

Diomark Care Limited

Belmont Lodge Care Centre

Inspection report

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Date of inspection visit:

20 July 2016

21 July 2016

22 July 2016

03 August 2016

Date of publication:

08 November 2016

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

This inspection took place on 20, 21, 22 July and 3 August 2016.

Belmont Lodge is registered to provide accommodation with personal care to up to 46 older people. People may also have needs associated with dementia. There were 40 people receiving a service at the time of our inspection.

A registered manager was 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.

At our inspection of August and September 2015 we found that the provider was not meeting the requirements of the law in relation to the training, support and deployment of staff, people's nutrition and hydration, care planning and good governance.

At our inspection of July and August 2016 we established that sufficient improvements had been made in some areas and further progression was still needed in others. The need for further improvements and the identified areas of risk were of concern because the management of the service had not used the quality assurance systems effectively to continually improve the service for people. Further failings had been identified in areas that were not failing at our 2015 inspection.

The provider's quality assurance system, although improved needed further development to ensure that all aspects of shortfalls in the service were captured and addressed on an on-going and sustained basis. The provider responded promptly where we identified concerns in the service. However, our concern remains that the improvements were not identified and actioned by the provider's own systems. As part of this inspection process, we met with the provider to discuss their retrospective action and to get their assurances on continued compliance. We were assured that action was being taken swiftly to address shortfalls in the service to ensure people's safety and wellbeing.

Systems to manage medicines and risk for people living and working in the service needed improvement. While staff support systems had improved, areas of staff practice were not always safe, respectful and person centered. Records, both in relation to the quality of the information they contained and to their secure storage, needed further attention. Improvements were needed to ensure that all aspects of people's care needs were documented to provide guidance for staff on meeting people's needs.

Improvements were noted to the management of risks to the environment and the running of the business so as to ensure people's safety since the last inspection. People were supported by increased numbers of staff who were more effectively deployed to meet people's needs. People were supported to participate in a wider range of social activities that interested them and met their needs. Improved information on available

activities and meal choices in an accessible format was arranged for people during the inspection.

People's care was planned and reviewed with them or the person acting on their behalf. Arrangements were in place to support people to gain access to health professionals and services. Visitors were welcomed and relationships were supported.

People felt able to raise any complaints and felt that the provider would listen to them. Information to help them to make a complaint was readily available.

People knew the registered manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided and be listened to.

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.

People's medicines were not always safely managed. Systems to manage risk for people living in and working in the service were not always safe.

Recruitment records were inconsistently completed and so did not demonstrate that robust procedures were in place.

The provider had systems in place to manage safeguarding concerns. Staff did not always recognise and report unsafe practices.

There were enough staff to meet people's needs safely and improvements were noted to staff deployment.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff were provided with training and on-going supervision but this was not always reflected in staff practice.

Clarity was needed regarding people's ability to make decisions and to ensure their rights relating to consent were supported.

Improvements were needed so that people were supported to eat and drink sufficient amounts and enjoy the mealtime experience. People had access to healthcare professionals when they required them.

Requires Improvement ●

Is the service caring?

The service was not always caring.

People were not always listened to or treated with consideration. People's dignity was not always respected.

People were involved in the planning of their care and their relationships were supported.

Requires Improvement ●

Is the service responsive?

The service was not consistently responsive.

People's care records still needed improvement and further guidance was needed for staff to ensure people received person centred care.

People had improved opportunities for meaningful social activities.

People were confident that they could raise any concerns and that they would be listened to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Leadership needed strengthening to ensure that actions to improve the service were fully implemented in practice and sustained.

People who used the service and staff found the registered manager approachable and available.

Opportunities were available for people to give feedback, express their views and be listened to.

Requires Improvement ●

Belmont Lodge Care Centre

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.

The inspection visit was undertaken by two inspectors on 20 and 21 July and 3 August 2016 and by one inspector on 22 July 2016.

Before the inspection we reviewed the information we held about the service including notifications received from the provider. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law. 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 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.

During the inspection process, we spoke with 13 people living in the service and two visiting healthcare professionals who had regular contact with the service. We also spoke with the registered manager, the deputy manager, the provider's representative and seven staff working in the service. We also met with the service's management team after the inspection.

We looked at 13 people's care and 16 people's medicines records and records relating to eight staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

Improvements were needed to protect people against risks in relation to medicines management and individual risks relating to moving and handling.

Suitable equipment was not always used to keep people safe. Staff moved one person in a wheelchair that did not have footplates in place for the person to rest their feet upon. This meant that the person's feet were at risk of skin damage or entrapment injury. We saw staff assist people to stand up by holding them by the arms or by lifting them under the arm. After drawing this to the registered manager's attention, improvements were noted by the end of our inspection. Although action was taken we reported this incident to the local safeguarding authority who are responsible for investigating circumstances where people may be at risk.

Equipment was not always used properly where people were assessed as at high risk of developing pressure ulcers. One person's pressure relieving mattress was set for a person weighing 125Kg while the person's records showed their weight as being less than 50Kg. The incorrect use of the mattress presented an increased risk to the person's risk of developing pressure ulcers. Records showed that a referral was recently made to the district nurses as the person's skin had broken down. We made the registered manager aware of the inaccurate setting and they reset the mattress. Data from a project the service was involved with showed the service had a lower than average rate of falls, pressure ulcers, infections and hospital admissions.

At our previous inspection we had found concerns regarding the temperature medicines were stored at, this was not a problem during this inspection. However, improvements were needed to the way people's medicines were stored, administered and recorded. Prescribed topical creams were freely available in a number of people's bedrooms, including creams that were not prescribed for the person whose bedroom they were found in. Despite the provider confirming they addressed this unsafe storage with staff, we continued to find this during the next days of our inspection.

People's medicines were not always administered safely in line with the manufacturer's and prescribers instructions. One person was prescribed a medicine that needed to be taken at least 30 minutes before any food or drink other than plain water was taken and before any other medicines were taken. Records showed however that this medicine was administered at the same time as all of the person's other medicines. This was confirmed by a senior staff member. Records of medicines administration [MAR] were not accurately maintained. One person was, for example, prescribed 10 tablets yet there were 12 staff signatures confirming that one of these tablets had been given on each occasion. This showed that staff were not accurately checking and recording the medicines they were giving to people, putting them at risk. Staff did not always observe people take their medicines. This meant that staff could not be sure that the intended person had taken their medicine or if it had been taken by another person. This does not comply with the provider's own medicines policy and is not safe practice. The provider took immediate steps in line with their staff performance policy to address this with the staff member to ensure safe practice.

Improvements were needed to food hygiene practices. The provider's information return [PIR] told us that people were provided with wet wipes before and after meals. People were not supported to clean their hands before receiving their meals on any of the four days of our inspection. Care staff directly handled biscuits when they provided them to people with their drinks. Staff did not wear suitable gloves or use tongs to protect people from the risk of cross infection.

The above issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment records of three staff employed since our last inspection. One staff member's date of starting work in the service was recorded differently in places so making the record unreliable. Another staff member's references were dated after the date the staff member started working in the service. This meant that some of the required checks were not recorded as being in place before staff started working in the service. The registered manager told us this was a recording issue and the provider confirmed that a full review of all recruitment records had been completed immediately after the inspection.

While the registered manager and staff had attended training in safeguarding people they did not demonstrate a consistent understanding of safeguarding people as they had not, for example, recognised unsafe moving and handling practices or the need to report this as a concern. Records showed that this was addressed with staff in the staff meeting held immediately after our inspection. The manager had also taken appropriate action in line with their own staff performance policy. The registered manager had acted promptly to inform the safeguarding team of a recent occasion where people had left the service unaccompanied when it was not safe for them to do so. The registered manager had maintained clear records of safeguarding matters raised in the service. These showed that the registered manager had worked with the local authority to ensure people were safeguarded in those instances.

People told us they felt safe in the service. One person said, "I do feel safe. Staff check in at night to make sure we haven't fallen." Another person confirmed they felt safe. The person told us how the registered manager had arranged for them to have a retractable mesh screen put on their bedroom door. This enabled the person to keep their bedroom door open as they wished, while limiting other people from entering the bedroom without the person's agreement, which made the person feel safe.

Improvements were noted to management of operational risk in the service. A business contingency plan was in place to support continuity of the service in the event of emergency. Up to date risk assessments had been put in place in relation to water and fire safety.

At our inspection of the service in August and September 2015 we found that the provider had not ensured that there were sufficient numbers of staff deployed so as to make sure that staff could meet people's care needs. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements. We found the improvements they told us they would make had been completed overall.

At this inspection of July and August 2016 we found that improvements had been made and that staff deployment had improved with the exception of the lunchtime mealtime on the first two days, we found this much improved on the following days on inspection. The registered manager had completed an assessment of people's dependency needs. Staffing levels had been increased to incorporate a twilight shift where the registered manager's assessment had indicated the need. A staff deployment record had been introduced and was clearly displayed on the door of the seniors care staff office. Staff told us they were advised of their

work allocations at the handover meeting at the start of each day and understood that allocation did not restrict them from supporting any person who needed their assistance. We noted that staff were more available in communal rooms throughout this inspection.

People told us there were sufficient staff to meet their needs although sometimes they seemed busy. One person said, "There are usually enough staff although sometimes it seems like there isn't. I don't know why that is, we do wait quite a while for dinner." Another person said, "The staff are always here when we need them." Staff confirmed that they felt there were enough staff to meet people's needs safely. One staff member told us, "Staffing levels are okay and we also have a lot of ancillary support staff."

Is the service effective?

Our findings

At our inspection of the service in August and September 2015 we found that the provider had not protected people against the risks of receiving inadequate nutrition and hydration. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements.

At this inspection of July and August 2016 we found that while actions had been taken, further improvement was needed. Some people were noted to have put on weight since living in the service; however other people remained at potential risk. One person was noted to be at very high nutritional risk and needing their fluids to be monitored. We found that staff were not consistently completing these records. This meant that accurate information may not be available to other healthcare professionals involved in supporting the person's health and well-being. The registered manager told us that only two people in the service were at nutritional risk and that their food and fluid intake was being recorded. We found that food and fluid intake records were not being completed for one of those two people. Where records were completed they did not clearly show how much the person had eaten in line with the provider's policy. We identified a number of other people in the service who were assessed as at nutritional risk and who the registered manager had not considered as being at risk. This meant people's intake was not shown to be monitored to support effective nutrition and hydration.

The dining experience for many people was disorganised. People in the smaller dining room again waited a long time to be served their lunchtime meal, sitting at the tables for at least 30 minutes before the meal arrived on the first day of our inspection. A lack of space meant difficulties for people in accessing seats. Some people who had mobility difficulties were asked to move again to accommodate other people and equipment. This and the long wait for their meal caused some people to become anxious. There was only one staff member available in this dining room for most of the mealtime. People asked why they were waiting for their meal, made comments as to who knew what time the meal would arrive as usual and one person sang 'Why are we waiting?' In response to our findings the provider introduced changes including staggering the mealtime on our last day. The registered manager oversaw this mealtime and served the meal in both dining rooms at staggered times. People were offered choices in a positive way and had, for example, condiments available. One person said, "Oh look, we have salt today, that's new". The registered manager told us that the re-organisation of the mealtime, while still needing some further improvement, had been positive for both people and staff and would continue.

At our inspection of the service in August and September 2015 we found that the provider had not ensured that staff had received suitable training, ongoing supervision and appraisal to make sure they were competent for their role and that their competence was maintained. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements. We found some of the improvements they told us they would make had been completed, however deficits still remained in some areas.

At this inspection of July and August 2016 we found that following the last inspection, staff had been provided with additional training such as in person centred support, understanding mental capacity, dementia awareness and activity, supporting people who experienced distress and anxiety as well as in manual handling. The registered manager confirmed that all training provided to staff was in a face to face setting. This allowed staff opportunity to seek clarification and further guidance in each topic if they needed it. Records showed that the registered manager had provided staff with supervision and additional coaching sessions where observations indicated improvement in practice was required. Nevertheless some staff practice and competence in providing people with safe, person centred care was not always suitable. The provider presented an immediate action plan to us during this inspection which confirmed that they were assessing the content of the training provided to staff and showed us evidence that a number of staff were already being retrained in moving and handling. Confirmation was also provided of a staff meeting held to communicate the findings of the inspection to staff and to inform them of where improvements were required.

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 application 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.

While staff had received training in MCA and DoLS, practices in relation to consent needed improvement. Records in relation to people's capacity to consent were contradictory which showed some lack of staff understanding. Eight of the people's care records we looked at deemed the person as lacking capacity and yet their communication care plan record showed they could express their needs and wishes. Where decisions were made on people's behalf, the reason why this was assessed as in their best interest was not clear or robust. Care records and plans did not demonstrate that where people had capacity their consent to care and treatment had been obtained. In everyday practice, staff did not always seek to gain people's consent or respect their right to refuse consent. We saw, for example, that staff approached two people to put aprons on them at lunchtime. One person clearly refused the apron, however staff still put the apron on the person. The registered manager confirmed that DoLS applications had been made to the local authority where required and that no specific conditions were in place relating to these.

People told us that staff 'kept an eye' on how they were and always got the GP in when they were not well. People also told us they had regular access to, for example, the chiropodist when needed. Healthcare professionals told us that staff followed their advice and instructions and they had no concerns regarding the management of people's healthcare needs in the service. Where they had lost weight, people had been referred to the GP for dietician input.

Is the service caring?

Our findings

While some people told us they found the staff to be respectful and caring, we observed that other people were not always treated with respect and that their dignity was not promoted. We saw one person seated on a commode in their bedroom and the bedroom door fully open. We saw external workmen walk past. Staff also walked past the room but did not close the door or find another acceptable way to promote the person's dignity. We drew this to the attention of the registered manager who confirmed this was not acceptable and who closed the person's bedroom door after speaking with them. They also took immediate action to address staff behaviour through their formal performance policy.

Care was not always person centred. We noted that some people looked uncomfortable or not a suitable fit for the wheelchairs being used. We queried this and the registered manager confirmed that people were being transported in wheelchairs belonging to other people. The registered manager told us they had just recently addressed this with staff in a staff meeting and did so again at the time we brought it to the registered manager's attention. However we saw that staff continued to use other people's wheelchairs shortly after this. This happened again on the fourth day of our inspection despite the registered manager telling us they had again addressed it with staff. Staff were unable to give us any reason for this. This demonstrated that staff did not show respect either for people's comfort or for individual people's property. The registered manager and provider confirmed that additional measures were implemented to improve staff accountability and practice.

Staff did not always listen to people and treat them with kindness and consideration. One person said to a staff member, "You put the sugar in but you have not stirred my tea." The staff member did not acknowledge the person or respond to them in any way. The person had not been given a spoon on their saucer and so had no way of stirring their tea although they were capable of doing so. One staff member was assisting a person to eat their lunch. The staff member got up and left the table on four occasions without communicating in any way with the person. We drew this to the attention of the registered manager who confirmed this was not acceptable and spoke with the member of staff. One person, who called out over a twenty minute period that they were in pain, was ignored by the three staff present until we intervened and the registered manager reassured the person.

People were not supported to maintain their appearance. On the last day of our inspection we saw that one person, who was sitting in a wheelchair, had a large obvious stain on their clothing. The odour indicated that the person had been sick. The person was unable to tell us what had happened. We ascertained that staff that taken the person into the hairdresser's room in that condition which showed a lack of consideration and respect. We sought the intervention of the provider's representative who spoke to staff and arranged for staff to assist the person to change before going to the dining room.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people told us that they could not remember if they had been involved in the assessment of their

needs before they came to live at the service or in the planning of their care. Other people told us they, or a family member on their behalf, had been involved. One person told us that they knew about their care plan and said, "I am not that bothered about what is in it."

People were able to make choices and decisions about their day to day lives, for example, which lounge area to spend time in or to go to back to their bedroom for an afternoon nap as was their preference. Staff were aware of these choices and supported them. We saw staff, including housekeeping staff, chatting and sharing laughter with people in a friendly way. They chatted about family members or things that interested people showing that staff had built relationships with people. People told us that relationships were supported and their visitors were welcomed in the service. People made positive comments about the quality of the care provided and the caring approach of the staff. One person said, "The staff are nice and put up with a lot from us." Another person said, "The staff are quite nice and I am happy enough here."

Is the service responsive?

Our findings

At our inspection of the service in August and September 2015 we found that the provider had not ensured that people's care was planned so that staff had information on how to meet each person's needs. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements.

At this inspection of July and August 2016 we found that while care plans had been rewritten and improved, some gaps in care planning remained. Staff did not have clear guidance on how to provide aspects of person centred care to people living in the service. One person's care plan contained only some of the recommendations provided by the speech and language service team to support the person's nutrition and reduce the risk of choking. Care plans were not in place regarding people's medicines and how to support the person to take their prescribed medicine in a way that suited them. Care plans did not identify the correct setting for individual people's pressure relieving mattresses aligned with the person's current weight. Although we noted these areas for improvement staff knew the people they cared for and understood their care needs. People spoke positively about the care they received. One person said, "The care is pretty good here and they do what I need them to do."

We noted improvements to the sound levels in people's day to day living environment. The atmosphere in the service presented as calmer and people showed less anxiety and distress than at the last inspection. People experienced varying levels of opportunity to enjoy social and leisure activities. The provider had accessed an external organisation for ideas and support for people living with dementia to participate in meaningful events. We saw a group of people actively engaged in a weekly bible reading session, an activity that people told us they enjoyed. The activity staff sat with individuals or groups of people, chatting and completing quizzes and games, or encouraging people to walk along with them, which helped people to exercise and stay mobile. Some people we spoke with chose to stay in their rooms. One person told us they chose not to do activities as they felt they were too old for such things. Another person said, "I do not join in the activities. There is nothing I like, no quizzes to stimulate the mind." We noted that information on the activities available was not easily accessible to people using the service. The provider took immediate action to arrange large print pictorial information in a poster format and also smaller information sheets to be made available to people individually.

People told us they felt able to express their views about the service and had no complaints. One person said, "Of course I know [registered manager's name] and I can talk to them. The [registered manager] does listen and tries to help me." The provider had a complaints policy and procedure in place. The complaints information gave people timescales within which a response and actions would be implemented so people knew what to expect. Information was also included to guide people on how to take their complaint further if they were dissatisfied with the provider's response. The provider had a clear system in place to manage complaints and to show they were investigated and responded to. This was demonstrated as implemented in the records relating to the one complaint received by the service since our last inspection.

Is the service well-led?

Our findings

At our inspection of the service in August and September 2015 we found that the provider had not ensured their quality assurance systems were fully established and operated effectively to ensure continuous improvement. We asked the provider to send us an action plan that outlined the action to be taken to make the necessary improvements. In response, the provider sent us their action plan detailing their progress to meet regulatory requirements.

At this inspection of July and August 2016 we found that while development measures had been implemented, aspects of the service continued to require improvement and further concerns were identified. The system of governance in the service was not sufficiently robust or effective. While a range of audits had been introduced following the last inspection, they had not identified the issues we found. The provider's published information about the service stated the belief that highly trained and well managed staff are the secret to providing quality and safe care. While steps had been taken to ensure staff were trained, staff practice did not always ensure people received safe care. There was a lack of management oversight and awareness in the service. The registered manager did not know in all cases for example, which people were at risk of malnutrition, or how to implement effective actions when nutritional risk was identified in line with their own policy and the provider's action plan. The management team and the provider's internal and external quality procedures had not recognised, for example, the lack of a caring approach we observed.

Leadership in the service required improvement. The registered manager had provided staff with repeated instruction, such as the use of correct equipment for people, which staff had not implemented, yet action to call staff to account for this was not demonstrated. The provider's representative and the registered manager issued staff with instruction during this inspection, such as safe and proper storage of topical medicines and checking and recording pressure relieving mattress settings, yet some staff again disregarded these instructions. Strong and effective leadership to improve staff approach and behaviour was not demonstrated. In response to our inspection, the provider arranged for a representative to spend additional time in the service supporting the registered manager. The provider's representative advised that additional focus would be placed on observations as well as the process of audits to ensure the required improvements were implemented. The provider further confirmed that steps were being taken to support the registered manager to take the necessary action to improve staff accountability.

People's information was not treated confidentially. On the second day of our inspection we made the registered manager aware that we had found rooms where people's personal information was kept to be open and unattended. The registered manager's office still remained open and unattended on occasions on the fourth day of our inspection which meant people's information was not kept securely.

Although the provider and manager acted promptly on all our concerns and took steps to address staff practice through their formal processes we remained concerned that this was only as a result of our inspection and pointing these areas out to them. They have taken strong action since our inspection to improve and have given us regular robust updates of their improvements and how they mean to sustain this

over time. We met with the provider after our inspection to discuss our concerns and get further assurances of their progress and management plans for the service.

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

People had opportunity to express their views on the service. Meetings were held for residents and their relatives. Records confirmed that these shared information such as the outcome of the last inspection of the service and planned social outings and events. All the staff we spoke with told us they found the registered manager to be available and supportive, a noted improvement since the last inspection. Staff had opportunity to express their views in regular staff meetings and a satisfaction survey. The analysis of the most recent staff survey indicated that staff felt the service offered people a safe, quality service. The analysis of the most recent staff relative's survey was also positive and showed people were satisfied with the service provided.

The registered manager demonstrated they were open to working with other organisations to improve the safety and quality of the service people received. Since the last inspection the service had joined a project to improve safety and reduce harm such as from falls, pressure ulcers and infections. A number of specialist professionals had been invited to speak with staff and relatives at meetings to share knowledge and advice.

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 10 HSCA RA Regulations 2014 Dignity and respect Service users were not treated with dignity and respect.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in a safe way for service users in relation to medication management, safe use of equipment and controlling risks of infection.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.