

# Community Integrated Care Maitland Terrace

## 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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 17 and 23 April 2018 and was unannounced. A previous inspection, undertaken in February 2017, found the provider in breach of two regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rated the service as 'Requires Improvement' overall.

Maitland Terrace is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is registered to provide support for up to seven people over single storey, bungalow style accommodation. Residential care is provided for people with a learning disability, physical disability or those with an autistic type condition. Nursing care is not provided at the home. On both days of the inspection there were six people using the service.

At the time of the inspection there was no registered manager formally registered at the home. The previous registered manager had left the home and cancelled their registration in January 2018. A new manager had been appointed but had been in post only around two weeks. A registered manager is a person who has registered with the 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. We were supported on the inspection by the interim manager who had been over seeing the service and the provider's regional manager.

Staff were aware of safeguarding issues and told us they would report any concerns around potential abuse. Any safeguarding matters had been appropriately investigated and dealt with.

Checks were carried out on the equipment and safety of the home. Previous concerns around fire safety at the home had been addressed. Staff had completed fire safety training and regular fire drills were undertaken. Risk assessments linked to people's care were not always updated in a timely manner and care plans did not always fully reflect the advice given by health professionals. The home was maintained in a clean and tidy manner.

Staff told us they felt there were enough staff at the home and said they were able to accompany people to access the community and support them with their personal care needs. Proper recruitment procedures and checks were in place to ensure staff employed by the service had the correct skills and experience. Previous issues with regard to the safe management of medicines had been addressed and we found no issues.

Staff told us they had access to a range of training and there was good overall uptake of training provided. Staff confirmed that had access to regular supervision and had been offered an annual appraisal.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a

law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. Appropriate applications for DoLS had been made and there was evidence best interests decisions had been made, when appropriate.

People had access to health care services to help maintain their physical and psychological wellbeing. People were supported to access adequate levels of food and drink.

At the previous inspection we had noted the decoration of the home was in need of updating and some areas of the kitchen facilities were damaged and required replacement. To date this work had not been completed. The regional manager informed us this work was to be undertaken in the near future.

We observed there to be good relationships between people and staff. People looked happy and relaxed in staff company. Staff displayed an exceptional understanding of people as individuals and of treating them with dignity and respect. We found limited evidence to suggest that people, or their legal representatives, had been actively involved in their care reviews. Reviews of care were often limited in content and information.

People's needs had been assessed and individualised care plans and risk assessments developed that addressed identified needs. Some care plans had detailed information for care staff to follow. Other care plans lacked specific detail about how to support people. Reviews of care plans were not always timely, detailed or appropriately recorded. People were supported to attend various events and activities in the local community. Activities also took place within the home and people clearly enjoyed these. There had been no formal complaints in the last year.

Regular checks and audits were carried out on the service by senior staff within the organisation. Whilst the range of checks and audits had improved, there continued to be issues identified at this inspection that had not been identified through these quality processes. Staff were positive about the interim manager and the support they received from the regional manager. They said there was a good staff team and felt well supported by colleagues. Daily records at the home were limited in detail and were not always person centred.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the Safe care and treatment, Person-centred care and Good governance. You can see what action we told the provider to take at the back of the full version of the 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 always safe.

Risk assessments had been undertaken with regards people's individual care, but had not always been updated and did not always contain sufficient detail for staff to follow. Safety checks were in place, including those related to fire safety. Medicines were managed and recorded appropriately and safely.

Staff had undertaken training on safeguarding issues and recognising potential abuse. Any safeguarding issues had been dealt with appropriately.

Proper recruitment processes were in place to ensure appropriately experienced staff worked in the service. Staffing levels were maintained to ensure individualised care.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

A range of training had been provided and staff had undertaken a high proportion of available learning courses. Annual appraisals had been undertaken and regular supervision was provided.

The service was complying with the requirements of the Mental Capacity Act 2005. DoLS application had been made or were in progress and best interests decisions made, as necessary.

People were supported in making day to day choices. Previously identified refurbishment and repairs to the building had not yet been completed, although plans were now in place.

**Good** ●

### Is the service caring?

The service was not always caring.

There was limited evidence to suggest people had been actively involved in reviews of their care.

We observed good relationships between people and staff and

**Requires Improvement** ●

people looked happy and relaxed in staff company. Staff had an exceptional understanding of people's daily support needs.

People's health and well-being was monitored and supported.

### **Is the service responsive?**

The service was not always responsive.

People had assessments of their needs. Some care plans had good detail, whilst other lacked sufficient information to allow staff to effectively support people. Reviews of care plans were sometimes limited and lacked detail.

People were encouraged to engage in a range of activities and events in the local community. People enjoyed activities that took place in the home.

There had been no formal complaints in the last 12 months.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

A range of checks and audits were undertaken, although these had failed to identify the issues found at this inspection. Daily records and other care records did not always contain good detail and were not always person centred.

Staff talked positively about the support and leadership of the interim and regional managers. They said they were happy working at the service and there was a good staff team there.

Regular staff meetings took place and staff told us they could actively participate in these.

**Requires Improvement** ●

# Maitland Terrace

## 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.

This inspection took place on 17 and 23 April 2018 and was unannounced. This meant the provider was not aware we intended to carry out an inspection. The inspection was undertaken by one inspector.

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 information we held about the provider, in particular, notifications about incidents, accidents, safeguarding matters and any deaths. We contacted the local authority prior to the inspection for any information they held about the home. We used their comments to support our planning of the inspection.

People using the service were not always able to communicate with us in detail, but we observed they looked happy and relaxed. We spoke with two members of staff, the interim manager, the recently appointed manager and the regional manager. During the inspection we also spoke with a member of the local authority Deprivation of Liberty Safeguards team.

We reviewed a range of documents and records including; four care records for people who used the service, five medicine administration records, five records of staff employed at the home, accidents and incident records, fire records, training records, minutes of meetings, communication documents and a range of other quality audits and management records.

# Is the service safe?

## Our findings

At our previous inspection in February 2017 we rated this domain as 'Requires Improvement.' At this inspection we found the provider had made some improvements in the delivery of care but was still not meeting all aspects of the regulations for this domain.

At the previous inspection we had raised concerns about the effectiveness of fire safety at the home and in particular staff training in this area and the undertaking of fire drills, to practice safe evacuation. At this inspection we found that action had been taken to address this issue. The majority of staff had completed mandatory fire training courses and there was evidence that regular practices took place with regard to how staff should act on the event of a fire. Regular checks were carried out on fire safety equipment and contractors visited the home to service and check fire alarms and firefighting equipment. People living at the home had personal emergency evacuation plans (PEEPs) in place, with good detail about the person and how they should be supported in the event of a fire or other emergency.

Also at the inspection in February 2017 we found concerns with regard the safe handling and management of medicines at the home. We found that 'as required' medicines did not have instructions for staff to follow to ensure they were given safely, where medicines were given in variable doses it was not always clear how much had been given and noted gaps in medicine administration records (MARs), meaning it was unclear if medicines had been given correctly. 'As required' medicines are those given only when needed, such as for pain relief. At this inspection we found that the management of medicines had improved. People with 'as required' medicines now had care plans to support when they should be used, variable dose medicines were clearly marked and there were no gaps in MARs. Liquid medicines and creams were dated when opened to ensure they were used within any expiry date and staff who dealt with medicines had had their competency assessed. Medicines at the home were stored safely and effectively, with each person having a locked cabinet in their room.

This meant the provider had taken action to address the concerns previously highlighted.

Care records for people living at the home contained a 'risk log', detailing possible risks to their health and wellbeing. Some of the risks listed were generic in nature, such as medicine errors and the risk of financial abuse. Others were more specific to the individual, including risk of injury during hoisting, falls risks and choking risks. Whilst the records highlighted possible risks in these areas, they did not always contain information for staff to follow to mitigate risks. Some risk records referred staff to support plans later in the file and professional advice contained within the file. However, we found this was not always clear and did not always fully address the risk or guide the staff.

For example, in one person's support records it was highlighted they had a risk of choking and had been previously seen and assessed by the speech and language therapy team (SALT) following a potential choking episode. The risk log stated SALT guidance must be followed at all times and staff were to reference the support plan. The support plan referred staff to the SALT guidance elsewhere in the file. However, there were various letters and plans in the file, including the most recent letter, which stated staff had not always

been following previous advice and emphasising the individual must have moist food. We noted staff had taken the person out, with others from the home, and as part of the trip were to have lunch out. There were no guidelines in the care plan about how staff should support the person when eating out and how they should ensure food was always moist. When they returned from the trip we asked staff how they had supported the person. Staff told us the person's meal had included mushy peas, despite the SALT guidance highlighting peas as being a risk foodstuff. Staff also referred us to further information held in a folder in the kitchen, saying this was a list of what the person could eat. This list included instruction of how the person could eat sandwiches, although the latest SALT guidance stated that bread should not now be part of the diet. We spoke to the regional manager about this on the first day of the inspection and she told us the plan would be updated. One the second days we noted the plan had been revised, but still lacked detail and there remained several versions of SALT advice on the file.

In another person's support plan it was noted that following an Occupational Therapy assessment there had been a change to the type of sling that should be used to safely hoist them. Whilst the care records had been updated both the new and the old information was contained within the care plans, making it unclear which was the most recent advice to follow.

The risk log was not always dated and so were unsure if this was up to date. The provider told us that risk logs were updated twice a year and that the whole document was updated and replaced in the care record. We spoke with the regional manager about this. She told us that care records were being reviewed and updated and changes would be made as part of this process.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 12. Safe care and treatment.

Risk with regard to the premises and environment of the home were effectively managed. We saw copies of the home's gas safety certificate, fixed electrical system certificate and portable appliance testing (PAT) certificates. Hoists and lifting equipment in the home had been subject to a six monthly Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) check. Staff undertook regular checks around the home, including checks that water temperatures were sufficiently hot to limit the risk of Legionella.

At the previous inspection we had found that the home was dealing appropriately with any safeguarding issues or concerns. At this inspection we found that any such issues were investigated, managed and reported, as necessary. Prior to the inspection the local safeguarding team had informed us there were no current concerns about the home.

At the inspection in February 2017 we had found the provider had a safe and effective system for the recruitment of new staff. At this inspection we found this continued to be the case. Staff files showed that a proper recruitment process had been followed and appropriate checks, including Disclosure and Barring Service (DBS) checks being undertaken, and the taking of two references.

At the time of the inspection there were six people living at the home. Staff we spoke with told us there were enough staff to support people and assist them with their care needs. The interim manager told us there were currently 14 staff employed at the home, 11 permanent staff and three bank staff. Staffing levels consisted of three or four staff on during the day, depending on whether some people were attending day services elsewhere, and one waking and one sleep-in night staff. Staff told us these numbers allowed them to support people out into the community and take part in activities.

Along with supporting people at the home staff were also required to undertake cleaning duties at the



home. We found that overall the home was maintained in a clean and tidy manner. We found that new mops purchased for the home had not yet been colour coded. The regional manager told us this would be addressed.

# Is the service effective?

## Our findings

At our inspection in February 2017 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

Care records showed people's care needs and choices were assessed and support delivered in line with these needs. Records contained information about people's preferences and particular routines. Staff we spoke with talked extensively about the individual support people required, how they ensured their actions provided this support and how they tried to develop people's abilities and experiences, within their skills, capacity and comfort.

People living at the home had diverse needs in respect of the seven protected characteristics of the Equality Act 2010 namely; age, disability, gender, marital status, race, religion and sexual orientation. We spoke with staff about their understanding of equality and diversity. Staff had a good grasp of the issues regarding this area. One staff member told us, "Part of the care is about ensuring they have all the choices that others have." Staff said they had not encountered any issues when accompanying people out in the community. They said the local village community was also very supportive and accepting of people living at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that all the people living at the home were either subject to a DoLS order or an application had been made. When received, copies of the DoLS documentation was kept in peoples care records for reference.

At the previous inspection we had made a recommendation with regard to ensuring decisions about people's care were made in line with the MCA, with particular reference to best interests decisions. At this inspection we found appropriate use of the best interests process, with copies of assessment and decision documents for items such as the use of bed rails and lap belts on wheelchairs, to help keep people safe.

At the inspection in February 2017, with the exception of issues around fire training, we had found the provider had in place an appropriate system to support staff training and development. At this inspection we found this continued to be the case. Staff told us, and records confirmed that regular training and updates were available. At the time of the inspection the overall take up of training at the home was 81%, although the majority of uncompleted training was due to a new starter and a bank worker still looking to complete mandatory training. Staff who had recently commenced working at the home told us they had been subject to an induction period, when they had completed a range of training and shadowed more experienced staff, before working on their own. Staff records showed new staff members were also subject to a probationary review prior to being taken on as full time staff.

At the previous inspection we found staff also had access to regular supervision and annual appraisals. At

this inspection we found this continued to be the case. Staff confirmed they had regular support and review sessions and were able to raise any issues in these discussions.

With the exception of the issues around risk previously highlighted, we found people were supported with a range of food and drink. Where necessary, people's weight was monitored and staff recorded their food and fluid intake throughout the day. Where people required assistance with eating and drinking we saw staff undertook this in an appropriate manner and in line with the care plan. For example, two people's care plans stated that they should be supported to eat using a tea spoon and we witnessed staff doing this.

At the previous inspection we found the provider was supporting people to maintain their health and wellbeing, with regular access to a range of health and social care professionals. At this inspection we found this continued to be the case, with files showing letters and reports from a range of professionals and services.

At the inspection in February 2017, although not identified as a breach of regulations, we had noted that the decoration of the home was looking tired and in need of refresh, repair and updating. We had also noted that the kitchen area in one of the units at the home had doors that were badly damaged and worn, presenting a low but potential cleanliness and infection issue. Working surfaces in both kitchens were also in need of replacement. At this inspection we found that this work had still not been undertaken and the home in general, and kitchen areas specifically, continued to need redecoration, repair and updating. The regional manager told us that the improvements to the home had been approved by the provider's board, but because of changes in the provider's estates department the process had been delayed. She sent us a copy of an email and work list to demonstrate the work was due to be carried out at the home. Some areas of the garden were also in need of repair.

## Is the service caring?

### Our findings

At our previous inspection in February 2017 we rated this domain as 'Good.' At this inspection we found the provider was not now meeting all aspects of the regulations for this domain.

The home had a range of systems for reviewing care, including monthly reviews (Summary of monthly learning) and six monthly reviews. We found these reviews were often limited in their content and not person centred. Documents included phrases such as, "[Name of person] is up to date with follow ups and appointments" and "[Person's name] has been active." There was no indication that people, relatives or their legal representatives had been actively involved in these reviews. There was no evidence to show that alternative methods of communication had been employed to engage people, even in a minimal way, in their care reviews. Staff we spoke with told us some people at the home were able to actively engage in some discussion about their care. We spoke with the regional manager about care reviews. She told us they always ensured that staff who knew people well carried out the reviews. She said at least one person had an advocate who they involved in review processes. We looked at this person's care documents and could not identify the involvement of an advocate in the review process. This meant people, or their representatives were not actively involved in determining or reviewing their care.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 9. Person- centred Care.

Staff told us there was a regular meeting with people who lived at the home, for them to help plan events and make choices about activities. We saw records of these meetings and one set of easy read minutes from the latest 'house meeting.' Notes from the meeting showed staff had introduced a new person who had come to live at the home. Notes also suggested people had been asked about what activities they wanted to participate in, such as a Halloween party and Christmas shopping.

Staff demonstrated how people were involved in day to day choice about their care. We observed people were asked about their preferences, whether they wanted to go out, what they wanted to drink and whether they wished to be involved in activities taking place at the home. Staff talked about being led by people. They told us they would find ways of helping people make choices, such as using simple phrases or offering visual prompts. One staff member described how they supported one person throughout the day and how they incorporated choices, showing them different deodorants or perfumes or supporting them the make choices about the clothes they wore.

People who used the service were not always able to tell us directly their views on the service. We asked some people if they were happy living at the home and they indicated they were. We also asked them if they were happy with the staff who supported them and they again gave affirmative answers, smiled broadly and made the thumbs up sign.

During the inspection we saw that people were always dressed in a clean and tidy manner. One person had a scarf around their neck to help protect their clothes from saliva. Throughout the day staff checked with the

person and asked if they wanted the scarf replaced with a clean one. People's care plans also emphasised the need to ensure people care was delivered in a dignified manner.

Staff talked knowledgeably about supporting people with their independence and how they encouraged people to undertake as much as possible for themselves, but also how they supported people to extend their experiences. They told us about one person who was being supported to take trips to other places, outside their normal routine. They told us they seemed to be enjoying this. Another staff member told us one person had been on public transport that morning, possibly for the first time, and that they had been very relaxed and found it very interesting. On the second day we observed a member of staff supporting a person to make a cup of coffee independently. They took time to describe each step of the process to them and ensure they did this safely.

Records and documents at the home were stored safely in the home's main office, although some personal documents were also kept in people's bedrooms. Other than this personal documentation records were not left in public areas or corridors.

## Is the service responsive?

### Our findings

At our previous inspection in February 2017 we rated this domain as 'Requires Improvement.' At this inspection we found the provider had made some improvements in the delivery of care but was still not meeting all aspects of the regulations for this domain.

At the previous inspection we had found a breach of regulations because care and support plans were not regularly reviewed, or where they were reviewed there was often limited information linked to the review. At this inspection we noted that, although care records had been revised and updated, reviews of care remained limited. Care plan documentation indicated that plans should be reviewed at least six monthly, but we noted several plans had not been reviewed in this time scale. Where plans had been reviewed we still saw phrases such as, 'No change in plan' or 'remains appropriate', with no information about how the individual had presented over the previous six months, whether they had had any falls or displayed any concerning behaviours. We spoke with the regional manager about this and she agreed that staff needed to develop their skills and ensure reviews were more appropriate and person centred.

This was breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Reviews of care took place in a range of formats and at varying time. We spoke with the regional manager about streamlining the review process to ensure it was focussed on the person and involved the individual, as far as possible.

Details in the actual care and support plans varied. Some plans had very detailed information for staff to follow. For example, one person, whose behaviour could change if their routine was disturbed, had a very detailed plan about how staff should approach the person. Other plans were less detailed and often referred staff to health professional plans elsewhere in the file, rather than detailing the way people should be supported in the actual care plan. We spoke with the regional manager about this, who said care records would be revised as the provider was looking to move to a more supported living model of care.

At the inspection in February 2017 we found that people were supported to engage in a range of activities and social events. On the first day of the inspection two people were away from the home attending a day service. Also on the first day of the inspection people went out in the home's minibus to a local town and had lunch out. We also saw staff engaged in craft and other activities with people. On both days of the inspection a local musician attended the home with his guitar. He played a range of songs, which people sung along to or clapped to with gusto. People seemed to really enjoy the event and were happy, smiling and vocal throughout the time with the musician. The musician also encouraged people to sing their favourites songs and took care accompanying them at their own pace.

At the previous inspection we had found the provider had dealt appropriately with concerns and complaints, although made a recommendation about developing an accessible complaints policy. At this inspection we found there had been no formal complaint with in the last 12 months. We saw the provider

now had an easy read complaints format for people to follow, if they wished to raise a concern.

## Is the service well-led?

### Our findings

At our previous inspection in February 2017 we rated this domain as 'Requires Improvement.' At this inspection we found the provider had made some improvements in the delivery of care but was still not meeting all aspects of the regulations for this domain.

At the time of the inspection there was no registered manager formally registered for the service. The previous manager had left the service in February 2018 and cancelled their registration. An interim manager had been overseeing this service and a sister service close by. A new manager had recently been appointed and had been in post around two weeks at the time of the inspection. They told us it was their intention to formally apply to be the registered manager for the service.

At the previous inspection we had found a breach of regulations with regard to maintaining records at the home and effective audit processes. At this inspection we found records continued to require attention. In particular, we found daily records were limited and not person centred. Other records such as care plans and reviews were also not always detailed or up to date.

The regional manager carried out monthly visits to the home and identified issues which required addressing, although there was not always a clear action plan about how the issue were to be addressed. The regional manager also demonstrated the provider's new system for oversight of services and said this new tool would make it easier for her to maintain oversight of the service and ensure actions were followed up. Whilst the audit processes for the home had improved, these audits had failed to identify the issues raised at this inspection. In particular, there were issues around people's active involvement in care choices and decisions, records not being sufficiently detailed and not fully incorporating professionals advice, risk issues not always being reviewed or updated appropriately and the matter of the refurbishment of the home taking over a year to address.

This was breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Regulation 17. Good Governance.

Staff we spoke with told us they were happy working at the home. Comments from staff included, "Everyone is friendly, both the staff and the residents. It's brilliant. I love working here" and "I like it here. There is good support." They told us there was a good staff team and that they worked together well. Staff said they felt well supported by the managers, including the current period when there was no full time manager of the service. They told us the interim manager had been very supportive and there had been regular visits to the home by the regional manager. One staff member told us, "All the managers are really friendly and really supportive."

Staff members confirmed that there were staff meetings at the home. The most recent staff meeting had taken place in March 2018 and six staff had attended. A range of issues had been discussed including ensuring medicines were appropriately dealt with and staff were reminded about SALT plans. Staff told us they were able to raise any issues they wished at these meetings and felt listened to.



The regional manager spoke about the provider's intention to move to a more supported living type service, as opposed to the residential system that they currently operated. They felt that a supported living environment would offer greater opportunity for people living at the home, and allow them more freedom to pursue their interests. She said the discussions were still at an early stage and they were consulting with a wider variety of professionals, relatives and service users. She told us they had approached the various local authorities who were responsible for the people living at the home, to ensure they were all allocated care managers or advocates, to support their involvements in the process.

The provider was meeting legal requirements of their registration. The service had notified the Commission of significant events at the home, such as deaths, serious injuries and DoLS applications, as they are legally required to do. The home was displaying their current quality rating at the home and on the provider's website.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>Care and treatment did not always reflect the views of people who used the service and reviews of care and treatment did not always involve the views of the service users or relevant people in making decisions.<br>Regulation 9. (1)(c)(2)(3)(b)(d)(f). |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Care and treatments was not always provided following appropriate assessments of risk and action being taken to mitigate any such risks.<br>Regulation 12. (1)(2)(a)(b)   |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes were not always followed to assess, monitor and improve the quality or the service or mitigate risk. Accurate and complete contemporaneous records were not always maintained..<br>Regulation 17 (1)(2)(a)(b)(c).                       |