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# Crowhurst Care Home

## Inspection report

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Date of inspection visit:  
06 February 2017  
07 February 2017

Date of publication:  
14 July 2017

## 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

We inspected Crowhurst Care Home on 6 and 7 February 2017. This was an announced inspection. The service provides care and support for up to nine people living with a range of learning disabilities, behavioural support needs and longer term healthcare needs such as epilepsy. There were four people living at the service on the day of our inspection. This was Crowhurst Care Home's first inspection since the provider registered with the CQC in 2015.

There was an acting manager in post. They had started working for the provider in September 2016. At the time of our inspection they were waiting for their application to become the registered manager to be processed by the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Although people told us they felt safe living at the service, we found the provider had not taken appropriate action to ensure people's safety in relation to security risks involving two exit doors. The provider's fire risk assessment required updating to reflect changes of use to parts of the building.

The administration of medicines was safe and people told us they received their medicines correctly. However, the provider had not followed their own medicines policy in regard to 'as required' PRN medicines.

We found nutritional guidance received from a health care professional had not been clearly communicated with staff to ensure support was consistent.

Although people said they were able to tell staff how they felt about the service, the provider did not have a robust system in place to collect feedback from people's relatives and other stakeholders. An accessible complaints procedure was not on display within the service.

The provider had not responded in a timely manner to address identified environmental concerns in regard to security, routine maintenance and servicing of equipment. The provider had not made sure peoples' and staffs records were securely protected.

Senior staff did not have a clear oversight of the service because the systems in place to monitor, analyse and drive improvements in the quality of the service were not robust. Some records in relation to staff documentation were not complete.

Staff were knowledgeable and trained in safeguarding and knew what action they should take if they suspected abuse was taking place. Appropriate training was provided to ensure staff were confident to meet people's needs.

It was clear staff had spent considerable time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

Staff received training and had an understanding of the Mental Capacity Act 2005 and acted in accordance with its principles.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for a wide range of daily living needs. For example, nutrition, falls, and epilepsy. People consistently received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. People's health and wellbeing was monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

People told us staff were kind and we observed positive interactions between people and staff. Staff had a clear understanding of their roles and spoke enthusiastically about working at the service and positively about senior staff.

People were supported to be involved in activities which were of interest to them. People were encouraged to take an active role in decision making regarding their own daily routines and the general flow of their home.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The concerns related to the security of the building and lack of robust quality assurance systems. You can see what action we told the provider to take at the back of the full version of this 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.

Risks associated with security and door exits had not been managed safely.

Medicines were managed safely. However, staff did not always record the reasons why people needed their 'as required' medicines.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

There were enough suitably qualified, competent, skilled and experienced staff to meet people's needs.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

We found an example where professional healthcare guidance had been poorly communicated with staff.

Mental capacity assessments were undertaken for people and their freedoms were not unlawfully restricted.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They were supported with health care professional appointments for regular check-ups as needed.

Care staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Appropriate systems had not been established to secure both electronic and paper documents.

**Requires Improvement** ●

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

The staff knew the care and support needs of people well. Staff took an interest in people, and their families, to provide individual personalised care.

### **Is the service responsive?**

The service was not always responsive.

Systems to collect feedback from people's relatives and stakeholders had not been established. Effective systems to manage complaints had not been set up.

People were supported to take part in a range of activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

Care plans were in place to ensure people received care which was personalised to meet their needs.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not consistently well-led.

The provider had failed to address identified environmental concerns in regard to security, routine maintenance and servicing of equipment.

The provider had some systems for reviewing the quality of service. However, these had failed to identify some areas of concern we found. We found examples where records were not accurate or up-to-date.

People and staff spoke positively about the provider and the acting manager.

**Requires Improvement** ●

# Crowhurst 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.

We inspected the service on the 6 and 7 February 2017. The acting manager was given 48 hours' notice to make sure they were available at the service when we arrived. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We considered information which had been shared with us by the local authority, members of the public, relatives and healthcare professionals. We reviewed notifications of incidents and safeguarding documentation that the provider had sent us since our last inspection. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we spoke with four people who lived at the service, five care staff, the acting manager and the provider. We observed care delivery throughout our inspection. We looked at four people's care plans, three staff files, staff training records, quality assurance documentation and other records that related to how the home was managed. We also 'pathway tracked' people living at Crowhurst Care Home. This is when we look at care documentation in depth and obtain views on how people found living there. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

### Our findings

People told us they enjoyed living at Crowhurst Care Home and felt safe both in communal areas and their private rooms. However, we found occasions where the provider had not taken adequate steps to protect people's safety.

The provider had taken steps to mitigate the risks of people leaving the service unsupported via the front door. However, the risks of unknown people entering the building this entrance had not been considered or assessed. The outer front door was kept 'on the latch' during the day and the inner door was opened by pressing a magnetic release button. This meant during the day it was possible for unauthorised access to be gained without staff knowledge. Once we identified this to the acting manager they released the latch, thereby securing the outer front door. However we found at a later point during our inspection the latch had again be lifted. The acting manager said they would communicate to all staff the importance of keeping the outer door locked.

The home's garden could be accessed via patio doors located in one of the lounges. Once in the garden it was possible to access the driveway via an unlocked gate. During our inspection two people who had been assessed as unable to leave the service unaccompanied, attempted to leave the building via this route. Although staff reacted promptly and managed these incidents safely; the attempts by these people to leave the service could have be avoided if additional security measures had been in place on the patio doors. Records identified the acting manager had raised this security concern with the provider in November 2016, but no action had been taken. We discussed this issue with the acting manager and following our inspection it was confirmed additional security had been fitted to the patio doors.

The provider had undertaken a range of checks to ensure the routine management and maintenance of equipment and environment, such as electrics, portable appliance testing (PAT) and legionella. However, we found the gas oven and hob in the kitchen did not have a valid safety certificate. After the inspection the provider confirmed n appointment to have this completed had been booked.

The issues we identified related to safety and security of the premises were a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the provider opened the service they had adapted parts of the premises. For example by using a section as a self- contained flat. The provider had not considered how this may affect fire safety and security of the premises. However, after the inspection the acting manager confirmed a new fire risk assessment was

booked for completion in the next month. During our inspection a fire safety inspection was completed by the local fire and rescue service. This site visit and inspection had been requested by the acting manager. The fire and rescue safety officer also made a recommendation that the services fire risk assessment required updating. Following our inspection the provider evidenced that an external consultant had been booked to complete a new fire risk assessment for the service.

People told us that they were well supported by staff with their medicines. We found many aspects related to the organisation of medicines were well managed, but some areas of practice required improvement. For example, some people had been prescribed PRN 'as required' medicines. These are medicines which may only be required occasionally such as for pain relief. Although people's support plans provided broad guidance for staff to support people who required PRN medicines; this information was not available within people's Medicine Administration Records (MAR) as per the providers own medicines policy. PRN protocols can provide information as to when a person may require a higher or lower dose of their medicine. Staff were not consistently recording on people's care documentation as to why people had needed their PRN medicine. It is good practice to record the specific reason PRN medicines is provided so as any patterns can be identified. Medicines were ordered, stored and disposed of safely. One staff member told us, "I am confident supporting our residents with their medication."

Staff were recruited in line with safe practice. For example, staff had completed Disclosure and Barring Service checks (DBS) before they began work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employment histories had also been checked, and suitable references obtained.

Care staff were able to identify their responsibilities to keep people safe from harm or abuse. Care staff told us they had confidence senior staff would take appropriate action if they raised concerns relating to potential abuse. One member of staff told us, "I know they (senior staff) always take any concerns seriously." staff told us if they were not satisfied with the response from senior staff they would refer issues to the local authority or the CQC.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. The registered manager told us that people's dependency levels were reviewed as part of their support plan and adjustments in staffing levels would reflect any changes. There was an 'on call' rota which identified the member of senior who could be contacted 'out of hours', staff told us it was reassuring they could seek advice or support if required. Staff told us they felt there were adequate numbers of staff to keep people safe.

People's support plans contained assessments for a range of assessed risks. For example, seizures, and behaviours that challenge. Risk assessments included clear measures to protect people, such as the use of sensor alarms fitted to beds for people who required them. Staff demonstrated they were clear on the level of support people required for specific tasks. There were procedures in place for fire; these included personal emergency evacuation plans (PEEP). Staff told us they had attended training in fire safety and could identify their role within an emergency. There were systems in place to check the fire alarm and equipment operated effectively.





## Our findings

People were positive whilst talking about living at Crowhurst Care Home. They told us they felt well looked after and enjoyed living at the service. However we found some areas of the service were not always effective.

The provider had not ensured guidance from a healthcare professional had been consistently followed. A person who had been assessed as at risk of choking had undergone an assessment by a speech and language therapist (SALT). The guidance provided advice on specific foods which were not suitable; such as crisps. We saw this person eating crisps during our inspection. The acting manager stated this had been 'agreed' by the SALT as this brand of crisp were softer and were waiting for the written guidance to be formally updated by the SALT. We saw a message in the staff communication book which identified a staff member had found crisps in this person's kitchen snack box which were not suitable and reminded staff that this person should not be eating this brand of crisps. The acting manager acknowledged staff communication related to this guidance should be clearer to ensure the effective management of this person's diet.

MAR documentation identified a person with capacity had refused prescribed medicine on five consecutive days however there was no evidence that staff had raised this with the person's GP. We spoke to the acting manager who acknowledged this was a shortfall and would ensure this issue was communicated with the relevant GP.

Although staff told us they enjoyed working at Crowhurst Care Home we found an occasion where a staff member had not received effective support on returning to work. A staff member had sustained an injury whilst supporting a person. This had resulted in the member of staff being absent from work for a period of time. There was no evidence to indicate this staff member had completed a return to work assessment to determine their readiness to return or whether any adjustments were required. The staff member said, "I didn't have a formal discussion to make sure I was ok to come back."

People had received effective care from appropriately trained staff. When new staff joined the care team they underwent an induction. The induction training incorporated a period of time shadowing more experienced staff. One staff member told us, "Because of my previous experience I felt confident quite quickly but I could have spent more time shadowing." Another staff member said, "The training has been getting much better, I find it helpful." Another staff member said, "I definitely feel confident supporting our clients." Training covered areas such as positive behaviour support, autism, infection control and food

hygiene. We heard staff talking to each other about the content of a recent training course they had attended and how useful it was for them. We saw many occasions where staff applied their training whilst providing care and support to people. For example, staff assisted and addressed people in a respectful manner and were aware of people's potential anxiety and triggers. We observed a person who required additional time to respond to questions were afforded this by staff. One staff member told us, "I can see the relevance of training which makes it more interesting."

People received on-going healthcare support from a range of external health care professionals. People confirmed they routinely saw their GP, chiropodist and optician. Staff recognised that people's health and behaviours could change quickly. During our inspection we heard staff speaking to a range of health care professionals to arrange appointments and reviews. For example, a staff member identified a person 'sounded chesty' and arranged for an appointment with their GP. One staff member told us, "You can tell if a resident isn't well as often there are subtle behaviour changes, I will always flag it up to the team leader." People's care documentation identified people were supported to access on-going specialist healthcare support for long term conditions such as epilepsy.

People spoke positively of the food they ate. One person said, "I like egg and bacon sandwich." People said they were able to eat the food they enjoyed and everyone told us they had enough to eat and drink. Positive feedback included, "The foods good, I like it." On the first day of our inspection people went out food shopping for the service. On their return a person told us, "The staff help me get the food I like." Menus had been planned to both cater for people's choices and incorporate healthy food choices. Staff spent time on a one to one basis to establish people's preferences. People ate together in the dining room, but people could choose where they wished to eat and this decision was respected by staff.

All of the staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff explained the importance of assessing whether a person could make a decision and the decision making process if the person lacked capacity. They understood that decisions should be made in a person's best interests. During the inspection we heard staff ask people for their consent and agreement to support. For example we overheard a staff member ask a person if they would like support to vacuum their room, the person declined assistance and the staff member respected their wishes. We heard another staff member ask a person, "Are you ready to take your medication?"

Staff were able to explain the implications of Deprivation of Liberty Safeguards (DoLS) for people they were supporting. DoLS forms part of the MCA. The purpose of DoLS is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. We saw the registered manager had made applications to the authorising body. Where an authorisation had been granted the conditions were adhered to by staff.

Staff told us they had completed supervision and they found this helpful. Meeting minutes confirmed clear themes of discussion such as training requirements. One staff member told us they had requested additional time for administrative tasks and this had been accommodated. All staff told us the provider, acting manager and senior staff were approachable. One staff member told us, "I really enjoy working here; I definitely feel part of a team."

### Our findings

Although people told us they enjoyed living at the service and staff were kind, we found examples where people's confidentiality had not been protected. The home had an office which was used for administration and storage of care and management records. There was signage on the door to remind people that they should not enter the office unaccompanied. However, throughout the inspection we saw people enter and leave the area unaccompanied. Senior staff said they tried to ensure the door was locked, but we saw the door was left unlocked on several occasions and people entered this area unsupervised. There was one computer within the office which all staff had access to. The acting manager stored a range of documents on the electronic system however the computer was not password protected for individual staff members. This meant once the computer had been 'logged on' it was possible for all staff to access all information stored on the computer.

We found examples within care documentation where staff had used language which was not caring. We showed these examples to the acting manager who acknowledged the word selection by these staff was not appropriate and did not reflect the caring approach these staff members demonstrated.

People were treated with kindness and consideration in their day-to-day care and told us they were satisfied with the care and support they received. One person said, "I like them all (the staff) here; they are really good and help me"

People's individual preferences and differences were respected. . People were supported to live their life in the way they chose. One person told us, "I do what I want really; there are lots of choices, but I make my own." Another person told us, "I get up and go to bed when I want." One staff member said, "Everyone living here is so different. I respect their choices and don't treat everyone the same." Staff supported people and encouraged them, where they were able, to be as independent as possible.

Strong bonds had been formed between staff and people, there was rapport which was underpinned by the staff's knowledge and understanding of people's needs. Staff strove to provide care in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer people's questions. There was laughter and good natured exchanges between staff and people throughout our inspection. One person said, "I love some banter and to have a laugh." The staff approach was thoughtful and caring. We overheard a person express an interest in an item for their room. Staff researched this item on the internet and collected information and options to discuss with the person.

People's care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their preferences and backgrounds. A staff member told us, "People's likes and dislikes are recorded; we get to know people well because we spend time with them." People confirmed that they had been involved with developing their care plans. People told us they felt staff respected their privacy. One person said, "Staff always knock on the door before they come in." Another person said, "I have a key for my door and I lock it when I want to."

### Our findings

People were involved in their care and staff were responsive to their individual support needs. Despite positive comments from people, we found areas requiring improvement in regard to the provider's approach to complaints. Although a complaints policy was held in the office an accessible version of this was not on display around the service for people and visitors. The provider's own quality assurance report from November 2016 identified one complaint had been received and responded to, however a copy of this complaint and associated response were not available within the service. The provider's complaint folder was empty. This meant there was not a clear record as to whether appropriate actions had been taken to respond to and resolve the complaint.

Effective systems had not been established to routinely survey for feedback from people and their relatives and other stakeholders such as health care professionals. The most recent survey completed was for one person in November 2015 and one relative in December 2015. The acting manager acknowledged this was an area that required improvement. However, regular residents' meetings took place where a wide range of areas related to the service were discussed. For example, options were discussed on how best to utilise the available space within the service's second lounge.

People's care plans identified support needs and reflected individual preferences for daily living. A staff member told us, "I find support plans helpful." People's care documentation provided clear guidance for staff for areas such as personal care and hygiene, communication and moods and behaviours. People's likes and dislikes identified where people were able to make choices and retain control of their daily routines such as clothing and meals. Care plans were routinely reviewed by staff.

People were supported by a key worker. A key worker is a named member of staff with additional responsibilities for making sure a person receives the care they need. As part of people's regular care reviews with their keyworker, they discussed what they enjoyed doing and explore ideas for the future. During our inspection one person spent time with their keyworker to complete various care documentation. Following the review the staff member updated the acting manager on the main actions points to come from the meeting and the progress made in several areas since the last one.

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't get in the way of supporting residents." We saw daily care records provided clear descriptions of people's mood, behaviours and how they had chosen to spend their time.

People were provided with a wide range of opportunities to access the local and wider community. The provider had two vehicles which were available for staff to drive people to the activity of their choice. One person told us they enjoyed attending a farm as part of their college course. Another said they looked forward to an evening course they attended with another person.

We saw people relaxing in the lounge watching television together before their evening meal. People and staff commented positively on the home's large garden and that it was enjoyed in the summer months. People were able to access all areas of the home, and return to their rooms whenever they chose. People were supported to go out either with staff or on their own, for example, to go shopping or to attend a medical appointment. One person chose to have a lie-in rather than go out, and this choice was respected by staff. People joined in in many of the homes daily tasks and routines, such as cleaning and cooking. Staff told us it was important for people to remain involved in these types of activities so as to maintain and develop skills. One person helped staff with checks on the contents of the home's First Aid kits. When people returned from time away from the service they were warmly greeted on their return by staff and people.

The acting manager told us the service attached importance to supporting people to remain involved with their families and friends. They said, "Keeping strong links can be really important and can lift people's spirits." All people living at the service had regular contact with family members.

### Our findings

People, staff and relatives spoke positively about the service's leadership. However we found some areas related to leadership of the service required improvement. The provider had not acted in a timely manner to address environmental concerns. Within the first months of coming into post the acting manager had identified concerns related to fire safety and security, which they had raised these with the provider. The acting manager had recorded in the home's maintenance book that the patio doors in the lounge required additional security measures in November 2016. However, at the time of our inspection no action had been taken by the provider. Concerns regarding fire safety had been placed on hold until guidance was received following the visit of the fire and rescue service safety officers. However, if concerns had been identified then specialist fire safety advice could have been sought in a timelier manner from an external consultant. The maintenance book demonstrated more routine maintenance had been identified by staff as requiring attention, such as radiator covers requiring fixing to walls in November 2016. However during our inspection we noted these radiator covers had not been secured.

Although there was a range of quality assurance systems in place their effectiveness at driving improvement and allowing oversight was not consistent. For example, the monthly internal monitoring audit had identical statements which had been repeated from previous months. It also included out of date information such as 'recruitment on going' which was not accurate. The acting manager acknowledged that since starting at the service they had not focussed their time on quality assurance systems. The acting manager evidenced new templates for environmental audits which they had designed and planned to introduce. There were examples of other quality assurance processes which had been effective at providing oversight of the service such as the medicines audit and staff handover documentation.

When a person had been involved in an accident or incident staff were seen to have completed comprehensive supporting documentation. This clearly indicated the actions taken as a result of an incident and how the person's care and support needs may change. The form had a summary section which was completed by a senior member of staff to confirm they had oversight of each incident. Each person had their own individual monthly incident audit; however these were completed in isolation without cross referencing with other people. The moods and behaviours of people living at the service were closely interlinked. Staff told us it was common once one person displayed behaviours that challenged that at least one other person or more may then also require staff support. However the acting manager had not undertaken any cross referencing analysis to track patterns or trends in this area.

Records had not been always up to date. For example, people's care records and care documentation and

operational records. Where an incident had been classified as 'low level', the acting manager in agreement with people's assigned care managers, had agreed to complete a shorter 'behaviour monitoring' form. However, we found staff had not consistently recorded the times of these which would impact of the effectiveness of this as a tracking tool. The provider's health and safety records in respect to equipment were not always accurate. For example within the health and safety folder there was a gas safety certificate for a piece of equipment in another of the provider's services however they were unable to evidence the homes' cooker had an up-to-date gas safety certificate.

We found examples where best practice had not been adhered to in regard to staff supervision and recruitment. We found one member of staff had not had a medicines competency since September 2015. There were also no management systems established to formally 'sign off' a new member of staff once they had successfully completed their probationary period. This meant the provider could not be assured a new staff member had been assessed as competent to fulfil their role during their probationary period.

The above identified issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However there were examples of other quality assurance processes which had been effective at providing oversight of the service such as the medicines audit and staff handover documentation.

Staff told us they enjoyed working at Crowhurst Care Home. One staff member told us, "I work here out of choice; I enjoy it." Another said, "Every day is different and can be challenging but I enjoy it." Staff were positive about the management and leadership. One staff member told us, "I would approach them about anything and they would make time." Care staff demonstrated a clear understanding of their roles and lines of accountability. The acting manager told us they felt supported by the provider. They said, "I can pick up the phone at any point and get hold of them just run something past them." The provider visited the service every two weeks and it was evident people knew them and enjoyed their company. The provider acknowledged this had been the first time they had registered this type of service and they had, "been on steep learning curve", and, "learnt valuable lessons about the types of care needs they were able to support."

Team meetings were seen to be an effective way for messages to be communicated amongst care staff. Meeting minutes demonstrated a range of topics were discussed and also afforded staff the opportunity to provide individual updates on people's care and support needs.

Clear protocols had been established for staff if they required 'out of hours' support. The acting manager had recently completed a business continuity plan that addressed how incidents would be managed such as extreme weather or power outages.

It was evident the provider had worked collaboratively with the local authority quality monitoring team to improve areas they had highlighted that required attention and we saw an action plan from these visits that the acting manager was ticking off when an action was completed. We found the provider and acting manager were responsive to our comments and feedback throughout the inspection and actioned multiple areas during the inspection and sent a summary of immediate actions taken following the inspection.



## 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	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure all areas of the premises were secure and equipment properly maintained. Reg 15 (1)(b)(e)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not have an effective system to regularly assess and monitor the quality of service that people received. 17(2)(a)</p> <p>The registered provider had not ensured people's records were complete and accurate. 17(2)(c)</p>