

Dimensions (UK) Limited

Dimensions 4 Matlock Close

Inspection report

4 Matlock Close
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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Dimensions 4 Matlock Close is a care home for up to 8 people with learning disabilities and/or autism. At the time of our inspection, 7 people were living at the service.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture. However, they needed to make improvements to fully meet these.

Right Care

People received care that was kind and staff respected their privacy.

Staff understood and responded to their individual needs. They communicated with people in ways that met their needs. The service gave people care and support to meet their sensory and physical needs, but some areas of the environment was not always kept sufficiently clean or safe at all times.

The service had enough staff to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Support

Staff supported people with their medicines, but the medicines management arrangements were not always effective.

Staff enabled people to access health and social care support. Staff helped people to participate in activities at home and in the community.

The provider follow appropriate recruitment procedures to ensure only suitable staff were recruited to work at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Culture

The provider's monitoring processes were not always effective in helping to ensure people consistently received good quality care and support.

There was a culture of supporting people to receive compassionate care that was tailored to their needs. Staff were supervised and felt supported by registered manager and deputy managers they could approach for advice and help. The service involved people and relatives in planning and reviewing people's care.

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 1 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Dimensions 4 Matlock Close on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care, medicines management and governance at this inspection. Please see the action we have told the provider to take at the end of this report

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe findings below.

Requires Improvement 

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Dimensions 4 Matlock Close

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by an inspector and an Expert by Experience. 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

Dimensions 4 Matlock Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Dimensions 4 Matlock Close is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During our inspection we met 6 people who lived at the home and spoke with 4 relatives by telephone. We met 1 visitor, 4 support workers, 2 deputy managers and the registered manager. 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 reviewed a range of records relating to the management of the service including 2 people's care plans and records, medicines support records, health and safety records, and quality checks of the service. After our visit we also spoke with another relative and 1 professional involved with a person who uses the service. We looked at procedures, care records, staff training and staff recruitment records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's safety were not consistently assessed, monitored and addressed so people were always supported to stay safe.
- Areas in a washroom required cleaning and repair so as to be safe for people and staff at all times. A radiator was broken exposing sharp edges. A tiled shelving area on one wall was broken with missing tiling trim, which exposed sharp corners and rough grout-less tile sides. A large part of the shower area's floor was stained and the drain was dirty. Some tiles around this area and the toilet piping were ingrained with dirt, one was broken. The base of a fixed bath-side hoist stand was significantly rusted and edged with dirt or mould.
- We found 2 shower chairs in the washroom were not always in good condition or kept clean. There was a fluorescent light bulb left on a low shelving area in one corner. The laundry room wall vent was very dirty and clogged in places. The metal corner trim to a toilet room doorway was broken and the sink tap in this room was also corroded. The sink tap in another toilet room was also functional but had a broken top and was heavily corroded. These issues presented a risk of harm to people and indicated that arrangements in place for preventing and controlling infection and keeping people safe were not applied consistently at all times. We discussed these issues with the registered manager so they could address them.

We found no evidence that people had been harmed, however, these issues indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and a deputy manager were responsive to issues we raised. They promptly made some repair issues, such as making tiling edging safe, and updated cleaning checklists to make sure the shower chairs were always kept clean.
- There were fire safety arrangements in place, including regular checks of fire safety equipment and lighting and staff practiced evacuations. However, a number of months prior to our inspection the registered manager had identified a concern that some doors may not always provide sufficient protection in the event of an emergency. They had arranged for the housing provider to visit the week following our inspection and provided assurance of remedial works scheduled to take place after our inspection to fix the bathroom and fire door concerns. The registered manager also consulted with emergency fire services when we discussed this concern with them. These issues presented a risk of harm to people and staff and indicated the provider had not consistently managed environmental-related risks so as to address these concerns with service partners before they progressed to such an extent.

- We were assured that the provider was preventing visitors from catching and spreading infections and admitting people safely to the service. There were sufficient supplies of personal protective equipment for staff and they had completed training on how to use this. There were arrangements in place for responding to and managing signs of infection and infection outbreaks.
- The registered manager maintained cleaning schedules to keep the home clean and tidy.
- Staff completed regular checks to make sure equipment, such as wheelchairs, were kept in working order. The management team took action in response to issues these checks identified.
- Care and risk management plans set out how to support people so they were safe.

Visiting in care homes

- Visitors were allowed into the home in line with national guidance. A relative said, "[I] can always visit anytime."

Using medicines safely

- The provider had processes in place to support people to take their prescribed medicines safely, but these were not always implemented effectively at all times.
- We found a 7 day gap in the medicines administration record for a morning medicine for 1 person. We found other evidence this person had not missed this medicine. This indicated administration recording practice did not provide accurate assurances that people received their medicines as prescribed.
- We found numerous packets of surplus medicines in cabinets and drawers in the home's medicines room and there was no record of these in the daily stock record of people's currently in use medicines. This meant the registered manager could not be assured how much medicine the service was holding for people.
- The provider's regular audits of people's medicine support had not identified and addressed the issues we found.

We found no evidence that people had been harmed, however, medicines were not always managed in a safe way and to help ensure people always received their medicines as prescribed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed these issues with the registered manager so they could address them. During our inspection a deputy manager started to make arrangements for surplus medicines to be removed safely.
- Some people were prescribed medicines to take only 'when required' and there were protocols in place to guide staff on when to support people to take these. This included when a person required emergency medicines in the event of a prolonged seizure. Controlled drugs were recorded and stored appropriately.
- Staff who supported people with medicines had completed training on how to do this safely. The registered manager assessed their competence to do so.

Learning lessons when things go wrong

- There were systems in place to record and learn from incidents and accidents.
- The registered manager ensured incident and accidents were recorded on the provider's digital systems and responded to promptly. For example, we saw they recorded the medicines administration issue we had noted.
- The provider monitored incidents and accidents to make sure these were responded to and practice learning was identified.
- The provider had passed on lessons and improvement actions from incidents in other services to ensure good practice was implemented at the home. For example, informed by organisational learning, staff had completed training and the registered manager had implemented new monitoring practices for supporting

people safely with continence management needs.

Staffing and recruitment

- There were sufficient staff on duty to help people be safe and meet their needs at the time of our visit.
- Staff said there enough staff to support people's needs. Some relatives noted temporary staff covered some staff vacancies. The registered manager looked to schedule regular temporary staff for this so people were supported by staff who were familiar with their needs. We saw some people had developed relationships of trust and a calm rapport with the staff who worked with them.
- The registered manager was actively recruiting new staff at the time of our inspection. They invited applicants to 'meet and greet' people at the service and the registered manager assessed their attitude and approach to their role.
- The provider had appropriate recruitment processes in place so they only recruited suitable staff. These included Disclosure and Barring Service (DBS) and previous employment checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and policies in place to protect people from avoidable harm and abuse. The provider worked with other agencies to do so when there were safeguarding concerns. A professional told us managers were responsive to requests for information and supported safeguarding investigations.
- There were appropriate, recorded processes for staff to handle people's money safely and these were checked both daily and weekly.
- Staff had completed training on how to recognise and report abuse. Staff and the registered manager knew how to raise concerns, including using whistleblowing processes. They told us, "I would take it to the top!" and "[The registered manager does take it seriously."

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 our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The building was suitable to meet people's needs safely, but some areas were worn and in need of redecoration.
- Paintwork in corridors and the communal lounge was marked or chipped. There was exposed plaster patches where equipment had been removed from walls and the surfaces not re-painted. The kitchen was well used and surfaces were worn. The registered manager had raised redecoration requirements with the housing provider to address.
- A relative said a second lounge or sensory room was mostly used by staff as an office and staff told us this area was "taken over with old wheelchairs." We observed this to be case as well. We noted lighting in 2 toilet rooms appeared dull and did not make the rooms appear very appealing. While these did not present risks to people's safety they did not always promote a homely environment at all times.
- There was enough room for people to use wheelchairs or other mobility equipment to move around safely. People had their own bedrooms which they could personalise with support so these reflected their interests.
- Staff used assorted equipment to help people mobilise and this was checked regularly so it was safe to use. The registered manager and deputy managers liaised with other services when equipment needed repairs or servicing.

Staff support: induction, training, skills and experience

- Staff received induction, training and support to provide care to people safely.
- Staff completed a range of training to develop their competence to support people appropriately. Staff said they found this relevant and helpful. The registered manager checked staff completed their training as required.
- Managers? Held regular supervisions and appraisals with staff to review their performance. Staff said these sessions were used to discuss people's needs and were supportive. They said "[the managers] are always available" for them. This included on call support outside of usual office hours.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff completed awareness training on understanding the MCA. Staff described how they respected people's rights to make decisions about their care, such as when a person may refuse their prescribed medicine.

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

- The provider assessed people's care and support needs before they started to use the service. People and their families were involved in these assessments.
- The care assessments informed people's care plans. These considered people's care needs and included their protected characteristics under the Equalities Act 2010, such as people's age, ethnicity, marital status, gender and religion.
- The deputy managers reviewed people's care plans regularly to make sure they reflected people's needs and choices. They had identified a recent change in a person's behaviour and were working with other professionals to assess and develop ways to support them.
- The staff, registered manager and deputy managers we spoke with were knowledgeable about people's care needs and their individual preferences.

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

- Staff supported people to prepare meals or assisted people to eat and drink when they needed this.
- We observed staff supporting people to have an evening meal and saw this was relaxed and unhurried. Staff maintained daily records of people's food and fluid intake.
- People's care plans set out their meals and drinks requirements in sufficient detail. For example, the consistency of foods if a person had swallowing issues and their likes and preferences.
- Staff had completed fluid and nutrition awareness training.

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

- The service worked with professionals in a timely manner to help people access healthcare services and meet their health needs. This included routine and when required health appointments. For example, with the local GP.
- People's care plans provided information about their medical history and their healthcare needs. This included safe support measures to reduce the risk of people developing constipation. Staff monitored this by keeping up to date records of people's continence care.
- People's plans assessed the support they needed to maintain their oral care. The service supported people to see dentists and facilitated home visits for this.
- A relative told us staff keep them informed about people's health and said, "They contact me to advise on any issues."

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with dignity and respect.
- We observed staff supporting people in a respectful manner. This included being at a mutual eye level when speaking to seated people and first explaining to people using wheelchairs how they were going to support them. We saw staff were calm and attentive when supporting a person who experienced a brief seizure.
- A relative said they felt sometimes they needed to remind staff to ensure people wore weather-appropriate clothing. However, most relatives told us staff treated people in a caring manner. Their comments included, "[I'm] very happy with the care and attention" and "Very caring and supportive." A professional told us, "[Staff] are very helpful and polite."
- Staff promoted people's independence in their daily living and could explain how they helped individual with this. For example, staff described how they helped a person to hold their toothbrush and wash themselves with the shower attachment so they could direct their personal care.
- Staff supported people with physical needs to use adapted plates and cutlery so they could eat independently.

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

- People and relatives were involved in people's care. The service involved them in planning and reviewing people's care. This gave them opportunities to help make decisions about people's care.
- Staff helped people make choices about their day to day care. For example, we saw staff respect people's decisions about what they wanted to eat or drink and which staff they wanted to support them.
- We observed a deputy manager discuss people's health and care with their relatives, such as on the telephone. The deputy managers and registered manager arranged to meet with people's relatives regularly to discuss people's care when they wanted to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a planned way that met their needs.
- Care plans set out personalised information about people. This included 1 page profiles that described what others liked and admired about each person, important information them and how best to support them. For example, one person's plan noted that their mobility was slightly reduced in the morning.
- People's plans described support routines that were important to them, such as when washing in the morning and getting ready for bed in the evening. These were person-centred and promoted people's likes and preferences. For example, another person's plan recognised that they liked to choose what necklace and perfume they wore when getting dressed. Staff said the plans were helpful and one member of the team told us, "[Care plans] help you to know people better and how best to support them."
- People's care recognised their protected characteristics, such noting a person's religious beliefs and if they celebrated any particular holidays related to these. Staff supported a person to follow a particular diet.
- The service reviewed people's plans regularly and involved their families in this.

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

- Staff supported people to take part in activities and maintain contact with people important to them.
- People participated in a variety of activities at home, including regular sessions with a visiting musician, art, karaoke and listening to music, and watching television. An aromatherapist and reflexologist also visited people each week.
- We observed staff support a person with activities they appeared to enjoy, such as drawing and colouring, and play with sensory items that were important to them.
- Staff supported people to go out into their local community, such as to the shops, for walks and occasional meals out.
- The service supported people to keep in contact with their relatives and facilitated visits to their families' homes. Staff promoted peoples' preferences. They supported a person to visit their place of worship each week and we observed staff helped people listen to music that they liked and recognised their cultural background.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The service supported people to meet their communication needs.
- People's care plans set out information about how they preferred to communicate and how staff should support this. For example, where a person often only spoke single words their plan listed numerous key words they were known to use so staff could be familiar with and respond to these.
- Staff described how they communicated with people who didn't use words, understanding how a person used gestures, body language and behaviour to communicate.
- We observed staff tailor how they communicated with different people to meet their individual needs. There was a pictorial menu on display in the kitchen showing what the proposed meals were on the day.

Improving care quality in response to complaints or concerns

- The provider had systems in place to receive, record and respond to complaints.
- The registered manager ensured complaints were recorded and responded to in a timely manner. The registered manager shared learning from complaints issues with the staff to avoid issues being repeated.
- The provider had systems in place to monitor complaints so these were resolved and to identify any learning for service improvements.

End of life care and support

- There was no one receiving end of life care at the time of inspection. However, people's care plans showed care at the end of their life or in the event of sudden illness and funeral arrangements had been considered.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's quality assurance systems had not always ensured that the service addressed risks to people's safety and well-being. This meant the service did not consistently provide good quality support.
- The deputy managers' and registered manager's checks and audits to monitor the quality of the service had not always been effective. For example, management systems had not identified the medicines issues we identified and quarterly health and safety reporting had not recorded the safety concerns we found in the washrooms and home environment.

These issues meant systems were not used robustly enough to demonstrate safety and quality was effectively managed. This placed people at risk of harm and demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was responsive to the matters we found and took action to address some issues promptly. For example, they updated the health and safety reporting about the washroom during our visit. Other checks were in place to monitor the service, such as audits of people's money handling, equipment checks and staff training and supervisions.
- Staff kept digital records of people's daily support and used daily shift planners to make sure care tasks were completed. The management team had checked and identified that some of these records were only care task-orientated with little detail about people and daily shift plans were not always completed appropriately in full. They were working with staff to improve this. We saw some daily records were more personalised and noted comments about people's well-being and things staff supported them with.
- The registered manager maintained an up to date service plan that they set out actions to improve and develop the service. This included actions to promote adult safeguarding awareness, maintain staff training and plans to install new medicines storage cabinets in people's rooms. The service was in the process of moving to a digital care planning system
- The provider notified the CQC of relevant incidents and displayed the ratings for the last inspection on their website and at the home, as required.

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

- There was culture of providing effective, person-centred care to people. A relative said, "I am generally happy."

- The registered manager, other managers and staff appeared motivated about supporting people to have good experiences. There was a stable management team in place that knew people's needs. Staff we spoke with liked working at the service and some said they were proud of the difference the care had made to people.
- The registered manager promoted equality and diversity in the running of the service. Staff felt respected and part of a team. They said team working was "great" and "working as a team helps a lot". A member of staff said, "I'm really pleased with the way the staff and the management work together for the people."

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

- There were opportunities for people, their relatives and staff to be involved in the service.
- Staff said they saw the deputy managers and registered manager at the home regularly and could speak to them when they needed to as they were approachable. Staff were encouraged people to be involved in the development of the service. They told us, "[The managers] ask us what we think we need to do for the people."
- The deputy managers and registered manager held regular team meetings to discuss people's care and the running of the service. Staff could contribute to these and told us, "You can voice anything you think is concerning or needs improving and they listen." Meeting records showed the team always discussed people's well-being and other matters such as infection prevention and control, health and safety, activities support, training, support planning and care recording.
- The deputy managers and registered manager discussed people's care and health needs at team meetings and supervisions and this helped to ensure these directed and led the service. Relatives had opportunities to discuss the running of the service with staff and the deputy managers and registered manager.
- Staff and relatives had opportunities to complete periodic questionnaires from the provider to provide feedback on the service and the organisation. The provider devised action plans in response to findings from these, such as investing in staff training.

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

- The registered manager understood and explained their duty of candour responsibilities when things did not go right. They told us, "We need to be open and honest [and] apologise to the person."

Working in partnership with others

- The service worked in partnership with other agencies, such as doctors, nurses, psychologists, therapists and social workers. This helped to provide joined up care to people.

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 The registered persons did not always ensure care and treatment was provided in a safe way for people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.