Aspire Healthcare Limited

Milton Lodge

Inspection report

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Tel: 01912533730

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19 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 13 and 19 January 2016 and was unannounced. A previous inspection undertaken in November 2014 found there were no breaches of legal requirements although the service did require improvement in the safe and well led areas. Improvements required, included the redecoration of the premises and the reduction in the timescales in requests for repairs or improvements. We found that although the provider had made some improvements, not all areas had been addressed.

Milton Lodge is registered to provide accommodation for up to 13 people who have a learning disability or mental health diagnosis. Some people have come to the service from a hospital environment where they had been cared for under the Mental Health Act (MHA) 1983. At the time of the inspection there were 11 people living at the service.

The service had a registered manager in post. 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 service was not well maintained and did not have a planned programme of redecoration, repair and renewal in place. We found a number of areas that needed to be addressed.

The provider's arrangements to regularly check the quality and safety of people's care needed to be improved. There were some systems in place to monitor the quality of the service, which included audits and feedback from people using the service. These were being updated by the provider as current processes were not robust. A new infection control audit was about to be implemented.

People's medicines were given to them when they needed them although we have made recommendations about the safe management and storage of medicines which also takes into account people's privacy and dignity.

People were happy living at the service and they were protected from the risk of harm or abuse. People received safe care from a consistent staff team, who were properly recruited and fully understood people's care and safety needs. Sufficient staff were consistently provided.

Staff understood risks to people's safety from their health conditions, their environment and from people's behaviours that may challenge others and followed suitable procedures to mitigate this.

Emergency contingency plans were in place for staff to follow in the event of emergencies in the service. Regular checks were made on fire alarms and other equipment. The Fire and Rescue Service recently confirmed they were satisfactory arrangements for fire safety at the service.

People were supported to maintain and improve their health and nutritional needs. Staff received the training they needed and they fully understood people's health conditions and related care needs. People accessed external health professionals when they needed to and staff sought and followed their instructions for people's care when required.

Care Quality Commission (CQC) is required by law to monitor the operations of the Mental Capacity Act 2005 (MCA) and to report on what we find. MCA is a law that protects and supports people who do not have the ability to make their own decisions and to ensure decisions are made in their 'best interests'. We found the provider was complying with their legal requirements.

People received care and support from caring staff who knew them well and treated them with respect. Staff communicated well with people and promoted their rights, dignity and privacy when they provided care. People and their relatives were informed and involved in their care and daily living arrangements. Staff at the service helped to provide a voice for and represent people's views about their care when this was required.

People were supported to participate in how the service was run and had access to relevant recreational activities and to the local community. The service routinely sought, listened and responded to people's experiences and concerns or complaints made about the service.

Staff understood their roles and responsibilities and they were appropriately supported to share their views or raise any concerns about people's care.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to the premises and good governance. 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?

Requires Improvement

The service was not always safe.

The premises were in need of redecoration and some replacement items of furniture were needed.

People received their medicines correctly. However, we have made some recommendations in the way medicines were managed.

Staff had a good understanding of safeguarding people from abuse and had received appropriate training.

Is the service effective?

Good

The service was effective

People were cared for by staff who had received appropriate training. Staff felt supported by their line manager and received regular supervision and yearly appraisals.

The registered manager and staff were aware of the Mental Capacity Act 2005 and worked within legal guidelines.

People received a wide range of appropriate food types and had access to refreshments throughout the day. Some people chose to buy takeaway meals, but staff supported them at other times to maintain a healthy diet.

Is the service caring?

Good

The service was caring.

People made positive comments about the caring attitude of staff. We observed good interactions between staff and the people living at the service.

People's dignity and privacy was respected by staff.

Staff provided personalised care. They were aware of people's individual needs and backgrounds which supported them to achieve this.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care provided. People participated in activities which they chose, including within the service and outside in the local community.

Care plans were person centred and people's abilities and preferences were clearly recorded.

Complaints were responded to quickly and appropriately. People and their relatives were aware of how to make a complaint if they needed to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service had a registered manager in post. People using the service, their relatives, staff and healthcare professionals were positive about the attitude and commitment of the management team.

There were some systems in place to monitor the quality of the service, which included audits and feedback from people using the service. These were being updated by the provider as current processes were not robust. A new infection control audit was about to be implemented.

Incidents had been monitored and notified to the Care Quality Commission as necessary.

Milton Lodge

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 unannounced inspection took place on 13 and 19 January 2016 and was carried out by one inspector.

The provider completed a 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 reviewed other information we held about the home, including the notifications we had received from the provider about any injuries or other incidents they are legally obliged to send us. We also contacted the local authority commissioners for the service and the local Healthwatch. We used their comments to support our planning of the inspection. During the inspection we spoke with an Independent Mental Capacity Advocate (IMCA) and a social worker.

We spoke with eight people who used the service and two family members. We spoke with the registered manager, deputy manager, one senior member of care staff and three care staff. We observed how staff interacted with people and looked at a range of records which included the care and medicine records for four of the 11 people who used the service, six staff personnel files, health and safety information and other documents related to the management of the home. We also looked at the providers electronic recording and monitoring system.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe at the service. However, we identified concerns relating to premises as people and staff showed us around the building.

The provider carried out a number of checks in the service to ensure that the premises and the equipment were in satisfactory working order. This included portable electrical appliance testing and the five year main electrical circuit checks on the premises. We noted that the provider had regularly maintained the fire system which included checks of the equipment, including fire alarm systems and extinguishers. Fire drills were carried out with the staff and people living at the service. Records confirmed that these were done in line with expectations from the local fire authority.

However, the service was not well maintained and did not have a planned programme of redecoration, repair and renewal in place. We found the majority of communal areas and private spaces of the service were in need of redecoration. We saw staircases, communal areas and bedrooms with worn carpets, stained laminate flooring, uneven tiling and flooring, loose cupboards, stained and mouldy wallpaper, bare wood and dated décor. Bedroom doors were found to be in poor repair, with damage in places and in need of painting.

Three piece suites in lounge areas and other seating arrangements were in need of replacing. We sat on all sofas and found they provided little comfort and were difficult to rise from. Some of the chairs we saw had ripped seats. It was noted that a number of people living at the service had health problems which would make using these seats difficult. We watched one person struggle to get up after they had sat on one of the sofa's to watch television.

Shower rooms contained rusted parts on appliances or equipment which needed to be addressed. Cord pulls were dirty and the registered manager told us she was in the process of ordering these. We found radiator covers which were loose and not attached to the wall securely.

Although the majority of windows had been replaced and window restrictors put in place, we found two windows which did not have window restrictors. The registered manager confirmed these were put in place before the inspection had been completed as they had been missed during the replacement of the other windows.

These are a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider administered medicines from a room which stored the medicines cabinet. This room also held a fridge, sofa and TV. We were told by one member of staff that if someone was watching TV when another person was due to have their medicines, the person would normally turn the noise down and sit quietly until the other person had finished. While we were checking people's records a member of staff came into the medicines room with a large piece of frozen meat. This was placed in the refrigerator in the same room.

When we asked a member of staff about this, they told us they usually stored defrosting items in this refrigerator which were to be cooked the following day. This meant the area in which medicines were administered were not in suitable storage conditions and there was a potential for interruptions whilst medicines were being administered which increased the risk of errors occurring.

The provider did not have suitable storage facilities for controlled drugs. Controlled drugs are prescribed medicines used to treat severe pain, induce anaesthesia or treat drug dependence. However some people abuse them by taking them when there is no clinical reason to do. The registered manager confirmed, however, that no one at the current time was prescribed this type of drug. They told us that should anyone enter the home with this requirement, they would contact the local pharmacist who would assist them in obtaining suitable storage. This, however, meant that there would be a time delay in the safe storage of any controlled drug until suitable arrangements could be made.

Temperature checks of the medicines room were not always completed even though a thermometer was available. However, we found the room cool and when we checked the temperature with our own thermometer it was within suitable limits. Guidance states that medicines should be stored below 25 degrees Celsius to maintain their effectiveness. Staff confirmed that the room is usually cool even in the summer months.

We recommend that the provider refers to current legislation and guidance about the safe storage of controlled drugs to ensure they are compliant with the law. We also recommend that the provider follows best practice to maintain the dignity and privacy of service users and also keep medicines safe and administered and contained in suitable storage arrangements.

People told us they were administered their medicines safely. One person told us, "I have never had any problems with my meds. They [staff] give them out at regular times. I either go to them or they come and get me, it just depends." Another person said, "They [staff] dish them out in the morning and night, but sometimes at other times if I need them. Yes – they are ok." People's medicine records held information about what each medicine was prescribed for, for example, for high cholesterol or depression. This aided staff to be more familiar with each individual medicine given and helped them to better support people. Medicines that were no longer in use were disposed of safely.

Two people that we spoke with had lived at the service for a number of years. They both said they felt safe and always had done. They said that they were accustomed to living at Milton Lodge and that they could not see themselves anywhere else. One person said, "I have not always felt safe, but here I do. The staff look after us."

People told us they knew how to keep themselves safe and when we asked two people what they would do if they felt in danger from either another person at the service or from someone else; they both said that they would tell the staff. One person said, "The staff have helped me before so why would I not ask them."

Staff understood what constituted a safeguarding concern. We asked one member of staff to describe what they would do if they thought an incident of a safeguarding nature had occurred. They told us, "I would report it up. You know – to [registered manager name] or CQC." Training records confirmed staff had received suitable training in safeguarding and whistleblowing. A whistle-blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation that is either private or public. We also noted that policies and procedures were also available to support staff should they need to raise any safeguarding concerns.

Accidents and incidents had been recorded fully by staff and logged onto the providers IT system. Risk assessments had been completed when a risk had been identified. This included health, safety or environmentally related risks. For example, people who took their own medicines had risk assessments in place to support that activity and ensure they took them as safely as possible. We saw evidence that people who were at particular risk due to their behaviour had detailed assessments in place to ensure risk was minimised and everyone, including staff and visitors were protected. We saw environmental risk assessments in place for an electrical heater that one person used in their bedroom. The registered manager told us "We've even got a risk assessment for the budgies!" The service also had a fire risk assessment in place which the local fire authority had told us they were satisfied with. This meant the registered manager recognised the importance of mitigating risk as much as possible.

There were enough staff to support people with their assessed needs. One person told us, "There are always staff around to help me if I want them." Some people had one to one support during the day and night and the registered manager explained two staff were on duty overnight, one awake and one asleep and if support was required the sleeping staff member would be woken. They confirmed that care staff were expected to undertake caring, catering and domestic tasks. Maintenance support was provided separately by the organisation. The registered manager and staff told us that they thought there was enough staff, although at times it was really busy. We confirmed this be checking the staffing rotas.

The registered manager had followed safe recruitment practices and had a consistent staff team in place. We checked six staff personnel files and found application forms and interview questions and answers. Suitable pre-employment checks were carried out, including those through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). All of these actions meant that the registered manager was confident that the staff employed at the service were suitably skilled to work with people who lived there.

Good

Is the service effective?

Our findings

We spoke to people about the food and refreshments they were provided with at the service. They told us they had a choice and enjoyed what was cooked by staff. One person told us, "I can make my own dinner if I want. Yes it is canny [good]." Another person was making themselves lunch when we spoke with them. They told us, "The food is okay. I get a choice and can help myself. It's good."

People's nutritional needs were being met and they received a balanced diet, although one person we spoke with admitted they probably ate too many takeaways. They told us, "I enjoy them though. The staff try to help me not have as many, but it's hard. They keep trying though."

Food menus showed variety and choice. Some people were out at lunch time and for those who remained, lunchtime was relaxed and sociable. We observed staff consulted with people about their meal choices and involved them in meal planning and food shopping. Staff told us about people's dietary needs and preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, where people had oral issues which caused them some pain while eating or with regard to people who were at risk of being over or underweight.

Staff had completed an induction programme and a recent new starter had begun their induction using the relatively new Care Certificate standards. The Care Certificate was officially launched in March 2015. It aims is to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care. It replaces the National Minimum Training Standards and the Common Induction Standards. We looked at the new starter's induction record and confirmed they had completed the majority of the standards. The registered manager said they had done a good job, but there were a few areas they intended to go over with them to check they were fully aware of their responsibilities.

Records showed that staff received the training and support they needed to perform their role and responsibilities. Certificates were held in staff files to confirm the staff team had a variety of skills mix between them as many had worked at the service for a number of years. Staff confirmed they had received mandatory training to enable them to fulfil their role and said that the registered manager is always looking for additional training that may support them further.

Staff told us they received regular one to one supervision and an annual appraisal from a senior staff member and we saw records which confirmed this. Signed records confirmed that staff had participated fully in these sessions and all areas of their performance and goals had been discussed. Where additional support had been required, we saw evidence of this and we also discussed the additional support that the registered manager had given to one employee in recent times.

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 Act 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. The service had followed the principles of the MCA and also acted in a way to minimise the need for readmission to hospital due to people's mental health needs.

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 MCA. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had acted appropriately and three people were subject to restrictions and these had been authorised by the local authority. The service had also involved an Independent Mental Capacity Advocate to support one person at the service. An IMCA is a type of statutory advocate introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack capacity a right to receive support from an IMCA.

Communication was usually very good, with healthcare professionals confirming this. One healthcare professional we spoke with said, "They [staff] get in touch if they need to clarify anything or not sure. They have always been good like that." We noted from records that regular multi-disciplinary meetings took place with a range of healthcare professionals when the need arose. One relative mentioned that a recent issue had not been fully discussed with them. With their permission we spoke with the registered manager about this, who said they would approach the relative at their next visit to talk this over with them.

People were supported to access health care professionals. For example we saw evidence that people had attended GP's, dieticians and hospital appointments. One person had received recent support from a range of professionals and it was clearly documented on their care records what had happened, why and when they had attended appointments and the outcome. Staff had followed instructions from healthcare professionals to support the person. The registered manager and other staff were aware of people's health concerns when we asked them, without records at hand, which meant they were very familiar with people's health care needs.

Good

Is the service caring?

Our findings

People said that the staff team were caring. One person said, "Yes, they care. They put up with a lot from us." Another person said, "The staff are good. They really care about us." A third person said, "I love living here, best place I have lived." A relative told us they thought their family member was well cared for and staff had made a real difference to their lives in recent times. People's relatives told us they were made welcome in the service. One relative told us they visited regularly and always felt comfortable with staff. They said, "Yes, staff always say hello and check all is well generally." Healthcare professionals that we spoke with thought the staff team were caring. One said, "You're asking me in my opinion if the staff team are caring – I would say 'yes'. They do an awful lot here to support people, it's not an easy service."

Staff we spoke with clearly knew people well and they spoke in a positive, kind and thoughtful manner when they referred to people and their care and daily living arrangements. They consistently referred to people's rights and the importance of promoting them and made many similar comments to us about this. For example, one staff member said, "This is their home and their life, not ours; we are here to help them make the best out of life."

People and their relatives were informed and involved in their care and supported to make decisions about this in a way, which met their needs. Staff understood and promoted peoples' rights and known choices for their care and daily living routines. Staff understood people's known wishes and goals for the future and helped them to set achievable goals in relation to these. All of this information was recorded in people's care plan records. This was done in consultation with them and others who knew them well, such as their relatives and friends and regularly reviewed with them.

The service routinely sought, listened and responded to people's experiences and concerns or complaints made about the service. One person told us, "I moan from time to time about little things, but they have listened to what I had to say and helped me try and sort it out. Better than where I was before."

Advocates were not currently involved with people, but staff told us contact information would be made available if people needed it. An advocate is someone who represents and acts as the voice for a person, while supporting them to make informed decisions. We noted however, that IMCA's were involved with people at the service. IMCA stands for Independent Mental Capacity Advocate. IMCA is a new type of statutory advocacy introduced by the Mental Capacity Act 2005 (the Act). The Act gives some people who lack capacity a right to receive support from an IMCA.

People enjoyed privacy in their own bedrooms if they wanted to and had their own room keys to maintain their privacy. Staff knocked on people's doors and as we were talking to one person in their bedroom, a staff member knocked on their door and waited for a response. When the staff member realised that they were talking to someone, they apologised and said they would come back later. Everyone who was able to, could come and go as they pleased, although some were not able to because of the legal restrictions that applied to them. We saw people leaving the home to go out with friends and we also saw people who had chosen to independently visit and stay with relatives for a few days. That meant people's independence was promoted

and respected by staff at the service.

Most of the people living at the home were involved in the upkeep of their own bedrooms. We were shown a number of rooms by the people living there and when we asked who kept it clean, they all explained they did with the support of staff.

Good

Is the service responsive?

Our findings

People told us that when they moved into the service, the staff involved them with ensuring their care records were up to date and included all the information they needed to support them well. We noted that people's aspirations were recorded and included short term and longer term goals and outcomes. One person said, "I had to give them loads of information, cannot remember now, but it was a lot." People's needs had been assessed before they moved into the service and full comprehensive care plans and risk assessments had been put in place. These had been reviewed regularly, however, we found one person where this was not the case. We brought this to the attention of the registered manager, who said they would look into this and have the records updated as soon as possible. People were allocated key workers who were responsible for supporting and helping to plan their known daily living and preferred lifestyle arrangements.

People's mental health was monitored to ensure that further actions or support was not required. For example, for those people who were at risk of becoming aggressive while doing a particular task or participating in a particular activity. We saw evidence, and staff confirmed that they monitored and recorded this and when an issue had arisen, care plans were updated and additional measures were put in place.

People mainly sought their own activities, which included a wide variety of recreational pursuits and other interests. One person had attended a mindfulness group at the local NHS hospital which supported them to be more aware of their actions and the world around them. Another person enjoyed voluntary work at a local garden allotment. Other people enjoyed, for example, going to bingo, having meals out, visiting Beamish and going to football matches. Some people had attended courses or learning sessions. For example, one person had attended a computer course and another had gone to swimming lessons.

Staff had supported people to maintain contact with their family members where possible, including those that visited them at the service and visits to family member's homes. Staff told us that it was important to maintain family connections and ensure it was done safely and to the benefit of all.

People had items in their bedrooms that were important to them and each person was treated individually. One person showed us their DVD collection and took pride in showing us how many they had collected. They told us that staff had assisted them to be able to store the DVD's in their bedroom in a way which made them accessible. Staff told us, "We treat everyone in a different way, because they are different! No one is treated any better though than anyone else."

People told us they had choice. One person said, "We get to choose the food we like, but we can ask for something else if we don't like it." Another person told us, "I watch TV in the sitting room sometimes, but like to watch my own television most of the time. There is never any real problems, although there can be some disagreements from time to time on what to watch in the sitting room, but nothing major."

There had been no recorded complaints at the service since our last inspection. The registered manager

told us, "We do get some little niggles from people, but we deal with them straight away." People told us they were aware of how to complain if they needed to. One person confirmed that any issues that they had brought to the attention of the staff had been dealt with immediately. The registered manager confirmed that it might be useful to keep a record of verbal issues as well as written complaints, although they said that information was usually recorded in the daily records. This would be useful alongside a separate record with actions also recorded.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager employed at the service. The registered manager had worked at the service since its registration with the Care Quality Commission in April 2014, but had previously worked at the service under different providers since 2003. The registered manager was supported by a deputy manager who covered when they were not available. The service also had an emergency on call number to ensure that staff and people could always contact senior staff should the need arise.

The registered manager completed a number of audits and checks of the home, including medicine, health and safety and finance but these were not robust as not all areas of the management of the service had been monitored sufficiently. A new infection control audit had just been completed at the service by the registered manager, and they told us that the provider aimed to implement it across all other locations within the organisation. The registered manager showed us part of the new IT system which was going to be rolled out to monitor and quality check process within the service. They told us that they were going to be required to input all checks and audits made within the service and the new quality assurance staff member, along with the provider would monitor this. We were told that the new IT system would also include supervision and training details so that the provider could better monitor these too.

Issues that had been found through quality checks had not always been addressed by the provider. For example, the upkeep of the premises. We asked the manager about this and they confirmed they had reported concerns and were awaiting issues to be addressed. We saw the registered manager had reported issues of concern to the provider through reports but no action had been taken to rectify issues raised, particularly in regard to the premises.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they felt they could approach the registered manager at any time. One staff member said, "They listen when needed." Another staff member said, "They have been great, very supportive." People and their relatives told us that the registered manager was approachable and easy to talk to if they needed to. One person said, "If you need help, there is always someone there to help you, day or night." Regular meetings were held by the registered manager and the staff team. Discussions included, changes within the organisation, cleaning rotas, care planning and any issues or concerns around any individual living at the service. All staff had been asked to sign the minutes to confirm they had seen and read them.

The registered manager had asked all staff to read and sign people's care plans and other relevant paperwork, including policies and particular any risk. This ensured that staff were aware of people's needs and any risks were brought fully to the attention of staff to protect them.

People had completed regular surveys. Comments on the surveys included, "Give me privacy when needed"; "Caring"; "Good staff team" and "They [staff] are alright." Surveys were analysed by the registered manager

with actions acted upon if necessary. For example, one person had written that they wanted more handyman input, when asked how to improve the service. The registered manager had noted the action on the back of the survey forms - to discuss with the provider at their next meeting, although it was not recorded if they had completed the task. We did, however, speak with the registered manager about this, and they confirmed that this had been discussed with the provider.

People told us they had meetings at the home to discuss a variety of issues. One person told us, "They cover everything from what food we eat, to things that go on with the staff." House meetings took place regularly and we saw minutes to confirm that. The meetings included discussions about food, changes to the service, complaints and any other suggestions people may have had. There was evidence that people were listened to. People confirmed that staff helped them to bring about any change they wanted to make in a positive way. For example, one person told us of the additional support they had received to store their collection of CD's. One health care professional told us the staff at the home were responsive to suggestions and wanted to positively support people with their needs.

The registered manager had complied with their legal responsibilities to send the Commission all relevant notifications of incidents or accidents, although we noted one had been sent in slightly later than it should have been. We discussed this with the registered manager; they apologised and confirmed this would not re-occur.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had not maintained the premises and furnishings to a suitable standard for the people living in the service. Regulation 15 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not maintained suitable quality monitoring systems to address identified need in the service. Regulation 17 (2) (a) (b) (f)