarding toenails and foot care. We are aware that the pandemic did impact on chiropody because of the restrictions on visits. However, there was a lack of individual monitoring and priority referral. At the time of the inspection, a podiatrist visit had been arranged for April 2021.
- As at the last inspection we found concerns regarding oral care. This inspection found that there were toothbrushes and toothpaste in the majority of people's ensuites but many were dry and dirty. There was little guidance in people's care plans about oral care and how staff could assist them to keep their mouths comfortable and clean. Not everyone had their dentures in, which was not recorded as their choice. Following the inspection, we have been advised that the Provider has now introduced a specific Oral Health Chart which provides more oversight on oral care

- During the inspection we noted that some people were on bedrest with no communication aids or call bells and were behind a closed door. We heard on three different occasions people calling out and we had to inform staff of their distress. Staff told us that the doors were usually open and didn't know why they were closed. There was no information in the care documents on how often staff checked peoples' well-being. The door guards were working.
- A new activity person was in post and was in their first week having started on the 28 March 2022 and was still settling in and getting to know people. As yet there had not been much improvement made as care plans still need to be developed to ensure people's preferences regarding lifestyle choices. There was no guidance about how to support people, or whether people needed support, to maintain activities and interests important to them whilst they were cared for in bed due to health needs or by choice, or isolated due to the pandemic.
- We spoke with people who preferred to stay in their room as they enjoyed peace and quiet. they found the main lounge too noisy. The provider confirmed that plans to develop a quiet lounge were being discussed. Daily records did not include specific details of activities people had engaged in during the day, which may also have provided important insight for staff. There was however evidence of activities in the communal areas.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

There are five steps to AIS: identify; record; flag; share; and meet. The service had not taken steps to meet the AIS requirements.

- Staff had not yet received any specific training on the accessible standards, and whilst there was guidance in care plans about people's communication needs, here were no aids used to enable people to communicate. Some communication for people was inaccurate, for example one person's care plan referred to using Makaton to communicate with but this was found not to be correct. This was an error and has now been changed.
- There were people calling out behind closed doors that had no access to a call bell, there was no evidence that staff had explored other ways to communicate with the people such as cards, or pictures to aid staff in identifying what they may need.
- At various times during the inspection we spoke to staff about some people who were in bed with no means of communication. Some people may be non verbal but no alternatives had been explored on individual 1-1 basis. For example when people were being assisted with their meal staff did not communicate what the food was, did not offer a picture of the food they were going to eat or offer a choice.

The provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences. This is a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection we have been provided with evidence of the activity programme that is now in place along with examples of activities that are meeting the specific stated preferences and interests of the people who lived at Barons Down Nursing Home

- Whilst we found continued shortfalls in some areas of care documentation, there was also evidence that

some care plans contained clear and specific guidance for staff to follow, For example, diabetes and wound care.

- The provider had invested in technology for care delivery, training and running the service.
- Technology was used in the home for some people to communicate internally with staff using the call bell system and externally using landlines or mobile phones to talk to and receive calls from relatives and friends. There was a broadband system in place and people could be supported to use this to contact relatives using skype and emails. There were plans to install a new call bell system that would effectively monitor response times and can be attached to sensor mats without losing the call bell.

Improving care quality in response to complaints or concerns

- People and their relatives confirmed they knew how to complain, and a copy of the complaints policy was available in the home and on the service website. Relatives told us; they would make a complaint if they needed to but would talk to staff first.
- A record of complaints was held in the service. These included the information on the complaint and how this was responded to. We saw complaints had been responded to and actions taken as necessary.
- People told us they knew how to make a complaint. One person said, "I would tell the nurse or ask for the manager." Visitors said they would ask to speak to the manager. One family member told us, "I would ring and ask to talk to the manager."

End of life care and support

- When people needed end of life care, staff worked closely with other health care professionals to provide the best care for people in a compassionate way. A health professional told us, "Staff support people and their families with great care when people are at the end of their lives."
- Staff delivered care that took account of people's wishes and supported their comfort. This had been especially important during the pandemic.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care in the care home where this was the person's wish. Care plans contained information and guidance in respect of peoples' religious and resuscitation wishes.
- Relatives and friends were supported with compassion through this difficult time. For example, visiting for those people at the end of their lives was extended, with the facility to stay overnight if wanted.
- Extra support for staff had been sought from external health professionals and senior management during the pandemic.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to access, monitor and mitigate the risks relating to the health, safety and welfare of service users and to maintain accurate, complete and contemporaneous records which was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Whilst improvements had been made at this inspection, there were still improvements needed to fully meet the breach of Regulation 17.

- There was a new registered manager in post, who was committed to making improvements. She told us there had been a lot of "putting out fires" in the first few months, changes to staff, staff leaving and new staff coming in to post. The staff team were positive about the registered manager and the changes made to the leadership of the home. Comments included, "Really good manager, listens and takes notice of our ideas," "I think things are really going forward," and "It's a good place to work."
- The registered manager was working towards ensuring there was sufficient oversight and effective governance at the service. This had meant tailoring existing systems to assess, monitor and improve the quality and safety of the service provided. . However, further improvements to record keeping, including care plans, food and fluid records needed further time to be completed, fully implemented and embedded into everyday practice. Discussions with the registered manager showed they understood that further work was needed. The provider confirmed that they were going to introduce new systems which will include recording actions and outcomes of the audit.
- We found records relating to individual care delivery were not all complete and up to date. For example, information regarding personal care, food and fluids. Risk assessments were not always completed or updated following accidents and incidents to reduce the risk of a recurrence.
- Fluid charts were not all consistently completed for those people at risk of dehydration. There was some double entries made by different staff minutes apart for the same person. We also saw that the amounts for beakers varied between 250mls and 300mls. Examples were shared with the registered manager as these inconsistencies may mean staff were not aware of people who were not drinking enough. There was a lack of oversight to ensure people had enough to drink.
- The audits for the environment had documented that there were window restrictors on all bedroom

windows. Whilst these audits were correct, one restrictor was not working and this had not been reported or acted on.

- The cleaning audits had found issues with the cleanliness of the home since January 2022, however there was no actions recorded and no outcomes of action taken.

The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Since the last inspection improvements had been made to peoples care records, For example, fire risk and personal PEEPs reviewed and all fire risk protection certificates were in place. Medicine management had been improved and swallow risk monitored and staff had increased the medicine audits to weekly and monthly.
- Records showed that staff had supervision sessions and all new staff had completed an induction on joining the service. One staff member said, "Supervisions are helpful, gives a chance to talk about training and anything we need to offload." One new member of staff on their induction said, "It's helpful and I found it interesting."
- There had been an improvement to the culture of the service. Staff talked positively of the improvements over the past six months since the new registered manager came into post. Comments included, "There has been a lot of staff changes, new staff and some staff have been given promotion, which has empowered staff and renewed enthusiasm and job satisfaction," "We do get support when we need it and we have staff meetings where we get the opportunity to talk about residents, staff issues and any news."

Working in partnership with others: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was working with external professionals from health and social care services to improve and develop the service. This included the Continuing Health Care (CHC), local authority and the medicines optimisation for care homes team to make and embed improvements in the home.
- Questionnaires had been sent out in January 2022 to gather feedback from people and families. These included food quality and choice, cleanliness, staff availability and call bell answering. The registered manager had analysed them and responded to people to tell them what improvements were planned following their feedback.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care:

- The provider understood duty of candour, working openly and honestly with people when things went wrong. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The service had notified us of all significant events which had occurred in line with their legal obligations. One health professional told us, "Communication is good with the home, they contact us for advice when needed."
- The registered manager told us they used accidents, incidents, complaints and safeguarding as learning tools to improve the service. This was confirmed by the documents seen and from the staff we spoke with. Staff told us, "We get told about safeguardings' and complaints at staff meetings so we can take advice and improve."

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
Treatment of disease, disorder or injury	The provider had not ensured that peoples' care and treatment was appropriate to their needs or reflected their needs and preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to assess, monitor and improve the service. The provider had failed to assess, monitor and mitigate risks to people. The provider had failed to maintain accurate, complete and contemporaneous records.