

Christian Care Homes

Cedar House

Inspection report

249 - 251 Southend Road
Stanford Le Hope
Essex
SS17 7AB

Website: www.christiancarehomes.org

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Cedar House is a residential care home providing personal and nursing care for 33 people aged 65 and over. At the time of the inspection there were 32 people living at Cedar House.

People's experience of using this service and what we found

Although there were some areas of safe practice, people were not always safe. Not all medicines were securely stored to ensure people's safety. Where medication audits highlighted discrepancies, action plans were not in place to show how these were addressed and lessons learned. Risks to people were recorded but not in enough detail to evidence how these risks were to be reduced. Suitable arrangements were in place to safeguard people from abuse and there were enough numbers of staff available to meet people's needs. Recruitment practices were generally safe. The premises were clean and hygienic.

Staff did not receive training from an accredited trainer who had subject expertise. This meant there was a risk that the training provided would not be effective to make sure staff were knowledgeable and competent. Robust inductions were not in place for newly appointed staff. People were not always supported to have maximum choice and control of their lives. The dining experience was positive, and people were supported to eat and drink enough. The service worked together with other organisations and people were supported to access a range of healthcare services.

Though most people using the service and their relatives said staff were kind, our findings did not suggest a consistent caring service or a service that was always respectful and treated people with dignity. People were supported to express their views but where issues were raised, it was not always clear what had been done. However, people received good end of life care to ensure a comfortable and dignified death.

People did not always receive personalised care that met their needs. People were not routinely supported and enabled to follow their interests and take part in social activities. Improvements were required in relation to care planning. People's concerns and complaints were listened to.

Quality assurance and governance arrangements at the service were not reliable or effective in identifying shortfalls in the service. There was a lack of understanding of the risks and issues and the potential impact on people using the service.

We have made a recommendation about staff training and induction.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection. The last rating for this service was good (published 11 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Cedar House

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.

Inspection team

The inspection was completed by one inspector and they were accompanied by an Expert by Experience on the first day of inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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. The registered manager was for another of the provider's services.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and seven relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff and the registered manager, deputy manager and operations manager. We reviewed a range of records. This included four people's care records and seven people's medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has now deteriorated 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.

Using medicines safely

- Medicines were not securely stored for people using the service. Where people were prescribed a thickening powder to aid their swallowing difficulties and to minimise the risk of aspiration, safe storage was not maintained in line with the 'Patient Safety Alert: Thickening Powders' dated 2015. The tin of thickening powder was located on a trolley in the dining room and staff were not always present within the dining room. On the first day of inspection, a topical cream [with active ingredients] was located within one person's en-suite facility and not securely stored within the medicine trolley. This was immediately brought to the deputy manager's attention and action was taken to remove the topical cream. However, on the second day of inspection the topical cream was again left in the person's en-suite facility for people unauthorised to access.
- Although seven people's Medication Administration Records [MAR] viewed showed there were no discrepancies, medication audits for June and July 2019 confirmed there were medication inconsistencies. These related to people not always receiving their prescribed medication and numerous stock discrepancies. An action plan detailing how the discrepancies were to be addressed was not completed so that lessons could be learned.
- Arrangements were in place to ensure all staff that administered medication were trained and had their competency assessed.

Assessing risk, safety monitoring and management

- Risks assessments were carried out to identify the risks associated with people's care and healthcare needs. Information about risks and safety were not as comprehensive as they should be as they provided little information relating to how these risks were to be reduced and mitigated.
- Fire drill information showed not all staff had participated in a fire drill. Specifically, night staff had not participated in a fire drill since 2017.
- The provider's schedule of fire alarm tests recorded this should be completed at weekly intervals. Information available showed this had not been completed since 31 May 2019. The service's emergency lighting which should be completed at monthly intervals was last checked on 9 May 2019. Although fire extinguishers had been serviced, regular visual inspections to ensure these were not damaged had not been undertaken and recorded. We discussed this with the registered and deputy manager. They advised the service had been without a maintenance person for two months, but a new person had now been appointed.

Effective arrangements were not in place to mitigate risks for people using the service. Medication practices did not ensure people always received their prescribed medication and improvements were required to the security of medication. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Specific information relating to people's individual Personal Emergency Evacuation Plans (PEEP) were completed and in place. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. Two people using the service told us, "Yes, I feel safe here, but old." and, "I feel safe because there is always someone around." Relatives told us they had no concerns about their family member's safety and wellbeing. Comments included, "I feel mum is safe, [relative] is well looked after", "Yes, [relative] is very safe because there are always people around if they need anything" and, "[Relative] feels very safe and would tell me if they did not."
- Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse. Staff confirmed they would escalate concerns to a senior member of staff, the manager and external agencies, such as the Local Authority or Care Quality Commission. Staff employed at the service had attained up-to-date safeguarding training.
- Since our last inspection to the service in December 2016, one safeguarding concern had been raised. Though actions were taken to safeguard the person using the service, an internal investigation report was not completed to evidence lessons learned.

Staffing and recruitment

- People and their relatives told us there were enough staff available to meet their or their family member's needs. People confirmed their care and support needs were attended to in a timely manner.
- The deployment of staff was appropriate and there were enough staff to meet people's needs. Staff were seen providing care and support to people promptly, with call alarm facilities answered in good time.
- Minor improvements were needed to make sure required recruitment checks on staff were robust. Gaps in employment for one member of staff were not explored and only one reference had been sought.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the control and prevention of infection within the service. Staff followed the service's procedures to maintain a reasonable standard of cleanliness and hygiene within the service.
- The service was clean and odour free. People told us the service was kept clean and that they valued the domestic staff who were very friendly towards them.
- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records showed most staff employed at the service had received mandatory training in line with the organisation's expectations. The registered manager confirmed they, the deputy manager and another senior member of staff delivered training to staff in a variety of subjects. However, they had not trained as an accredited trainer to enable them to provide staff with training and did not have subject matter expertise to deliver this training safely. Therefore, we could not be assured that staff had been trained by a skilled and competent person.
- Most of the training provided was video-based and included a question and answer sheet to enable the person providing the training to assess staff's knowledge and understanding at the end of each training session. None of these were marked to confirm staff's scores and to satisfy the trainer of the effectiveness of the training provided and staffs understanding.
- Where staff had not attained a National Vocational Qualification [NVQ] or qualification under the Qualification and Credit Framework; and had limited or no experience in a care setting, not all staff had commenced or completed the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life. In some instances, the 'Care Certificate' had not been completed in a timely manner. For example, a member of staff who commenced employment in September 2018 did not complete their 'Care Certificate' until May 2019. A member of staff who commenced in post at the beginning of May 2019 had not yet started the 'Care Certificate'. The latter was confirmed as accurate by the deputy manager.
- Staff told us they felt supported and valued by the registered manager and deputy manager. Not all staff had received regular formal supervision. The staff member who commenced employment in September 2018 did not receive supervision until February 2019. We discussed this with the registered manager. They stated a discussion had been held with the staff member to make sure they were okay, but a record of this was not maintained. Supervision records recorded a list of topics discussed but provided little evidence of discussions relating to people using the service or staff's performance.

We recommend the registered provider seek independent advice and guidance to ensure robust systems are in place for induction, training and supervising staff.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed by the service prior to admission to ensure the service could meet these. The

assessment was reviewed and included people's physical, mental health and social needs.

- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the quality of meals provided was positive. One person told us, "The food is very good, and I enjoy it." Another person stated, "You can always have something different to eat if you don't like what they [staff] give you. I often prefer a jacket potato with salad and it is always enough for me. I suppose if I wanted something else, I could ask for it." Relatives were also complimentary about the meals. One relative told us their family member enjoyed the meals provided.
- Most people were able to choose where they had their meal, such as in the communal lounge or in the dining room. The dining experience for people was positive and people were able to have alternatives to the menu. Two people were observed to have a glass of alcohol with their meal. Where people required staff assistance to eat, this was done sensitively, and staff engaged with people well. People were not rushed to eat their meal and were able to eat at their own pace.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals were consulted for support and advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it and confirmed their healthcare needs were met. One relative told us, "I feel my relative's health needs are met. They [staff] let us know if any concerns arise."

Adapting service, design, decoration to meet people's needs

- People had access to a large communal lounge and separate dining area.
- People had personalised rooms which supported their individual needs and preferences. One person told us whilst they sat in their bedroom, "This is a lovely room, I love it." A relative confirmed they had been able to decorate their relative's bedroom when they were first admitted ensuring it was welcoming and personalised.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff asked for people's consent before providing care and support. However, improvements were required to make sure people were offered choice. This referred to people not always being given a choice of drinks or biscuits. People were very often given a drink based on staff's knowledge of the people they supported

rather than their personal preferences. People were handed biscuits despite there being a choice of four different biscuits.

- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and DoLS.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Where people were deprived of their liberty, applications had been made to the Local Authority for DoLS assessments to be considered for approval and authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People's comments about the quality of care received were generally positive. Comments included, "My care is very good, staff will always help you if you need it", "Staff will always help me, if I ask them to" and, "Staff are very kind and caring, if not I would soon say, I can speak for myself." However, several people using the service stated staff did not always have the time to sit and talk with them. One person told us, "Staff do not have time to have a chat." Another person stated, "Staff sometimes will come in and talk, but not much, only if I need help."
- The care provided for people by staff was variable. Some staff interventions were very good, and we observed many examples whereby people were treated with kindness and compassion and had a good rapport with the people they supported. Other interactions were task orientated, were not person-centred and did not always focus on people's wellbeing and comfort.
- Staff did not always understand the importance of making sure staff had the time to give people support in line with their care needs. For example, the care plan for one person recorded them as requiring support to have their continence needs met at regular intervals throughout the day. On the second day of inspection the person was observed to not receive any support to have their continence needs checked or continence products changed for a continuous period of over five and a half hours. The same person's care plan referred to staff engaging in conversation with this person as often as possible. On the first day of inspection, the only time staff interacted with this person was during a task, for example, when offering a drink, assisting them with their lunchtime meal, and supporting them with their manual handling needs. During both days of inspection staff did not attempt to engage this person in social activities or to sit and talk with them.
- One person who had a sensory impairment and who remained in their bedroom whilst sitting in a comfortable chair, did not have their call alarm facility close to hand. When asked where it was, they told us it was by their bed. We pressed the call alarm facility to make sure it was working. A staff member arrived promptly. They were advised that the call alarm facility had remained by the person's bed and not where the person was sitting. The staff member told us, "We keep reminding [name of person using the service] to have it near them but they forget." The person's care plan did not provide an instruction for staff to ensure this was always placed by the person. This was not an isolated case.

Supporting people to express their views and be involved in making decisions about their care

- Staff did not always explain things clearly or in a way that could be easily understood. A member of staff was observed to ask one person what they would like to eat for lunch. Though the person was verbally offered two meal choices, it was evident they were unable to make a choice as they did not understand and

were unable to process the information provided as they were living with dementia. We discussed this with the member of staff and enquired if there were any communication aids available to assist them to enable the person to make an informed choice. The member of staff confirmed there were and promptly went to get these, stating, "Of course you are so right, I'd forgotten we had these."

- People had been given the opportunity to provide feedback about the service through the completion of a questionnaire in July 2019. Comments recorded were positive and included, "A lovely afternoon at the garden party. Everyone well cared for and included. Staff working hard to make a lovely occasion" and, "We both want to book our rooms here when we're incapable of looking after ourselves."

Respecting and promoting people's privacy, dignity and independence

- Improvements were required to ensure people living at Cedar House were treated respectfully. For example, people were not routinely offered a choice of drinks or biscuits during mid-morning and mid-afternoon refreshments.
- People's privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing was coordinated, and people were supported to wear items of jewellery.
- People were supported to maintain and develop relationships with those close to them. Relatives confirmed there were no restrictions when they visited, and they were always made to feel welcome. One relative told us, "We can visit at any time and made to feel welcome."

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 as good. At this inspection this key question has now deteriorated to requires improvement.

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; End of life care and support

- Since our last inspection to the service in December 2016, an electronic care planning system had been introduced.
- Although people had a care plan in place detailing their care and support needs, some information recorded was contradictory and not always accurate. The care plan for one person stated they were able to eat independently. This was not accurate as on both days of inspection the person was supported by staff with their lunchtime and teatime meals.
- Risks to people were recorded. Depending on the risk score attained the electronic care planning system recorded, "Please link to a care plan need". There was no information recorded to show for one person that additional care plans had been generated as stated. Though further improvements were required, staff demonstrated they knew people and their needs well.
- Though one person did not want to discuss their end of life wishes and preferences and staff respected this, an end of life care plan was not completed depicting how their needs were to be met and followed by staff.
- We found no evidence to suggest that people who required end of life care support received poor care. The relative of one person who had recently passed away told us, "The quality of care provided for [family member] at Cedar House was excellent, the staff were kind, caring and compassionate. Not only did they provide excellent care for [family member], they supported me. I was supported to stay here at Cedar House, provided with meals and drinks."
- The service worked with healthcare professionals, including the local palliative care team, to provide good end of life care.
- Though people knew there was information written about them, people confirmed they had not seen their care plan. Some relatives told us they had seen their family's care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were not always supported to follow their interests or encouraged to take part in social activities relevant to their preferences. One person told us, "I just sit here and watch television or go into the garden when [family member] visits." Other comments included, "I stay in my room a lot, not much goes on here" and, "I get bored, nothing going on today."
- One relative told us, "I would like to see more activities here. I always think interaction stimulates the brain and [family member] has a good brain but is vegetating. They [people using the service] just need some

interaction here, even some music would be good." Another relative stated, "The bug bear we have is the activities, the activities person only does a few hours. The television is on all day and there is very little stimulation."

- Observations on the first day of inspection concurred with people's comments. No social activities were offered to people using the service or facilitated by staff throughout the day and there was an over reliance on the television within the main communal lounge.
- On day two of the inspection, two members of staff at different times during the day, momentarily interacted with people in the communal lounge. This was to play a ball game and to sing and dance. However, neither activity lasted more than 10 minutes. Again, there was an over reliance on the television within the main communal lounge.

Suitable arrangements were not in place to ensure people using the service had the opportunity to participate in social activities that met their needs. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We did not see enough evidence of how the Accessible Information Standard had been applied. The activity programme and menu were not in an easy read or large print format to enable people with a disability, living with dementia or sensory loss to understand the information.

Improving care quality in response to complaints or concerns

- People and their relatives felt able to raise issues with the service. One person told us, "I would know how to complain, but my relative would do it for me." A second person stated, "I have not complained about anything, I would if I had to." A relative advised they were confident their member of family would know how to complain.
- Since 1 January 2018, the service had received five complaints. A record of each complaint was recorded. However, one complaint detailed an investigation would be undertaken. No investigation was undertaken and when discussed with the registered manager, they confirmed this was accurate. A rationale for the discrepancy was not provided.
- Compliments were available to capture the service's achievements.

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 as good. At this inspection this key question has now deteriorated to requires improvement.

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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- Systems were in place to assess and monitor the quality of the service provided. However, the checks in place were not as effective as they should be or sufficiently robust. These arrangements had not identified the shortfalls highlighted as part of this inspection.
- Information already highlighted within this report showed not all medicines were securely stored to ensure people's safety. Risks to people were not sufficiently detailed to evidence how any risks were to be reduced. Night staff had not participated in fire drills and environmental fire checks were not completed each month. Staff did not receive training from an accredited trainer and inductions for staff were not robust. The monitoring of staff care practices were not effective. Whilst some staff practices and interactions were very good, others were task orientated and not person-centred. People were not supported to take part in regular social activities. These areas were not picked up by the registered provider's quality assurance arrangements.
- Audits were completed in key areas; but were not always undertaken in line with the provider's timescales and action plans detailing corrective steps taken to make the required improvements were not recorded. For example, monthly care plan audits did not state which ones were out of date or the actions taken to rectify this. Though a monthly falls audit was conducted detailing the number of falls, a robust analysis of the information was not completed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place for gathering people's views of the service. This was completed for the period December 2018 to January 2019 and showed 17 people had responded to the questionnaire. The findings showed most people were either, "very satisfied" or "satisfied" with the level of service provided. Where people were less than satisfied, an action plan was not completed detailing how these areas were to be improved.
- Meetings were held for people living at Cedar House. This was to enable them to have a voice, to feel involved and to provide on-going support and information. Most meetings discussed people's views about social activities, but there was little evidence to demonstrate how these were being progressed. Meetings for

people's relative or those acting on their behalf were less frequent. The last meeting was held in December 2018.

- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Staff told us they had a 'voice' and felt empowered and able to discuss any topics, including areas for improvement or concern. The meetings were also used to provide workshops for staff.

Effective robust arrangements were not in place to monitor the service and identify and address shortfalls. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new manager had been in post at Cedar House since October 2017 and formally registered with the Care Quality Commission in August 2018. The registered manager was also the registered manager of another service owned by the provider. They told us they and the deputy manager divided their time between both services, including working every other weekend.
- People confirmed they knew who the registered manager and deputy manager were.
- The registered manager and deputy manager were aware of their roles and responsibilities, aware of the Key Lines of Enquiry [KLOE] and regulatory requirements.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support care provision.

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 Some care planning information was contradictory and not always accurate. People were not always supported to take part in social activities.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective arrangements were not in place to mitigate risks and medication practices did not ensure people received their prescribed medication and improvements were required to the security of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Robust arrangements were not in place to identify and address shortfalls.