

Ashdene House Limited

Ashdene House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 02 May 2017.

Ashdene House provides care for up to 18 adults with a learning disability, in Ramsgate. At the time of our inspection there were 12 people using the service. Nine people lived in the house and three in a cottage within the grounds. A day centre unit in the grounds was used for various activities. During the day everyone spent time together or taking part in activities outside the service.

The service was run by a registered manager with the support of a deputy manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was present on the day of the inspection.

People did not live in a service that was clean and hygienic. Furniture and carpets were dirty. Some areas of the service were in need of painting and decorating. The garden areas were overgrown with weeds. The service looked untidy and unkempt.

People told us and indicated they felt safe living at Ashdene House. People were protected from the risks of abuse and discrimination. Staff were trained to keep people safe and knew what to do if they suspected incidents of abuse.

Risks to people were identified, assessed and reviewed. Guidance for staff regarding how much support people needed to stay safe was recorded. People received their medicines safely and on time. Medicines were stored safely.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. There were sufficient skilled, knowledgeable and trained staff on duty to provide people with the care and support they needed. People were not rushed and staff had plenty of time to spend with them.

There were assessments in place to establish whether people had capacity to make decisions. When required meetings were planned with the relevant people to make sure decisions were made in their best interest. People were offered choices about what they wanted to do and how they wanted to spend their time.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

People's health was monitored and staff worked with health and social care professionals to make sure people's health care needs were met. People had enough to eat and drink and had a choice of home cooked food. People told us and indicated they were happy living at Ashdene House.

Staff interactions were positive. Staff spoke with people in a kind and caring way. Staff knew people well including their likes and dislikes. People were supported to maintain close relationships with family and friends. People's privacy and dignity were respected and their independence was promoted by staff.

Staff were responsive to people's needs. Assessments were carried out before people moved into the service to make sure they could meet people's needs and provide them with the right level of support. People and their families were involved with planning their care and support. Each person had a care plan that was tailored to meet their individual needs. These were reviewed to ensure they reflected any changes in people's care and support needs.

People enjoyed a variety of activities within the service. There was a complaints policy in place to make sure people and their relatives knew how to complain if they needed. People's relatives could visit when they wanted to and there were no restrictions on the time of day.

People knew the staff and registered manager by name. The registered manager and staff from head office completed audits. These were recorded; however timelines for action to be completed were not consistently agreed. Some of the shortfalls highlighted during our inspection had not been identified by the registered manager.

The provider had submitted notifications to CQC in a timely manner and in line with CQC guidelines.

We last inspected Ashdene House in October 2014 when the provider met the regulations. At this inspection a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. You can see what action we have asked the provider to take at the end of the full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People did not live in a service that was clean and hygienic. Furniture and carpets were dirty. The service and grounds looked untidy and unkempt.

Risks to people were identified, assessed and reviewed. Risk assessments provided guidance for staff on how to reduce risks and keep people safe.

Safe recruitment processes were followed to make sure staff employed were of good character. There were sufficient staff during the day and night. Staffing levels were monitored to make sure people had the support they needed.

People received their medicines safely and on time. Medicines were stored, managed and disposed of safely.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff completed training and had one to one supervision meetings.

Staff knew the importance of giving people choices and gaining people's consent. Staff understood the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People were offered a choice of home-cooked meals. People were supported to maintain good health and were referred to health professionals when needed.

Good ●

Is the service caring?

The service was caring.

People were treated with compassion, kindness, dignity and respect.

Staff knew people and their relatives well.

Good ●

People's confidentiality was respected and their records were stored securely.

Is the service responsive?

The service was responsive.

People and their relatives were involved in planning their care and support. People received care and support that was individual to them and their needs and preferences.

People were supported to follow their interests and take part in meaningful social activities.

People and their relatives knew how to complain or raise concerns.

Good ●

Is the service well-led?

The service was not consistently well-led.

Regular audits were completed. Action was taken when shortfalls were identified. However, timelines were not consistently agreed to take corrective action.

The management team encouraged an open and transparent culture. Staff had confidence in the management team.

People, their relatives, staff and health professionals were involved in developing the service.

Notifications had been submitted to CQC in line with guidance.

Requires Improvement ●

Ashdene House

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 took place on 02 May 2017 and was unannounced. This inspection was carried out by one inspector. This was because the service was small and additional inspection staff would be intrusive to people's daily routines.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We met all the people living at Ashdene House. Some people were not able to explain their experiences of living at the service because of their health conditions so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with staff and the registered manager. During the inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the day with their daily routines and activities and assessed if people's needs were being met. We reviewed four care plans and associated risk assessments. We looked at a range of other records, including safety checks, records kept for people's medicines and records about how the quality of the service was managed.

We last inspected Ashdene House in October 2014 when the provider met regulations.

Is the service safe?

Our findings

People told us they felt safe living at Ashdene House. Some people were given a smile or a 'thumbs up' when we asked if they felt safe. People were relaxed in the company of each other and staff.

People did not live in a service that was clean and hygienic. Carpets in some rooms were filthy. One of the bathrooms had flooring missing at the edges and could not be cleaned properly. Some people's bedrooms were dirty and very untidy. Furniture, for example the leather chairs in the cottage, were torn and covered in grime. Areas of the service were in need of painting and decorating. The day centre unit had rotten wooden window frames and peeling paintwork. The garden areas were overgrown with weeds and there were bins which were full, one of which had no lid on and may present a risk to people. The area looked untidy and unkempt. Staff told us they would like people to be able to spend quality time in the garden but that it "Needs to have some nice furniture in it" and "It needs to be cleared up and made nice".

The registered manager said that money had been put aside to purchase paint to begin the redecoration. The deputy manager showed us a list of maintenance needs, highlighting what areas of the service needed to be decorated, and said it had been issued to the maintenance staff and that this was being worked through. The list of 25 different areas of the service, which had identified many of the areas we highlighted, did not have any agreed timescale set to complete the work.

Maintenance staff told us they no longer had a maintenance book for staff to note any issues because it had gone missing. Staff told us they spoke to the management team and they, in turn, discussed what needed doing with maintenance staff. We discussed this with the registered manager who said they would put a maintenance book back in place immediately.

The provider failed to ensure the property and equipment people used were clean, maintained and suitable for their intended purpose. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from the risks of abuse and discrimination. The registered manager had good knowledge of safeguarding protocols and referred to the local safeguarding authority for advice when needed. Staff knew what to do if they suspected incidents of abuse. Staff told us they received training on keeping people safe. Records confirmed most staff had completed this training. There were five bank staff and a maintenance person who needed to complete this training.

People's money was kept locked in a safe and only two staff had access to this. The registered manager had recently found through an audit that small amounts of some people's monies had gone missing. This was reported to the relevant parties immediately and a change in the procedures of handling money was made. A subsequent audit of people's finances, including a tally of petty cash, was carried out by staff from head office in April 2017 to protect people from the risks of financial abuse.

Risks to people were identified, assessed and reviewed. Risk assessments gave staff guidance on how to

support people to keep them safe and minimise risks. People were supported to take positive risks. For example, some people were able to make themselves drinks and snacks in the kitchen with support. Guidance for staff regarding how much support people needed to do these tasks safely was recorded.

Staff knew how to keep people safe and understood their responsibilities for reporting accidents and incidents to the registered manager. Incidents were recorded and reviewed to look for any trends. When a pattern was identified action was taken to refer people to the relevant health professionals, such as the learning disability team or occupational therapist, to reduce risks and keep people safe. Staff followed any guidance provided by health professionals.

Staffing levels were organised around people's activities and appointments. People told us and indicated that staff were available when they needed them. The registered manager kept staffing levels under constant review and had a team of bank staff to provide cover when needed. The staff rotas showed there were consistent numbers of staff on duty during the day and at night. Staff told us there were occasions when they were stretched but that generally there were enough staff. Throughout the inspection there were sufficient staff to provide people with the support and care they needed. People were not rushed and staff had plenty of time to spend with people.

Recruitment checks were completed to make sure staff were honest, reliable and trustworthy to work with people. These included a full employment history and written references. Staff told us that checks were carried out before they started working at the service. Discussions held at interview were recorded. Disclosure and Barring Service (DBS) criminal record checks were completed before staff began working at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care services.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines, in line with best practice. Staff were trained in how to manage medicines safely and were observed by senior staff administering medicines before being signed off as competent. Medicines were stored securely and records were accurate and up to date. The temperature of the room where medicines were stored was checked daily to make sure it was within safe limits. Some people were prescribed medicine on an as and when basis (PRN) for pain relief or anxiety. There was clear guidance in place so staff knew when people might need these medicines and how much they should take. Staff monitored their use to check they were effective. The registered manager arranged for people to have regular medicines reviews with their GP to promote their well-being.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. Fire exits were clearly marked and regular fire drills were completed and recorded. Staff knew how to respond and leave the building in the case of an emergency. Each person had a personal evacuation plan (PEEP) in place. A PEEP sets out the specific physical and communication needs of each person to ensure that people could be safely evacuated from the service. Emergency folders were available for each person and contained people's important details, such as medical conditions; next of kin or advocate details and a list of medication taken with the dosage. These were updated if anything changed. If there was an emergency, for example, people going into hospital or a fire in the service, the folders could be picked up quickly by staff.

Is the service effective?

Our findings

People told us and indicated with a 'thumbs up' that the staff knew how to provide them with the support they needed. A relative noted on a recent quality survey, 'I appreciate all that staff at Ashdene House endeavour to do to help make [my loved one's] life comfortable, safe, constructive and happy. Both [my loved one] and I are always kept fully informed and included in any developments concerning social, medical and educational needs'.

People received effective care and support from staff trained in their roles. Staff completed an induction when they started working at the service. New staff completed the Care Certificate, an identified set of standards that social care workers adhere to in their daily working life. They shadowed experienced staff to get to know people, their routines and their preferences. The registered manager met with new staff regularly throughout their probation to make sure they had the support they needed.

The registered manager mentored staff through one to one supervision and a close working relationship with the staff team. They told us at the beginning of the inspection that the supervision meetings were not as regular as they wanted and that this had also been highlighted during a recent internal audit. They had an open door policy and worked closely with staff each day. A plan was in place for the registered manager and deputy manager to complete more one to one meetings. A member of staff had noted on a recent quality survey, 'I believe that supervision is constructive but perhaps needs to be carried out more often'. Staff told us they felt well supported by the registered manager and that they were encouraged and supported to complete additional training for their personal development and career progression. For example, more than ten staff had completed adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve vocational qualifications staff must prove they have the ability (competence) to carry out their role to the required standard.

A training programme was in place and new staff quickly obtained the basic skills they needed to carry out their roles effectively. Staff told us, "I think the training is very good and very helpful for carrying out our job role" and "There is plenty of training". Staff completed basic training in topics such as safeguarding, mental capacity and first aid. Staff had also received training on people's specific needs such as dementia awareness, learning disability and autism, and positive behavioural support. Staff put their training into practice and gave people the support they needed. Staff spoke with us about people's care and support needs with knowledge and understanding.

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 make 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 Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff spoke with confidence about MCA and DoLS. When people needed support from their relatives or advocates this was provided. An advocate is an independent person who can help people express their needs and wishes, weigh up and make decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf. When people did not have the capacity to make complex decisions, meetings were held with the person, their representatives and health professionals to make sure decisions were being made in the person's best interest. Staff assessed people's capacity regarding different aspects of their care and support.

During the inspection people were supported to make day to day decisions, such as, where they wished to go, what food and drinks they would like and how they wanted to spend their time. People got up and went to bed when they chose to. The registered manager told us, "Staff are encouraged to actively listen to people, their families and representatives, involving them and including them in decision making wherever possible". They also commented, "Some people look after their own key to their room whilst some are supported by staff when they wish to go to their rooms. People's bedrooms are decorated and arranged according to their individual preference". People went on holidays. The registered manager had noted on the Provider Information Return, 'We always offer the opportunity to go away on holiday, and empower choice wherever possible. In cases when a person lacks the understanding, we always consult the care manager and family before deciding the best place to go on holiday'.

The registered manager had completed assessments and submitted applications to the local authority for a DoLS authorisation in line with guidance.

People enjoyed a choice of healthy food and drinks. People chose whether to eat with others or on their own and their choice was respected by staff. Most people ate together and meals were social occasions. The food looked appetising and people ate well. Staff supported people when needed without compromising their dignity or independence. Staff talked with people about what meals they liked and ensured foods were available to meet people's diverse tastes. Regular 'theme nights' were held and gave people the opportunity to try different foods from around the world.

Staff monitored people's physical and mental health and took prompt action when they noticed any changes. When they had a concern they contacted health professionals, such as the learning disability team, psychiatrists, community nurses and GPs, for advice. Staff followed any guidance given to make sure people stayed as healthy as possible. The registered manager and staff supported people to make and attend appointments with health professionals.

Is the service caring?

Our findings

People looked happy living at Ashdene House. People were smiling and laughing with staff throughout the inspection. People held hands with staff and gave them a hug and were relaxed in their company. Comments from relatives on a recent quality survey included, 'I am very pleased with [my loved ones'] progress. Staff are always very patient and caring towards them. I've been very happy with everything at Ashdene House. They have always been very understanding to me and helpful' and 'I consider that [my loved one] receives an exceptional level of care and support for which I am most grateful'.

Staff knew people well and spoke with them in a patient, kind and compassionate way. When people were not able to communicate verbally staff adapted their approach to make sure people's needs were identified and met. For example, some people used their own form of sign language and staff were able to communicate well with them using this. Staff used a communications book to make sure important information was passed between staff. The most recent entry was about one person who wanted some new pictures of birds. Staff told us these had been purchased and we saw they had been put up on the wall outside the person's bedroom. The person appeared happy that the pictures were displayed.

Staff had built strong relationships with people. One member of staff told us, "We empower people and support them to enable them to have as much control over their life as possible". We saw many natural, empathetic interactions between staff and people. Staff spoke with people calmly and gave them reassurance if they were anxious or unsettled. Sometimes this was a hand on the person's shoulder and at other times staff supported people to go out for a walk. When people needed one to one support from staff this was done respectfully and in an unobtrusive way.

People maintained their friendships and relationships. Staff told us people were welcome to visit whenever they wanted to and there were no restrictions. People were supported to have holidays with family. People and their relatives were involved in the planning of their care and support. The registered manager told us, "People are at the very centre of their assessment, planning and delivery of care. Their care and support options are explained to them, in a way they can understand, and discussed wherever possible". People made their own day to day decision when possible.

Each person had a keyworker – this was a member of staff who was allocated to take the lead in co-ordinating someone's care. Relationships with people's families and friends were encouraged and supported. Keyworkers spoke with people and their relatives to find out information that was important to them, such as their likes, dislikes and any preferred routines. Important information about people's past life history had been completed in detail. Care plans included information about people's health needs and risk assessments were in place and applicable for each person. When people's health care needs changed this was recorded in the care plan to make sure staff had the up to date guidance on how to provide the right care and support.

People's privacy and dignity were respected. The registered manager said, "Privacy and dignity is a person's key human right. We all promote people's rights to privacy and respect this". Staff knocked on people's

doors and waited for an answer before entering the room. When people chose to spend time on their own this was respected by staff. Staff understood it was their responsibility to ensure confidential information was treated appropriately to retain people's trust and confidence. People's care plans and daily report notes were held in the office in individual folders to protect people's confidentiality.

People's independence was promoted and respected by staff. There was clear signage around the service to remind people where important rooms were. People were supported by staff with cooking to enhance their skills. Staff told us of a person who had lived at Ashdene House and had expressed a wish to move on to a supported living service. The registered manager commented, "[The person] has since moved on to a different service that suited their preference and ability. They continue to be in contact with Ashdene House and are currently very happy". The registered manager noted on the Provider Information Return, 'Feedback from people is very important. Listening to what they say or suggest and acting upon it shows that they are valued'.

Is the service responsive?

Our findings

People told us and indicated they received care and support when they needed it and that staff were responsive to their needs. A relative noted on a recent quality survey, 'They do a great job especially in a field of work which is demanding, time consuming and yet restrictive due to financial restrictions and the fact that all those in their care are vulnerable adults'.

The registered manager met with people and their representatives to talk about their needs and wishes, before they moved into the service. An assessment was completed which summarised people's needs and how they liked their support provided. This helped the registered manager make sure staff could provide the care and support the person wanted. The registered manager had noted on the Provider Information Return, 'We have had numerous inquiries since last year and only one inquiry justified a full initial assessment, but even this did not result in placement as the care needs of the person required more than we can cater for'. The registered manager commented, "We will only fill a vacancy with a person whose needs will not conflict too much with the needs of the existing people living here and with our service delivery".

People and their families were involved with planning their care and support. Staff knew people very well and told us about people's individual care and support needs and preferences. Each person had a care plan that was tailored to meet their individual needs. There was good communication between the staff team and a handover was completed at the beginning of each shift to make sure they were up to date with any changes in people's needs. Staff were observant and responsive to people's needs. Staff told us of the subtle changes in people's demeanour which could mean they were upset or becoming anxious. Referrals to health professionals, such as the learning disability team, physiotherapist and occupational therapist, had been made when people's needs had changed.

People were supported to follow their interests and take part in social activities. People were encouraged to go on holidays and were supported by staff to do so. A 'day care unit', in the grounds of the service, was regularly used by people. People had been planting tomato plants and various flowers for the summer. An activities coordinator worked at Ashdene House three days a week and a weekly organizer was displayed so people know what pre-arranged activities were coming up. Staff told us they had a barbecue the previous weekend and an egg hunt at Easter and that people really enjoyed them. A member of staff commented, "It is great here – people are always busy and go out a lot". People proudly showed us brightly coloured masks which they had made and were on the walls around the service. Staff told us they had recently held a Gambian theme night. Staff had supported people to make masks and had had a Gambian meal and drinks. People were supported to go swimming and attend day centres as well as going to places of interest, such as bird parks.

People had different religious and cultural preferences. The registered manager and staff told us how they supported people to follow these and there was clear documented guidance for this. The registered manager liaised closely with people and their relatives so people were supported to attend churches, mosques and temples when they wanted to.

People were supported to complete an easy to read quality survey. The results of these were analysed and action taken when needed. For example, two people were not aware of the complaints process so this was re-issued in an easy to read format and staff talked through it with each person individually to make sure they understood. The provider had a policy in place which gave guidance on how to handle complaints. People told us and indicated they would talk with staff if they had a complaint.

Is the service well-led?

Our findings

People knew the staff and registered manager by name and told us they relied on them to provide the right support. People looked very relaxed in the company of the staff. Staff told us they felt supported by the registered manager. One member of staff commented, "I feel very valued by the manager. We work well as a team, all of us".

Environmental audits had been carried out to identify and manage risks. Some of the shortfalls highlighted during our inspection had not been identified by the registered manager. The deputy manager had identified 25 areas of the service needing attention. These shortfalls had been noted but no timelines had been given to take action and complete the work. The registered manager told us they had spoken with head office to obtain additional maintenance support but this had not yet been provided. They did not know when the resources would be made available or when the work would be done.

Regular checks were completed on key things, such as, fire safety equipment, hot water temperatures and medicines. Staff from head office completed quality audits. When shortfalls were identified these were addressed with staff and action was taken. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.

The registered manager led by example and worked with staff each day coaching, mentoring and providing advice and guidance. There was a culture of openness; the registered manager and staff spoke with each other and with people in a kind and respectful way. A member of staff told us, "I love it here and feel very motivated". Another member of staff had given written feedback to the registered manager and noted, 'Team morale appears to be fairly high at the present time. Management are very approachable for all problems which arise'

People, relatives, visiting professionals and staff were encouraged to provide feedback and contribute ideas for the service. Residents meetings were held to obtain feedback on the quality of service. The registered manager told us these had not been as regular as they had hoped in the last year but that they were increasing them.

The registered manager noted on the Provider Information Return, 'We value feedback from satisfaction surveys, meetings, and supervisions, and also from conversations with people, their families and care managers, health professionals as well as the staff members, and we act upon any suggestions made. We recognise that interaction is a vital human need and our service is arranged to provide people with the opportunity for engage and interact with staff and others'. Regular quality surveys were given to people, relatives, staff and health professionals to obtain feedback. The responses we saw were positive.

Staff were encouraged to provide feedback on the quality of service. The comments we looked at were positive and included, 'I think that Ashdene House has coped very well over the last 6 – 9 months. Pulling together as a team. Ashdene House management team have been supportive during this time'. Staff meetings were held and recorded. One member of staff had noted on a recent quality survey, 'Staff

meetings are very helpful and perhaps could be carried out on a more regular basis'. The registered manager had already taken action to implement more frequent staff meetings.

The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality.

Providers are required, by law, to display their CQC rating to inform the public on how they are performing. The latest CQC report and rating was displayed. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

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 15 HSCA RA Regulations 2014 Premises and equipment The provider failed to ensure the property and equipment people used were clean, maintained and suitable for their intended purpose.