The Grange (Sandiacre) Limited

The Grange Residential Care Home

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

About the service
The Grange Residential Care Home is a residential care home providing accommodation for people requiring personal care to up to 36 people. The service provides support to younger adults and older people, people living with dementia, people with a sensory impairment and people with a physical disability. At the time of our inspection there were 36 people using the service. The accommodation contains several communal areas on the ground floor and has bedrooms, bathrooms and toilets on both floors.

People's experience of using this service and what we found
We found people were at risk of harm as fire safety risks and risks associated with substances posing a hazard to health had not always been identified. Infection prevention and control measures (IPC) were not consistent in the home to keep people safe from the risk of cross infection.

Systems to identify improvements in the home were not implemented effectively. Audits carried out by the manager and provider did not identify the fire safety and IPC issues we identified.

People felt safe in the home and they, or their relatives, knew how to raise any issues they might have. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People's needs were assessed, and their care planned in line with current good practice guidelines. People were referred for professional assessment and care when needed. People were cared for by competent staff.

People were supported by staff who were kind and knew them well. Staff understood and respected people's individual preferences.

People, or their relative where appropriate, were involved in their own care. Care plans were person centred, including details of people's sensory and communication needs. People, or their relative, felt confident any complaints they may have would be dealt with.

People believed the service was well led and gave positive feedback about the registered manager and staff team. The overall aim of the service was for people and their families to be happy. This outcome was worked towards by the care staff to achieve this for the people who lived there. Staff felt well supported in their role.

Mental Capacity Act
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.

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 20 January 2021).

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

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.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to the identification and safe management of fire safety risks, the control of substances hazardous to health and infection prevention and control 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 effective. Details are in our effective findings below.	**Good**
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**

The Grange Residential Care Home

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.

Inspection team
The inspection was carried out by one inspector, an inspection manager, a Specialist Advisor (nurse) 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
The Grange Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Grange Residential Care Home 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
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 11 May 2022 to help plan the inspection and inform our judgements. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all this information to plan our inspection.

During the inspection
We spoke with two people who used the service and seven relatives about their experience of care provided. We spoke with eight staff, including housekeeping and care staff, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

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

● The provider did not identify all fire safety risks. Two people's bedroom doors were propped open; this was done regularly by staff to reduce isolation for people who chose to spend a lot of time in their own rooms. People were at risk of harm if the fire alarm was activated as their door would not automatically close.

● The provider did not take action to mitigate the risk of harm from identified fire safety risks. We saw an outdoor bench being used as a barrier to prevent people accessing the grounds of the home after leaving the building from a fire exit door. People were at risk of not being able to safely exit the home in the event of a fire.

● Safety concerns were not consistently identified. Hand sanitiser gel was readily available throughout the home. There were no risk assessments in place regarding the safe use and storage of this product. People were at risk of harm from ingestion of the poisonous alcohol hand gel.

● Storage facilities in the home were not consistently safe. The cupboard where cleaning chemicals were kept was found to be unlocked; a bottle of alcohol was found in an unlocked cupboard in the dining room. This meant people were at risk of harm from contact and ingestion of poisonous items. A general storage room in the home was found to be cluttered and dirty. This presented fire and infection control risks.

● The registered manager was aware of poor staff performance in regard to housekeeping and maintenance. Although they had taken some action to address this, it had not been effective in improving standards. People were at risk of harm resulting from unsafe staff practice leading to unacceptable standards of safety, cleanliness and hygiene in some areas of the home.

● Systems to record safety maintenance were not used consistently. Records had not been completed to record equipment safety checks and cleaning. People were at risk of harm from using equipment that had not been regularly maintained.

Preventing and controlling infection

● Procedures were not in place to safely manage infection prevention and control (IPC). The standard of hygiene was inconsistent throughout the home, some personal and communal areas were found to be of a poor standard of cleanliness. A detailed cleaning schedule was not used and house keeping records were not always completed. This meant people were at risk of harm from a dirty and unhygienic environment.

● There was limited information about safe COVID-19 infection control practices for people entering the home. Information posters were not on show in the entrance to the home advising visitors of procedures to follow. People were at risk of the spread of infection.

● Good IPC practices were not consistently applied, this meant people were at risk of cross contamination. We found personal toiletry items in communal bathrooms; equipment was found to be rusted and dirty, for

example a shower chair in a communal shower room. People were at risk of cross contamination.
● The use of personal protective equipment (PPE) was not consistently safe. Waste disposal bins were not always available at the point of donning and doffing PPE. Waste bins, where available, were not always foot operated.

The provider did not always identify risks in relation to fire safety, control of substances hazardous to health and infection prevention and control. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager acted immediately during and after the inspection to address all the issues we had identified. For example, door retainers were fitted where needed, waste bins were replaced, cleaning schedules were reintroduced, and the housekeeper tasked with checking these were completed by domestic staff, areas were de-cluttered and cleaning was completed. Hand sanitiser dispensers were sourced, cupboards were secured and advisory signage was displayed.

● The provider facilitated visits in line with current guidance. Relatives told us they felt safe when visiting during the pandemic and all necessary protocols were in place to keep people safe. One relative told us, "I just turn up when I want to. Other members of the family go when they can. Now we can just turn up, previously it was bookings. We always sign in."

Systems and processes to safeguard people from the risk of abuse
● People were safeguarded from the risk of abuse. People, or their relatives we spoke with, told us they felt safe. A relative told us, "I have every confidence that [relative] is very safe."
● People or their relative or representative knew how to raise any concerns they had and felt confident to do so. One relative told us," I keep in touch with [the registered manager]. Any concerns it's a call or email to [the registered manager] and it is sorted out."
● People were supported by staff who had received safeguarding training. Staff knew how to recognise and protect people from the risk of abuse.

Staffing and recruitment
● There were enough staff deployed to meet people's needs. The manager completed a dependency tool to identify the staffing required to meet individual's needs. The staff rotas reflected the number of staff needed to care for people.
● Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● People were cared for by competent staff. One relative told us, "[Relative] says they [staff] know what they are doing and move them easily."

Using medicines safely
● Medicines were managed safely. Systems were in place to ensure safe ordering, storage and checking of medicines.
● People received their medicines as prescribed. Where required, people were supported by staff who were trained and assessed as competent to administer medicines safely. Staff were competent to identify and challenge discrepancies in prescribing to ensure people received the correct medicines.
● People, or their relatives where required, were kept up to date of any changes in medicines. One relative told us, "They [staff] are really efficient. [Relative] is under a new regime with the doctor and any changes

they advise me."

Learning lessons when things go wrong

● The registered manager engaged with other professionals with the aim of resolving issues identified with the medical practice that supported the home and develop good working relationships. The registered manager took action to ensure people received their medicines safely and continued to report ongoing issues to safeguard people and work towards improving the service.

●The registered manager reflected on safeguarding reports and used these as an opportunity to promote good outcomes for people, for example, by ensuring the continuation of good record keeping practice by staff.

Good

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 remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

●People's needs and preferences were comprehensively assessed. One relative told us, "When [relative] first moved in, they [staff] asked all about their background, [relative's] likes and dislikes."

● People's needs were identified and managed using nationally recognised tools. For example, to identify risk of malnutrition and pressure injury.

● People's care records contained information and guidance for staff to meet their specific needs. For example, how to support a person to move safely using equipment. Another example was guidance to manage type one diabetes following a treatment plan of blood sugar testing and insulin administration.

Staff support: induction, training, skills and experience

● People were supported by competent staff. Staff completed an induction programme, including working shifts with experienced staff, at the start of their employment as a care worker. Staff attended training and worked to achieve nationally recognised qualifications. Staff competence was checked to ensure safe practice was maintained, for example, senior staff competencies.

● Staff felt supported by the provider and had the opportunity to attend staff meetings, including regular one to one supervision meetings. One member of staff told us, "I have found the [registered manager] approachable and supportive."

● People felt staff were well trained and knew how to support them. One relative told us, "A few months ago, my [relative] fractured her hip. Staff fully knew [relative's] needs to look after her."

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

● People were given the opportunity to choose what they had to eat and drink. The kitchen staff spoke with people each day and responded to their choices of what they wanted to eat. One relative told us, "[Relative] really enjoys the meals. There is a menu for each day, [relative] can choose what they prefer. [Relative] tells us they are fed very well here."

● People were supported to be safe whilst eating and drinking. Staff knew and understood people's dietary needs. People had equipment to support them to maintain their independence to eat their meals where possible. Staff were available to support people to eat and drink where required.

● People were offered appetising looking home cooked meals in a calm, homely environment.

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

● Systems were in place for staff to refer people to external services when needed. Staff were confident to report any concerns for action by senior staff. For example, where swallowing difficulties were observed by

care staff this was reported to the GP for urgent referral for assessment by the Speech and Language Therapist and Occupational Therapist.
●Systems were in place to support people to receive consistent care. One relative told us, "They [relative] has settled in well. The home have linked with the medical team and the mental health team."
● People were supported to access health care as required. The home worked closely to manage people's health with an assistant practitioner who visited weekly. One relative told us, "The nurse comes in if there are any [health] concerns."
● People had access to healthcare services. One relative told us, "[Relative] has had their dentures repaired and sees the optician regularly." Another relative told us "The chiropodist visits them."

Adapting service, design, decoration to meet people's needs
● Whilst some areas of the home, such as the lounge, had been redecorated, other communal areas required redecoration. We also saw there was no signage around the home to help people find their way around.
The large communal lounge was set out in a traditional style with armchairs around the perimeter of the unusually shaped room.
● The Grange had a large garden which was used for events and some visits. People were not able to access the garden without support due to the security restrictions on the doors. People did not use the garden or outside space on the day of inspection.
● People's rooms were personalised with their own possessions including furnishings, pictures and ornaments. People spent time in their own rooms when they wished to, staff were available to facilitate this when required.
● People had choice about what area of the home to use to socialise, eat and relax.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● 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.
● Capacity assessments were completed where required and best interest decisions recorded if made.

Good

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.

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

- People were supported by kind and caring staff. Interactions we observed between staff and people who used the service were respectful and took into account people's needs, for example, when communicating with people with hearing and sight difficulties.
- People and their relatives consistently spoke highly of all the staff who supported them. One relative told us, "They [staff] are very caring, very kind and very good. They [staff] are all really, really nice to my [relative]."
- People and their relatives were consistent in their appreciation of the family atmosphere generated in the home. One relative told us, "It's a caring, tender, loving kind of place. [Relative] gets presents from the staff for birthdays and Christmas." Another relative told us, "They [staff] talk to [relative], call them by name, they [staff] all seem to love them [relative]."

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

- People were involved in planning their care. One relative told us, "Their [relative's] care plan is brilliant and it's working for them and I want them [staff] to carry on." Another relative told us, "The care plan is ongoing. They [staff] cater for whatever they need. We give what information is required."
- People were supported to make daily choices by staff who knew them well. One relative told us, "They [staff] speak to my relative; they [relative] are able to communicate with the staff. They [staff] do go in and have a few minutes chat, they [staff] get to know my relative. My relative gets to know the staff. They [staff] are like my relative's family now." Another relative told us, "Staff absolutely respect [relative's] wishes."

Respecting and promoting people's privacy, dignity and independence

- People's care plans included their preferences which staff understood and followed. One relative told us, "They [relative] doesn't like the door being shut, they like to know what is going on. Staff respect that, whatever [relative] wants to happen, staff make it happen." Another relative told us, "They [staff] talk to [relative]; staff try and encourage them."
- People were supported by staff who respected their privacy and dignity. One relative described a situation when they observed care staff support their relative to maintain their privacy, dignity and independence in a very caring way. Another relative told us, "They [relative] were asked and they prefer female carers. I have only seen female [carers]."

Good

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, or their representative, were involved in the planning of their care. One relative told us, "On the first day we had an in-depth questionnaire. What [relative] likes, what they did, all those sorts of things about them." Another relative told us, "We were involved, there hasn't been much change, other than they need a hoist."
- People's care plans included clear and detailed guidance on their preferences for staff to follow. Staff supported people according to their preferences and respecting their individual characteristics. For example, written guidance detailed how a person with a sight impairment preferred to be supported to move about the home.
- People had choice and control in how they received their care. One relative told us, "They [relative] has settled in amazingly well. They wanted to have their meals in their room, their big TV and their daily newspaper. They [staff] fulfil those wishes many times over. We feel grateful we found The Grange."

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 registered manager was able to provide information in a variety of formats where required, for example in different languages. Picture cards had been developed by staff to support a person whose first language was not English. These were used to help a person communicate their needs and choices in day to day situations and in care reviews.
- Systems were in place to ensure people's communication needs were met safely. Risk assessments were completed and guidance for staff to maintain safe practice regarding the use of masks when ensuring people were best supported to receive communication. One relative told us, "There have been instances when I have seen staff speak to them [relative]. Staff make sure they [relative] understand what they are saying. [Relative] is hard of hearing so they [staff] remove their masks for them so they can lip read. If they didn't [relative] wouldn't understand them at all."

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

● People were supported to maintain regular contact with their family and friends. People received visitors in the home without any restrictions. People were supported to go on visits and activities outside the home if they wished to.
● People were supported by staff who knew them well and understood their needs. One relative told us, "Staff have been trying to involve [relative] in activities. A member of staff sat next to them helping them play Bingo, they won so now they will be playing next week."
●People were supported to engage in preferred and familiar activities. One relative told us, "[Relative] is happy in their room. They [staff] come around with books. They have started to do more activities now, like cake making. They respect what [relative] wants to do."
● People were supported to explore ways of participating in their hobbies and interests. One relative told us, "The activity staff have been excellent with them [relative]. They have done scrapbooks of their life with them." A staff member learned a person liked football and arranged a surprise for their birthday. A relative told us, "It was the highlight of [relative's] day." One person told us they used to play an instrument in a band and now enjoyed playing tunes for other people in the home

Improving care quality in response to complaints or concerns
● The registered manager sought feedback from people or their representative by sending out questionnaires. Not everyone told us they remembered receiving a questionnaire. The registered manager had not yet completed a review of the feedback received.
● The registered manager used social media, emails and calls to keep in touch with people's relatives. Feedback we received from relatives we spoke with was consistent, they felt they knew what was going on in the service.
● People or their relatives knew how to raise any concerns and were confident any issues they raised would be dealt with. One person we spoke with told us, "All the staff approachable, I could always talk to them if I had a problem."

End of life care and support
● Systems were in place to involve people, or their family where required, in planning their own care. The service liaised with professionals in the frailty team who directed end of life care and district nurses to ensure people had the support they needed at this time. No-one at the home was currently in receipt of end of life care and support.

Requires Improvement

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 requires improvement. The rating for this key question has remained 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

- Risks were not always identified or managed. Fire safety, safe storage of chemicals and IPC risks had not been identified by the registered manager as part of their day to day management of the service. The provider did not have sufficient oversight of the service to be aware these issues had not been identified.
- Governance and performance management was not always reliable and effective. The registered manager completed audits, but these had not identified all the issues we raised during the inspection. For example, cleaning records had not been fully completed but this had not been addressed by the registered manager.
- Following the inspection, the registered manager and nominated individual stated their commitment to learn from this experience and improve governance. The nominated individual began to develop a checklist to formally record their regular visits to the home. Immediate action to address the concerns we had identified during the inspection was taken by the registered manager and nominated individual. We were assured steps were taken to mitigate the risk of harm to people by action we observed on the day of inspection and further evidence in the form of photographs and completed checklists we were sent.
- Statutory notifications had not been submitted by the registered manager to tell us about the outcome of any applications to deprive a person of their liberty. The registered manager took action immediately to submit notifications in respect of current deprivations in place. The registered manager understood their responsibility going forward to submit notifications immediately once application outcomes were known.

Working in partnership with others

- The registered manager stated they had not always had good working relationships with other professionals involved with the service but there had been improvements in some of these relationships. The registered manager had raised concerns to the relative organisations to try and make improvements.
- The management team worked with health professionals to ensure people received the medical care they needed.

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

- Feedback questionnaires had been sent to stakeholders by the registered manager. These had not been analysed to identify responsive improvements. The registered manager identified they were considering how to make these more effective but had not yet made any changes. People had previously attended meetings at the home, these had stopped during the pandemic.

● People or their relatives believed the home to be well managed. One relative told us, "'It [the home] appears to be well managed; from what I can see, it's absolutely well managed." Another relative told us "I do think the home is well managed, [the registered manager] is very approachable."
● People or their relatives told us they received questionnaires as well as monthly newsletters from the registered manager and regular messages by email or social media to keep them informed. One relative told us, "I speak regularly to [registered manager] and know I could talk to her about anything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
●Feedback from people or their relatives was consistently positive about the registered manager. One relative told us, "I speak to the [registered] manager regularly. I know [name]. I've had no issues. If I did have, I know I could go to them." Another relative told us, "The [registered] manager is very approachable."
● People described the care home as their home. One relative told us, "It's a home from home, it's [relative's] forever home." Another relative told us, "[Relative] says 'they look after me so well', that tells me everything as they didn't want to go into a care home. The [staff] are so nice, so cheerful and have a bit of fun all the time."
● People's relatives were kept informed where appropriate of accidents and incidents. One relative told us, "[Relative] had an episode of sickness one night and the senior [staff] called me the next day and let me know. I spoke to [registered manager] in the afternoon, they said [relative] was up and had had their breakfast, so it was just a day thing." Another relative said, "[Relative] had a bruise from a bump, the [registered] manager told me what happened. I was happy with their explanation and it has not happened again."
● Staff felt valued and supported by the registered manager and owner. A member of staff told us, "I love working here, it feels like family. The registered manager and owner are approachable and supportive."

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 provider did not always identify risks in relation to fire safety, control of substances hazardous to health and infection prevention and control.