

Minster Care Management Limited

Attlee Court

Inspection report

Attlee Street
Normanton
Wakefield
West Yorkshire
WF6 1DL

Tel: 01924891144

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection was carried out on 10 and 17 January 2019 and was unannounced on both days. We had previously inspected the home in September 2018 and rated it as 'requires improvement'. This was because there were continued breaches in regulations for safe care and treatment, and good governance. At this inspection we identified there were still two continuing breaches, in safe care and treatment, and good governance.

Attlee Court is a 'care home' for up to 68 people. The home was divided into two units; dementia care upstairs, with nursing care and residential care combined downstairs. At the time of the inspection there were 35 people in the home and there was a measured approach being taken by the provider for ensuring gradual admissions. People in care homes receive accommodation and nursing or personal care as a single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who had been at the home since April 2018. 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.

Staffing levels were acceptable, although staff were not always effectively deployed. Where agency staff were used, their identity checks and induction were not always completed and this had been a concern at the last inspection, which had not been sufficiently addressed.

Staff were patient, kind and caring. People's dignity was respected and people did not have to wait for staff to assist them when required. We saw activities taking place and staff spent time with people in between supporting their physical needs.

We found care documentation was still in the process of being transferred to electronic records, and there was still a lack of consistently completed information to enable staff to have a thorough understanding of people's care needs.

We found continuing concerns regarding risks to individuals, which were not always recognised, documented or managed safely. Accidents and incidents were recorded but there remained poor management oversight, analysis or investigation of these to identify potential or recurring themes.

Staff understood safeguarding and whistleblowing procedures and they were confident to raise any concerns. However, not all safeguarding concerns had been appropriately referred to the safeguarding authority.

There were weaknesses in the systems and processes for managing medicines.

People's mental capacity was appropriately assessed and where people had Deprivation of Liberty Safeguards in place, these were followed up with the local authority to ensure they remained valid. Decisions recorded as being in people's best interests needed reviewing.

People enjoyed the meals. There were individual diet sheets kept in the kitchen but these were not in place for everyone and were not always accurate or up to date. People had suitable access to drinks. However, people's fluid intake was still not consistently recorded or managed. There was limited evidence of monitoring by senior staff or what action was taken when people's food and fluid intake was poor.

At the last inspection we had seen some limited evidence of emerging quality assurance systems. However, we did not yet see sufficient evidence these were robustly embedded. There were continued weaknesses in the leadership and management of the home, although the supporting management structure was being strengthened to effect clearer oversight moving forward.

The overall rating for this service continues to be 'requires improvement' and the service therefore remains in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration. For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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.

We saw systems were in place to manage risks to people although some areas of risk management needed to improve.

There was a continued lack of robust checks made of agency staff identification.

There were some weaknesses in the management of medicines.

Is the service effective?

Requires Improvement ●

The service was not always effective.

People enjoyed the meals and had continuous access to drinks but not all people's dietary needs were known or documented.

Staff's skills and knowledge were supported through training and had an understanding of the legislation regarding the Mental Capacity Act and people's rights.

Some information regarding decisions made in people's best interests, needed reviewing and updating.

Is the service caring?

Good ●

The service was caring.

Staff were very kind, caring and friendly.

People said they felt staff cared and there were supportive relationships between staff and people.

People's dignity and privacy was respected.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Information about people's care was recorded between both electronic and paper systems and not all information was

accurate or easily accessible to staff.

People enjoyed meaningful activities and staff knew people well.

There was a complaint procedure which was known by people and their relatives.

Is the service well-led?

The service was not well led.

There were some signs of continued improvement since the previous inspection but not enough action had been taken to address the breaches or embed robust systems to monitor the quality of the service.

People, staff and relatives said they were confident in the way the service was run.

Inadequate 

Attlee Court

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 checked 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 10 and 17 January 2019. The inspection was unannounced on both days. The inspection team comprised of three adult social care inspectors on the first day and two adult social care inspectors on the second day.

We reviewed all information about the service including information sent to us by the provider as well as liaison with stakeholders including the local authority. We had not asked the provider to complete a Provider Information Return (PIR) prior to this inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 8 people who used the service, three relatives, six care staff, the cook, laundry staff, maintenance staff, administrative staff, the registered manager, the deputy manager, the regional manager, the operations manager and the nominated individual. We looked at four care records and a further five records relating to people's specific health needs. We looked at records to show how the service was run. We looked at premises and equipment and documentation relating to the safety of these.

Is the service safe?

Our findings

At the last inspection the rating for this domain was 'requires improvement' and there was a continued breach in regulation 12 because people's care was not safe enough. At this inspection we found not enough action had been taken to ensure the breach was addressed.

Since the last inspection the provider had appointed a clinical lead who was also the deputy manager and was supernumerary in the home. They told us recruitment was ongoing to ensure a further nurse and two care staff were appointed. We spent some time observing staffing levels and how staff were deployed. Staff on the dementia care unit were deployed well to meet people's individual needs. There were sufficient numbers of staff to ensure people did not have to wait long for staff attention. However, we found during the early morning, on both days of the inspection, staff lacked direction on the ground floor units and deployment was disorganised for a time. For example, on one of the days a nurse had phoned in sick and it was a considerable length of time before a replacement nurse was available. The night nurse continued into the day shift and began to support people with their morning medicines, but we asked the management team to intervene as we were concerned this nurse may be over tired. The clinical lead assured us an agency nurse had been requested and they agreed to take over the medicines round in the meantime.

We checked a sample of staff files and saw although some staff were suitably vetted before working in the home, there was information missing from one file we reviewed. This file contained a blank application form and no robust evidence of employment history discussion.

We found continued concerns regarding the use of agency staff. When we checked a sample of records for agency staff listed on staff rotas we found no agency profiles or induction evidence was available for these staff. On the first day of the inspection we saw an agency worker arrived and staff did not verify their identity. We spoke with the agency worker and they told us it was their first day at the home and they had not been given any information, other than where to hang their coat. They told us they were experienced in care and would consult with staff before supporting any individual. However, they had not been informed about risks to individuals or within the service, such as what to do in the event of an emergency. The clinical lead nurse told us they would address this issue as a priority. They said once recruitment of new staff was complete this should reduce the need for agency staff in the home.

Staff we spoke with knew people's capabilities and risks. Staff were knowledgeable and confident to identify the signs of possible abuse and to report this without delay. We saw where staff supported people with moving and handling, this was carried out safely and with reassurance for the person concerned. The registered manager told us they had continued to use the 'resident at risk report' for staff to refer anyone who had an identified risk.

We saw systems were in place to manage risks to people. For example, two people were known to be at high risk of aspiration so all their food and fluids were given to them by a nurse. Where people were assessed as being at high risk of falling we saw technology was used to reduce the risk with equipment such as sensor mats and falls pendants. The electronic care system prompted staff to make sure checks were carried out at

regular intervals to keep people safe. For example, we saw records which showed where people were at high risk of developing pressure ulcers, they were regular repositioned and checked by staff. Where people's fluid intake was being monitored, daily target input was stated and amounts were recorded and totalled each day. Similarly, people's food intake was recorded, however, we found some of these entries needed more detail to reflect the quantities of food consumed. It was not apparent from the food and fluid records we reviewed how these were being monitored by senior staff or what action was taken when people's food and fluid intake was poor. The clinical lead assured us this would be dealt with promptly.

We found some areas of risk management needed to improve. For example, we found one person in the lounge sat on a pressure relieving cushion which was deflated as it had not been plugged in. We observed they had been sat on the deflated cushion for 45 minutes and although staff had been in and out of the lounge no one had noticed the cushion was deflated. We brought it to the registered manager's attention and they arranged for staff to transfer the person to a wheelchair with a pressure relieving cushion whilst they attended to this. Day staff told us the night staff had got the person up and said that was why they had not noticed that the cushion was not plugged in.

At the last inspection we found the laundry room was unattended and open, with a very hot ironing machine left on. At this inspection we saw there had been measures put in place to ensure the door remained locked.

On the first day of the inspection when we arrived we found soiled and dirty laundry piled up in laundry bins outside the laundry room and more bags inside. Staff told us the washing machine had been broken for eight weeks and they were waiting for a part to be fitted. This left only one washing machine in use. When we brought this to the provider's attention they took action to address the issue but this situation had lacked robust oversight and posed an infection risk. We referred this to the infection prevention and control team. When we returned on the second day the laundry was well organised and both machines were working.

Accidents and incidents were recorded but there was no evidence of any scrutiny about the cause of these. We saw records of unexplained bruising without further information about what had been done to establish the reason or make appropriate referrals to the safeguarding authority. There had been some incidents which should have been notified to CQC but were not. The clinical lead gave assurances these would be reviewed and all notifications would be submitted without delay.

We looked at medicines on all three units. Although the majority of medicines were stored safely and securely, there were inconsistencies in the storage of thickening agents (these thicken food and fluids for people with swallowing difficulties). For example, although some thickeners were stored securely, we saw others were not. Information available to staff about the amount of thickener to use was not easily accessible. For example, this was not recorded on the medicines administration record (MAR) and information about how the person took their medicines did not always reflect the person needed their drinks thickening. For some people there was information about the amount of thickener to use on the electronic care system; but not for others. The clinical lead nurse told us they would address these issues.

Some people were prescribed 'as required' (PRN) medicines. There were protocols in place to guide staff in how to administer some of these medicines, however for others there was no guidance available. This meant people prescribed medicines in this way were at risk of not being given them safely or consistently. The clinical lead nurse told us they were in the process of reviewing and updating all the PRN protocols.

Staff told us no one received their medicines covertly (hidden in food or drink). However, care records for one person stated they could be given their medicines covertly if they refused to take them after a number of attempts. This information was not included in the person's MARs. There was a letter from the person's GP

confirming medicines could be given covertly as a 'last resort'. However, there was no mental capacity assessment or best interest decision recorded for the use of covert medicines and no evidence of any pharmacist advice about how medicines could be given safely this way. The clinical lead nurse told us they had not needed to give medicines covertly as they managed to encourage the person to take their medicines. However, they acknowledged that this information needed to be in place in case a situation arose where medicines had to be given covertly. They said they would address this straightaway.

We found the majority of MARs we looked at were well completed and showed people were receiving their medicines as prescribed. Where medicines had not been administered the reason why was recorded. However, we found one person had not received one of their morning medicines; the staff member acknowledged they had not checked the MAR correctly and had missed this medicine. They took appropriate action and rang the person's GP for advice. Another person was prescribed a controlled drug (CD); the MAR had been signed and our stock check showed the medicine had been administered. However, the controlled drug register had not been fully completed and was only signed by one staff member which showed the correct procedure had not been followed. The clinical lead told us they would address this with the staff member concerned. Other CDs we checked were correct and the CD register had been completed fully.

We concluded there was a continued breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Senior care staff and nurses administered medicines and those we spoke with confirmed they had received up to date medicines training and had their competency assessed. The clinical lead nurse told us they had introduced a competency based induction for nurses and senior care staff. We observed staff administering medicines to people were kind and patient, giving people the assistance they needed and time to take them.

Monthly medicines audits showed issues were being identified and addressed. The clinical lead nurse had identified improvements were needed and had implemented daily medicine audits to provide more frequent monitoring so issues could be identified promptly and addressed.

Is the service effective?

Our findings

At the last inspection this domain was rated 'requires improvement' we identified a breach in relation to safeguarding because Deprivation of Liberty Safeguards (DoLS) were not in date. At this inspection we found the provider had taken action to address the issue.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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. We found there had been sufficient action taken to ensure people's DoLS were updated. Staff had sufficient understanding and awareness of how to ensure people's rights were protected and promoted.

We saw when staff were providing support to people they explained what they were proposing to do and gained their consent before proceeding.

Care records showed where people lacked capacity to make certain decisions a mental capacity assessment and best interest decision was recorded. The clinical lead had identified some of these required reviewing and updating.

Staff told us they completed regular training and we saw evidence the care certificate was being completed. The registered manager told us they were in the process of scheduling supervision meetings and staff we spoke with said they felt supported by their line manager and by the registered manager.

People had appropriate referrals to health and social care professionals when needed. People told us they saw their GP or chiropodist when they needed to.

Some people told us on the first day of the inspection, they had not been offered a drink in the early morning, although staff responded promptly once we alerted them to this. We saw people had access to drinks in their bedrooms. Staff offered drinks to people at regular intervals throughout the day and there were drinks replenished in lounge and dining areas. Staff communicated well with one another regarding who needed support with eating and drinking.

We observed breakfast and lunch in the dining areas. Tables were laid with cloths, napkins, condiments, water jugs, glasses and cutlery. People were asked if they wanted a clothes protector and helped to put

them on. Food was served from a hot trolley. People were offered a choice of meals and staff provided any assistance and support people needed with eating and drinking. The food looked appetising and people we asked said they enjoyed their meal. Hot and cold drinks were offered; one person said they would like a beer and this was provided. Meals were plated, covered and taken on a tray, with a drink, to people who chose to eat in their rooms.

Menus followed a four week rota and offered two choices at each meal. The cook said other alternatives were also available such as omelettes, sandwiches and salads. We saw there were plentiful supplies of fresh, frozen, packaged and tinned food.

Our discussions with the cook on the first day of the inspection, showed they were not fully aware of people's dietary needs and although there were individual diet sheets kept in the kitchen these were not in place for everyone and were not always accurate or up to date. For example, the cook told us there was one person who had a gluten free diet. There was no diet sheet for this person. The cook said the person had not been able to have sausages at lunch time, so had had the other option. When we asked had they any gluten free foods such as sausages that they could offer, they said they had not thought of that but would look into it. The cook told us there were no one who required a diabetic diet; care records showed three people were diabetic, yet this was not reflected on the diet sheets. The cook told us no one required a fortified diet, yet the diet sheets showed one person did. When we returned on the second day the clinical lead nurse told us all the dietary sheets had been updated.

Is the service caring?

Our findings

At the last inspection this area was rated good and remained good at this inspection.

People and relatives told us staff were kind and caring. One person told us the staff were lovely and said they had no complaints. A relative told us they thought their family member was well looked after and said staff kept them informed of any changes. They said, "I'm satisfied with everything. Staff are very good, they love [my family member]."

We observed staff were kind and caring in their interactions with people. They were friendly and cheerful, acknowledging people when they saw them and asking how they were and whether they needed anything. We saw many of the staff knew people well and had developed positive and friendly relationships with them. We saw one person held their arms opened wide and with a big smile hugged a staff member who they were clearly delighted to see. We saw another person was becoming very agitated with staff when they wanted to help the person change their clothes. Another care staff member approached the person and with a cheerful smile and lovely manner, explained things and managed to persuade the person to go with [them] to get changed.

Bedrooms were personalised and clean and there were names and pictures on bedroom doors. People who were nursed in bed looked comfortable and we saw staff were attentive with regular checks.

Staff we spoke with told us they were aware of how to promote people's dignity and privacy. We saw this in practice on most occasions, for example when moving and handling, staff ensured people's clothing was adjusted so as not to unnecessarily expose them.

People were supported at a pace they determined themselves and staff respected this, providing care and support without people feeling rushed. Staff caring for people living with dementia were sensitive and understanding of people's needs and they were patient when repeating information which had been forgotten. We saw staff tried to encourage one person to have some lunch, but the person said they were not interested unless the member of staff had some. We heard the member of staff say, "I'll have a bit of summat if you will then" and they chose a table to sit at together.

Staff knew people's personal preferences and involved them in discussions about their care. We saw staff took time to make sure people's needs were met. One person said, "Staff know me and what I like doing. They know when I like a bit of peace and quiet and when I want company." One relative we spoke with said, "They make me feel so welcome whenever I come. I can even stay for my dinner if I like. Nothing is too much trouble for them."

Is the service responsive?

Our findings

At the last inspection we rated this domain 'requires improvement' because some aspects of people's care records were not accurate or up to date. At this inspection we found the service was still in need of improvement in this domain. This was because although we observed staff were responsive to people's needs and provided them with the care and support they required, this was not always reflected in the care records.

At the time of our inspection the service was still using a mixture of paper and electronic care records. The registered manager told us the intention was for all care records to be on the electronic system but this had not yet been achieved.

Care records we reviewed were not always up to date, sometimes had contradictory information and did not always reflect people's current needs. For example, a hygiene care plan for one person showed they required a stand aid to transfer, yet this was not reflected in their moving and handling assessment or mobility care plan. Handover notes stated this person was diabetic, yet there was nothing recorded about this in their care notes. When we asked the registered manager they told us the person was diabetic and could not explain why this was not in the care notes. Yet when we asked a nurse they said they had checked with the person's GP and the person did not have diabetes. The care plans showed this person sometimes displayed behaviour that challenged others and when this happened it was to be recorded on a behaviour chart. The most recent review in December 2018 showed the person continued to display this behaviour. We saw the last entry on the paper behaviour charts was dated September 2018 and there was no information about this on the electronic records. We asked the registered manager who said they did not know where this would be recorded.

We looked at wound care records for six people who had a pressure ulcer or wound. We found shortfalls in three as there were no clear treatment plans to show what dressing should be used or how often they should be changed and not always photographs of the wounds. Where treatment plans were in place these were not being followed and it was not clear whether the wound was healing or not. For example, one person's wound record stated on 7 January 2019 they had an 'open wound to sacral cleft' and specified the dressing to be used. The record stated the wound was to be reviewed daily. The only other entry was dated 14 January 2019 which stated the wound was 'sloughy' and stated it needed to be reviewed on 16 January 2019. There was no evidence to show this had been done. Another person's wound record stated on 5 January 2019 the person had a skin tear to their buttock. The record showed the dressings to be used and to be redressed every two days. The next entry was five days later, an entry two days after this showed a different dressing was applied as they were waiting for dressings from the GP. On 15 January 2019 it was noted the wound was 'really moist' and a dry dressing had been applied. There were no photographs of this wound and no clear treatment plan. We showed these records to the clinical lead nurse who agreed these were not acceptable and said they would review people's wounds and all of the wound documentation to ensure people were receiving appropriate care.

Details about end of life care needs were not always documented clearly, although staff we spoke with

understood how to provide compassionate care and consider individual people's wishes.

The home employed activity organisers and we saw activities taking place on both days of our inspection. On the first day people in lounge enjoyed a game of musical bingo. The activity organiser who was running the session made sure everyone was included, going around checking their bingo sheets with them, chatting about the songs and making people laugh. On the second day another group activity took place in the lounge and we could hear people joining in and laughing as they tried to remember well known sayings. We saw a group of people enjoyed a game of dominoes with snacks and drinks and there was plenty of conversation and friendly banter.

We noted one person was unable to communicate verbally and we saw they struggled to make their needs known to staff. At previous inspections we had seen the person used a visual picture book to indicate their needs. We asked the management team to consider how the person's needs could best be met by improving their communications system. They agreed to consider ways in which this could be done.

There was a calm atmosphere on the dementia unit with soft music playing. Staff moved round the unit at a gentle pace encouraging people to feel relaxed.

Systems were in place to manage complaints. The complaints procedure was displayed in the home. Records we saw showed complaints received since the last inspection had been investigated and responded to appropriately.

Is the service well-led?

Our findings

At the last inspection we rated this domain 'inadequate' because we found there were weaknesses in how the service was being managed, with continuing breaches in the regulations. At this inspection we found there were some improvements, but still some areas of concern and not enough had been done to ensure breaches in the regulations had been addressed.

Since the last inspection there had been some changes to the provider's supporting management team and there was a new regional manager in post. The provider had also appointed a new deputy manager whose role was to provide clinical leadership within the home. This clinical lead nurse was supernumerary and therefore had responsibility for the oversight of people's nursing care needs. Where they had identified some areas to improve we saw they had begun to take action. We spoke with the director who told us they had responded to the issues of the previous inspection by strengthening the support for the registered manager, although they recognised the impact of this role was only beginning to be seen.

The registered manager told us the home had continuous support from the regional manager, who visited regularly. However, we looked at the registered manager's file and found their induction record had not been fully completed and there was only limited documented evidence of visits to support their role development. The regional manager told us the support had been in place and would ensure the documentation reflected this more accurately.

Staff told us morale continued to improve and said the registered manager was approachable and they appreciated the open door policy. We found the registered manager continued to be visible in the service and conversations we had with people, staff and visitors were positive regarding how they ran the home.

Quality and safety checks had improved but there were still continuing weaknesses, such as no checks on sensor mats. More consistent and robust records of audits were in place but these still contained some gaps in information. Agency staff documentation was still not up to date to evidence how their identity was checked and there was incomplete documentation to show whether qualified nurse registration numbers were verified and in date.

Internal communication was not always consistent or clearly referenced. For example, we saw handover information from each shift contained key information about each person. These identified three people were MRSA positive. We looked at the care notes for one of these people which confirmed they had MRSA, however there was no information in the care plan about this. We asked the registered manager who told us none of the three people were MRSA positive and advised us to speak with the nurse. We spoke with the nurse who confirmed all three people were colonised with MRSA (which means they carried MRSA but were not infected). The nurse told us the infection precautions that were in place. We saw the home had a detailed policy on MRSA infections.

Staff meetings and flash briefings continued to be held and the management daily walkarounds had improved in frequency and were documented more clearly. There was improved evidence of checking,

cleaning and monitoring of equipment to ensure it was safe for people to use. However, there was a lack of evidence to show how the repair to the washing machine, which had been out of action for eight weeks, was being chased up. There was no detailed contingency in place for the equipment failure and no monitoring of the impact or risks this had on the service.

Accident and incident recording continued to show conflicting information and there continued to be a lack of scrutiny of events which had occurred. Statutory notifications to the care quality commission as required. The provider made a prompt response to CQC between the days of the inspection to show they were taking action where needed.

We found there was evidence of some improvements since the previous inspection. However, we also identified continued concerns which had not been sufficiently acted upon. The director assured us they were continuing to ensure the home made progress and said they were confident the additional strategies put in place would bring about the necessary changes.

We concluded there was a continued breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	There were continuing weaknesses in the assessment and mitigation of risks to people.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems and processes for assuring the quality of the provision were not robust.
Treatment of disease, disorder or injury	