Compleat Care (UK) Limited

Five Bells 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This was an unannounced inspection carried out on 19 April 2017.

We competed a comprehensive inspection of this service on 14 September 2016. We completed the present inspection because we had received concerning information that people were not receiving safe care.

Five Bells Residential Care Home can provide accommodation and personal care for 28 older people, people who live with dementia and people who have a physical disability. There were 20 people living the service at the time of our inspection. The accommodation consists of an adapted three storey property in the grounds of which there are a number of cottages and apartments.

The service was run by a company who was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak both about the company and the registered manager we refer to them as being, 'the registered persons'.

At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered persons had not suitably protected people from the risk of avoidable accidents. You can see what action we told the registered persons to take in relation to this breach of the regulations at the back of the full version of this report.

We also found that parts of the accommodation were not clean and that full background checks had not always been completed before new staff were employed. Medicines were managed safely and there were enough care staff on duty. Care staff knew how to respond to any concerns that might arise so that people were kept safe from abuse.

Some care staff had not received all of the training the registered persons considered to be necessary and did not have all of the knowledge and skills they needed. The arrangements used to support people to eat and drink enough were not robust, but care staff ensured that people received all of the healthcare they needed.

The registered persons had ensured that whenever possible people were helped to make decisions for themselves. When people lacked mental capacity the registered persons had ensured that decisions were taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them

of their liberty in order to keep them safe. In relation to this, the registered persons had ensured that people only received lawful care.

Care staff were kind and compassionate. People's right to privacy was promoted and confidential information was kept private.

Although people received a lot of practical assistance, care staff had not always followed the correct procedures to ensure that this level of support was maintained. People were not suitably supported to pursue their hobbies and interests. However, care staff promoted positive outcomes for people who lived with dementia and there were arrangements to quickly and fairy resolve complaints.

Quality checks had not always effectively resolved problems in the running of the service and people had not been fully consulted about the development of their home. Most care staff considered that the service was run in an open and inclusive way so that they were able to speak out if they had any concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had not always been protected from the risk of avoidable accidents.

Background checks had been completed before new staff were employed.

Parts of the accommodation were not clean.

Medicines were managed safely.

There were enough staff on duty.

Staff knew how to keep people safe from the risk of abuse including financial mistreatment.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received all of the training the registered persons considered to be necessary and they did not have all of the knowledge and skills they needed.

Some of the arrangements to support people to eat and drink enough were not robust.

Care was provided in a way that ensured people's legal rights were protected.

People had been assisted to receive all the healthcare attention they needed.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was promoted.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although people received a lot of practical assistance, care staff had not always followed the correct procedures to ensure that this level of support was maintained.

People were not offered sufficient opportunities to pursue their hobbies and interests.

Staff promoted positive outcomes for people who lived with dementia.

There was a system to quickly and fairly resolve complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Quality checks had not always resulted in problems in the running of the service being quickly put right.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was good team work and staff had been encouraged to speak out if they had any concerns.

Five Bells Residential Care Home

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 registered person was 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.

Before the inspection we examined the information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 19 April 2017. The inspection team consisted of one inspector and the inspection was unannounced.

During the inspection we spoke with eight people who lived in the service and with three relatives. We also spoke with four care workers, two team leaders and the registered manager. We also spoke with the operations manager. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After our inspection visit we spoke by telephone with another three relatives.

Requires Improvement

Is the service safe?

Our findings

People said that they felt safe living in the service. One of them said, "I'm okay here and the staff are fine with me." Another person who lived with dementia and who had special communication needs gave a 'thumbs-up' sign when asked about this matter. All of the relatives said they were confident that their family members were safe in the service. One of them said, "The place has a lived-in feeling and is a bit run down in places but the staff are very kind and that's the main thing. I think my relative is safe enough there."

However, we found that there were shortfalls in some of the arrangements that had been made to reduce the risk of people experiencing avoidable harm. These included there being a security issue in relation to access to the accommodation that had not been managed or addressed. Another issue was two radiators that had not been fitted with suitable guards. The radiators were very hot and would quickly burn someone who fell against them. A further issue was that some of the windows were not fitted with safety latches to prevent them from opening too far. This increased the risk that people would be injured or would fall out when opening the windows concerned. We raised our concerns with the registered persons who assured us that steps would immediately be taken to address each of the defects we had noted.

Shortfalls in the arrangements used to reduce the risk of people having accidents and experiencing avoidable harm were a breach of regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

However, staff had identified other possible risks that could lead to people having accidents. Examples of this were people being provided with equipment such as walking frames, raised toilet seats and bannister rails. In addition, staff had taken action to promote people's wellbeing. An example of this was people being helped to keep their skin healthy by using soft cushions and mattresses that reduced pressure on key areas.

In addition, records of the accidents and near misses involving people who lived in the service showed that most of them had been minor and had not resulted in the need for people to receive medical attention. We saw that the registered manager had analysed each event so that practical steps could then be taken to help prevent them from happening again. An example of this was people being offered the opportunity to be referred to a specialist clinic after they had experienced a number of falls. This had enabled staff to receive expert advice about how best to assist the people concerned so that it was less likely that they would experience falls in the future.

We found that there were shortfalls in the arrangements used to promote good standards of hygiene. One of these was the condition of the carpets in two of the bedrooms we visited. The carpets were worn, stained and resulted in the rooms having a stale atmosphere. Another issue involved two of the communal toilets. In one of these there was a cloth hand towel placed by the wash hand basin for general use by people who needed to dry their hands. In the other toilet the seat was stained and dirty. These shortfalls increased the risk that people would acquire avoidable infections.

Although the registered manager told us that they regularly checked standards of hygiene we concluded

that the process had not been sufficiently robust to resolve the problems we found. We raised our concerns with the registered persons who assured us that steps would immediately be taken to address each of the shortfalls we had noted. These measures included increasing the number of hours for which a housekeeper was available to undertake cleaning tasks.

We examined records of the background checks that the registered persons had completed when appointing to two new care staff. We found that in relation to both people the registered persons had not obtained a suitably detailed account of their employment history. This had reduced their ability to determine what background checks they needed to make. In addition, one of the checks they had considered to be necessary had not been completed in the right way. These shortfalls had limited the registered persons' ability to assure the persons' previous good conduct and to confirm that they were suitable people to be employed in the service.

However, a number of other checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, we were told that no concerns had been raised about the conduct of the members of staff since they had been appointed. Furthermore, the registered persons assured us that the service's recruitment procedure would be strengthened to ensure that in future all of the necessary checks would be completed.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. There was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the week preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

In their Provider Information Return the registered persons told us that in the 12 months preceding our inspection there had been four occasions when staff had not administered a medicine in the right way. Records showed that in each case the registered manager had carefully established what had gone wrong. They had then used this information to make improvements to reduce the risk of it happening again. These measures included providing individual members of staff with additional training. They also included strengthening some of the procedures that governed how medicines were managed in the service.

People who lived in the service said that there were enough care staff on duty to promptly provide them with the care they needed. One of them commented, "The staff generally are good and they come when I need them." Another person said, "On some days the staff are pushed if someone's not turned up due to being sick but in general the staff don't seem to be overly rushed."

The registered manager told us that they had completed an assessment of the minimum number of care staff who needed to be on duty taking into account how much assistance each person required. We noted that on the day of our inspection and for the preceding week all of the care staff shifts had been filled. In addition, we observed call bells being quickly answered. Furthermore, we noted that when people who were sitting in the lounge asked for assistance to go to the bathroom this was promptly provided. We concluded that there were sufficient care staff on duty to provide people with the care they needed.

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of

harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. In addition, records showed that the registered manager had correctly informed the local safeguarding authority when concerns had been raised that a relative might not be acting in a person's best interests. This action had enabled the authority to carefully consider what action needed to be taken to ensure that the person was kept safe.

Requires Improvement

Is the service effective?

Our findings

People said that they were well supported in the service and they were confident that staff knew how to provide them with the practical assistance they needed. One of them said, "The staff definitely know what they're doing which makes me feel safe here." Relatives were also confident that staff had the knowledge and skills they needed. One of them said, "I'm completely confident in the staff because when I ask something about my family member's care they all seem to know what's what."

However, we noted that there were shortfalls in some of the arrangements that care staff used to support people who were at risk of not having enough hydration and nutrition. Although a number of people were being assisted by care staff recording how much they had eaten and drunk each day this was not always being done in a reliable way. In relation to three of these people we found that the records had not always been completed and that others were not sufficiently accurate to enable them to be used. This oversight made it more difficult for care staff to establish if the people concerned were eating and drinking enough. In addition, we noted that action had not been taken even though some people had not drunk enough over several days to meet what the registered manager said was the minimum hydration necessary to promote good health.

We also noted that the registered persons considered it necessary to offer everyone the opportunity to have their body weight checked. This was so that any significant changes could be brought to the attention of a health care professional. However, records again showed that this was not being done in a consistent or reliable way. This was because on some occasions people had not been offered the opportunity in question while on others weights had not been correctly analysed so that changes could quickly be identified. Although there was no evidence that people had experienced direct harm as a result of these mistakes, we raised our concerns with the registered manager. They said that the shortfalls in question would quickly be addressed to better ensure that people reliably received all of the help they needed to have enough nutrition and hydration.

Nevertheless, people told us that they enjoyed their meals with one of them remarking, "The food is actually quite good here and we certainly get enough." Records also showed that people were offered a choice of dish at each meal time and when we were present at lunch we noted that the meal time was a relaxed and pleasant occasion. We also noted that the registered manager had arranged for some people who were at risk of choking to be seen by a healthcare professional. This had resulted in staff receiving advice about how best to specially prepare some people's meals so that they were easier to swallow.

Care staff told us and records confirmed that new staff had undertaken introductory training before working without direct supervision. The registered manager said that this training complied with the guidance set out in the Care Certificate. This is a nationally recognised model of training for new staff that is designed to equip them to care for people in the right way. In addition, records showed that care staff regularly met with a senior colleague to review their work and plan for their professional development.

In their Provider Information Return the registered persons told us that it was important for care staff to

receive refresher training in key subjects to ensure that their knowledge and skills were up to date. These subjects included how to safely assist people who experienced reduced mobility, first aid, infection control and fire safety. Although some care staff had not received all of this training we found that most of them knew how to provide the practical assistance that people needed to receive. An example of this was care staff knowing how to correctly assist people who needed support in order to promote their continence. Another example was care staff knowing how best to help people to keep their skin healthy. However, we also noted that care staff were less confident when providing care for which some of them had not received full training. An example of this were care staff who were not sure about how best to support people who were at risk of not eating and drinking enough to keep their strength up.

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 law 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.

We found that care staff were supporting people to make various decisions for themselves. An example of this occurred when we saw a member of staff explaining to a person who lived with dementia why they needed to use a medicine at the correct time in order to stay well. The member of staff pointed to a part of their own body to explain to the person how the medicine would relieve their symptoms. We noted how the person responded positively to this information. The person indicated that they were happy to accept the medicine when it was next offered to them.

Records also showed that in relation to people who lacked mental capacity the registered persons had properly consulted with relatives and with health and social care professionals when a decision about a person's care needed to be made. This was necessary so that they could confirm that important decisions were made in the people's best interests.

People can only be deprived of their liberty in order to receive care and treatment when this is legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made all of the necessary applications to the local authority in order for people to receive the assistance they required. This had helped to ensure that the people concerned only received lawful care.

Records showed that some people had made specific legal arrangements for a relative or other representative to make decisions on their behalf if they were no longer able to do so for themselves. We noted that these arrangements were clearly documented and were correctly understood by the care staff. This helped to ensure that suitable steps could be taken to liaise with relatives and representatives who had the legal right to be consulted about the care and assistance provided for the people concerned.

People said and records confirmed that they received all of the help they needed to see their doctor and healthcare professionals including dentists and opticians. A person spoke about this and said, "The staff are pretty much on the telephone straight away if I'm under the weather and need to see the doctor." Relatives also commented on this matter with one of them saying, "I know that the staff do quickly arrange for my family member to see the nurse or the doctor as they contact me too to let me know what's going on."

Good

Is the service caring?

Our findings

People were positive about the quality of care that they received. One of them said, "In general, I find the staff to be very good and I like to see them around." Relatives also told us that they were confident that their family members were treated in a compassionate way. One of them said, "I find the staff to be excellent and just who you'd want in a care home." Another relative remarked, "Yes, the staff are good and I think they genuinely care about the people living in the home. I've not come across a bad one yet."

We saw that people were treated with compassion, kindness and respect. Care staff took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we heard a member of staff chatting with a person about their joint experiences of living and working in the area. The person concerned was pleased to reflect upon how changes had occurred over the years to shops and footpaths.

Care staff were understanding and supported people to engage with parts of their lives that were important to them before they moved in. An example of this involved a member of care staff speaking with a person about their son in law. The member of staff encouraged the person to enjoy speaking about the job they were doing and the holiday their daughter and son in law were planning to take later in the year.

We saw that people were asked about how and when they wanted their care to be provided. Examples of this included care staff asking people how they wished to be addressed and establishing what times they would like to be assisted to get up and go to bed. Another example was care staff asking people if they wanted to be checked during the course of the night.

Care staff recognised the importance of not intruding into people's private space. People either had their own bedroom or their own cottage/apartment to which they could retire whenever they wished. Bedrooms also had a comfortable armchair and so people could relax and enjoy their own company if they did not want to use the communal areas. The apartments were self-contained having a bedroom, lounge and bathroom and the cottages also had a private kitchen. We saw care staff knocking and waiting for permission before going into bedrooms, cottages/apartments and communal bathrooms/toilets. In addition, when they provided people with close personal care staff made sure that doors were shut so that people were assisted in private.

Relatives could visit the service whenever they wished. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that care staff had assisted people to keep in touch with relatives. This included people being offered the opportunity to make and receive telephone calls in private. Speaking about this a person remarked, "I don't want my own telephone in my bedroom as I can use the home's telephone if I need to make a call. It's one of those mobile ones so I can use it in private."

The registered manager had developed links with local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to

communicate their wishes.

Written records which contained private information were stored securely. Computer records were password protected so that they could only be accessed by authorised staff. We also noted that care staff understood the importance of respecting confidential information. An example of this was the way in which care staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We saw that when care staff needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.

Requires Improvement

Is the service responsive?

Our findings

In their Provider Information Return the registered persons said that it was necessary to carefully establish what care each person needed so that suitable arrangements could be made to ensure that this was reliably provided. Although people told us that care staff had consulted with them about the care they wanted to receive, records showed that care staff had not always completed all of the assessment documents that the registered persons considered to be necessary. An example of this was an assessment document that described each persons' needs for practical assistance including washing and dressing. Another example of this was a document that described the support each person needed to receive to keep their skin healthy. However, we noted that most of this information was available elsewhere in people's care plans. We also noted that care staff knew about the care each person needed to receive. In addition, people told us that in practice care staff did reliably provide them with a wide range of assistance including washing, dressing and using the bathroom. We saw a number of examples of this including care staff helping people to change position so that they were comfortable and did not develop sore skin. A further example was the way in which care staff supported people to use aids that enabled them to promote their continence.

At the time of our inspection visit an activities coordinator had just been recruited and was completing their introductory training. However, before this there had not been a member of staff who was responsible for offering people the opportunity to become involved in social activities. The registered manager said that care staff organised events such as board games and quizzes when they had time. However, care staff told us that in practice they were too busy to do this and during our inspection visit we did not see any social events taking place. Indeed, most of the people we saw were engaged in solitary activities such as watching television and sleeping. Other people were seen sitting in their armchairs and appeared to be withdrawn. Most people told us that they would welcome the opportunity to be engaged in more frequent social activities. One of them said, "It is a long day here with usually nothing but the television." Relatives were also concerned about this matter. One of them remarked, "The lack of activities is the one complaint I'd make about the service. I think that a lot more could be done as whenever I call I see my family member just sitting without any real purpose to their time." We looked at records that listed the activities that three people had completed. They showed that on most days the people concerned had not engaged in any social events. We raised our concerns with the registered persons who assured us that the new activities coordinator would provide people with a suitable range of opportunities to pursue their hobbies and interests.

Staff promoted positive outcomes for people who lived with dementia. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that a person was becoming upset because they were not sure when they would next receive a visit from a member of their family. The member of staff quietly explained to the person that their relative was still away on holiday and was due to return home in several days' time. After this, we saw that the person was reassured because they had remembered that their relative was on holiday and had recalled when they were next due to visit them. The member of staff had known how to provide the person with the reassurance they needed.

We noted that people's individuality was respected and promoted. We were told that arrangements would

be made if people wished to meet their spiritual needs by attending a religious service. People confirmed to us that they had been consulted about this matter. In addition, the registered manager showed us that they knew how to support people who had English as their second language. This included knowing how to contact and make use of translator services.

We also found that suitable arrangements had been made to respect each person's wishes when they came to the end of their life. An example of this was the registered manager helping relatives to honour a person's request that their organs be donated to support a national charity's research programme.

People and their relatives said that they would be confident speaking to the registered manager if they had any complaints about the service. A relative said, "I've not had anything really to complain about so far. There will always be minor things but they get sorted out with too much fuss."

We saw that each person who lived in the service had received a user-friendly document that explained how they could make a complaint. This was available in different forms one of which used pictures and drawings to assist people who lived with dementia. In addition, the registered persons had a procedure that was intended to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

People told us that they considered the service to be well managed. One of them said, "Things are quite well run I think. The staff are here, the lights are on and food gets served." Relatives also said that the service was well led. One of them remarked, "Yes, I do think that the place is run in the right way. Whenever I call it seems to be running smoothly without any drama."

In their Provider Information Return the registered persons said that they used robust systems to check on the quality of the service people received. Records showed that a number of quality checks were being completed in the right way. These included audits of the delivery of most parts of personal care, managing medicines and the steps taken to comply with the Mental Capacity Act 2005.

However, other quality checks had not always been effective in quickly putting issues right. In more detail, we found that each of the problems we found in the running of the service had been the subject of quality checks that had not clearly identified the need for improvements to be made. These included the mistakes we have described earlier in our report relating to preventing avoidable accidents, promoting suitable standards of hygiene, supporting people to eat and drink enough, staff training and social activities. In addition to these problems, we noted that some of the checks of the fire safety system had not been completed in the right way and some had not been completed at all. This had reduced the level of protection people could be given in the event of a fire.

We also noted that checks of the accommodation had not always resulted in defects quickly being addressed. Examples of this included two areas in the lounge where the walls were damp, a place in one of the hallways where the plaster was damaged and various other places where paintwork was scratched and unsightly. We raised our concerns with the registered persons who assured us that their quality checks would immediately be strengthened in response to each of the shortfalls we had identified.

We examined records of important events that had occurred in the service that the registered persons are required to tell us about. These included events such as accidents involving significant injuries and any concerns about people experiencing abuse. We found that the registered persons had correctly informed us about these matters. This was important so that we could assure ourselves that each incident had been managed in the right way to keep people safe.

In their Provider Information Return the registered persons said that it was important to ask people for their views about the service so that they could suggest improvements. However, we found that this commitment was not well organised. Although people had been invited to attend 'residents' meetings' no action had been taken to find out why no one had gone to the most recent one. In addition, we were told that at least once in every three months a senior member of staff met with each person to receive individual feedback about how well the service was meeting their expectations. However, the most recent records of these meetings could not be found and the registered persons could not give us an example of any action that had been taken to implement a suggested improvement. We pointed out these shortfalls to the registered persons who told us that the new activities coordinator would address each of them to give people a real

voice in the development of their home.

People and their relatives said that they knew who the registered manager was and that they were helpful. We noted that the registered manager had a thorough knowledge of the care each person was receiving. In addition, they knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to run the service so that people received the care they needed.

We noted that policies and procedures were in place to develop good team working practices so that people received safe care. There was always a senior member of staff on duty and during out-of-office hours either the registered manager or another manager were on call if staff needed advice. Care staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were staff meetings at which care staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff had the systems they needed to care for people in a reliable and coordinated way.

Most care staff said that there was an open and relaxed approach to running the service. This helped to reassure care staff that the registered persons would listen to them and take action if they raised any concerns about poor practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons had not addressed shortfalls in the arrangements used to reduce the risk of people having accidents and experiencing avoidable harm. This was a breach of regulation of regulation 12 (1) (b) (d) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.