

Voyage 1 Limited

Theoc House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 10 and 14 August 2017 and was unannounced. Theoc House provides accommodation, rehabilitation and personal care to up to 10 people who have an acquired brain injury. At the time of our inspection the service was fully occupied. Theoc House is based in Tewkesbury and is a short distance from a range of amenities. People were assisted by Support workers who assisted them with their day to day needs.

The service was rated 'Good' at our last inspection in December 2015. We found the provider was meeting all of the requirements of the regulations at that time; however we found that good practices had not always been established and maintained in relation to maintaining people's care records and the monitoring of the quality of care being delivered.

People's care records were not always current or reflective of their needs. The service did not always take opportunities to support people with promoting and developing their well-being needs, such as relationships with others.

There had been a recent change in management of Theoc House. Prior to these changes there was not always a clear and consistent record of audits being carried out. The provider had provided additional management support to Theoc House. There were detailed action plans in place to develop the service.

People told us they felt safe and comfortable living at Theoc House and they were in control of their care. People felt their needs were met by skilled and dedicated support workers. People were happy with the care and support they received. People received support which met their individual needs, such as personal hygiene, personal care, medicines and nutrition needs. People were supported to work towards individual goals.

Support workers spoke confidently about the support they received. They openly discussed the transition the service was going through. Support workers had the skills and training they needed to meet people's needs. Support workers received support from the manager and their professional development was promoted.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of this 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?

Good ●

The service was safe. People felt safe living at Theoc House. Support workers had a clear understanding of their responsibilities to identify and report concerns or allegations of abuse.

Risks to people's care had been identified and there was clear guidance for support workers on how to manage these risks. People's medicines were managed well.

People told us support workers spent time with them. Support workers told us they had enough time to assist people in a safe and calm manner. The service was currently recruiting to reduce the amount of agency staff used to support people. The provider and manager ensured staff were of good character before they supported people.

Is the service effective?

Good ●

The service was effective. People were supported by support workers who had the skills they needed to meet people's needs. Support workers had access to effective professional development. They had started to receive consistent one to one meetings with their line managers and felt supported.

People were supported to make choices and support workers had knowledge in relation to the Mental Capacity Act 2005. People were supported with their dietary and healthcare needs and preferences. Support workers followed the guidance of healthcare professionals.

Is the service caring?

Good ●

The service was caring. People shared positive relationships with support workers and were treated with dignity and respect.

The manager and deputy manager were focused on promoting a caring culture within Theoc House. Support Workers spoke about people in a kind and a caring manner and how they involved people in their care.

Is the service responsive?

Requires Improvement ●

The service was not always responsive. People's care plans were not always current and reflective of their needs.

People were involved in the planning of their care; however opportunities were not always taken to identify people's personal goals.

Complaints had not always been recorded by the service. However, people felt their concerns would be dealt with.

Is the service well-led?

The service was not always well-led. The provider did not always have continuous effective systems to monitor and improve the quality of the service.

There had been a recent change in management at the service. The provider had carried out a range of audits and action plans were in place to improve the quality of care people received.

People and support workers spoke positively about the manager and deputy manager. Support workers and healthcare professionals felt the service was improving due to the change of management.

Requires Improvement ●

Theoc House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This inspection took place on 10 and 14 August 2017 and was unannounced. The inspection was carried out by one inspector.

We reviewed the Provider Information Return (PIR) which had been completed by the registered manager. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service as well as the notifications about important events which the service is required to send us by law. We also spoke with and received feedback from four healthcare professionals.

We spoke with six people who were living at Theoc House. After the inspection we spoke with two people's relatives. We also spoke with eight staff members which included three support workers, a team leader, the acting deputy manager, the manager, a registered manager from another of the provider's services and a representative of the provider. We reviewed six people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Is the service safe?

Our findings

People told us they felt safe living at Theoc House. Comments included; "I'm safe, I'm okay"; "Yes it's quite a safe place" and "I haven't felt unsafe." Two people when asked if they felt safe responded positively. One person responded, "Yes."

People were protected from the risk of abuse. Support workers had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Support workers told us they would document concerns and report them to a team leader or the manager. One support worker said, "First of all go to the manager. Then go higher to head office." Another support worker added that, if they were unhappy with the manager's or provider's response they would speak to the local authority safeguarding team or CQC. They said, "I know the process, we have the adult helpdesk (telephone number) if we need to call." If staff felt someone was at immediate risk of harm or abuse, they told us they would take immediate action to ensure people were kept safe, including calling the emergency services if required.

People's care plans contained risk assessments of all aspects of their individual support needs. Assessments for people included moving and handling, nutrition and hydration and medicines. People's risks had been identified, assessed and documented. Support workers had clear guidance on how to protect people with their individual risks. For example, one person needed the support from support workers and equipment to enable them to safely mobilise around the service. Where additional risks had been identified, there were clear risk assessments and guidance in place for staff to follow. For example, one person had a kettle within their flat. There was a risk assessment in place which gave guidance on how the person was able to assist themselves and any control measures in place to reduce the risk of harm.

People had clear rehabilitation and therapy care plans and risk assessments in place for support workers and healthcare professionals to follow. For example, risk assessments were in place on how to support people with physiotherapy and exercise to assist with the personal mobility. One person had clear goals and targets to start walking with the use of mobility aids.

People were supported to manage their anxieties and frustrations. For example, some people could exhibit behaviours that challenged staff when they became frustrated or anxious. Support workers understood the triggers of people's frustrations and how to assist people when they became agitated and knew how to protect the person and others from any harm. For example staff supported people who had communication difficulties or became distressed by the need of assistance with their personal care. The manager and support workers assisted people to reduce their anxieties. For example, one person was agitated, the manager sat and talked with them and supported them so they could communicate their needs and wishes.

People could be assured the homes environment was safe and secure. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked and was safe to use. Fire exit routes were clear, which meant in the event of a fire, people could be safely evacuated. People's equipment such

as hoists and personalised wheelchairs were serviced in accordance with best practice guidance to ensure they were fit for purpose. The manager and provider had taken action to improve the environment of the home following comments from healthcare professionals. They had arranged for an external equipment shed to store people's moving and handling equipment which ensured areas of the home including the gym were kept clear and clean.

Where required the management took action to ensure the premises were effectively maintained. For example during our inspection a fault was highlighted on the electronic fire panel. An external contractor was immediately called in to assess and deal with the concern.

People and their relatives told us there were enough support workers deployed to meet their needs and they were able to seek the attention of care staff when required. Comments included: "They (support workers) come when I want them to"; "The staff are always around, I don't have a problem" and "When we've got enough staff we go out, only trouble is when they are short. We are recruiting though."

Support workers felt there were enough staff deployed to meet people's day to day needs. Support workers spoke positively about ongoing recruitment, as they believed there had not always been enough staff employed by the provider, meaning they had to work additional shifts or rely on agency staff. Comments included: "I think there are enough of us around, we can use agency when we need to"; "Yes, we're working at safe working numbers. Ultimately for me it's the leading of the shift which is important. We need a strong leader" and "Previously there wasn't enough staff available. We relied on agency. There is lots of recruitment but we've always had a safe number deployed". The manager and a registered manager from another of the provider's service discussed how recruitment was in advanced stages for a number of support workers. Additional support had been provided to assist with the recruitment processes. There was a clear aim to reduce the usage of agency staff to improve the consistency of care people received.

Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character.

People received their medicines as prescribed. Support workers kept an accurate record of when they had assisted people with their prescribed medicines. For example, support workers signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. Where there had been gaps in the recording of people's administered medicines, support workers had taken appropriate action to ensure people had received their medicines as prescribed.

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were stored were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. The thermometer which monitored temperature of the medicines fridge displayed temperatures which were outside of the manufacturer's guidelines. We raised this concern with the manager who took immediate action and replaced the thermometer. The new thermometer identified the fridge was running at a temperature in accordance with manufacturers guidelines. Where people required controlled drugs (medicines which required certain management and control measures) to ensure their wellbeing these were administered in accordance with the proper and safe management of medicines.

Is the service effective?

Our findings

People and their relatives were positive about the support workers and felt they were skilled to meet their needs. Comments included: "The staff are good"; "The staff here are good, they're trained and know what to do"; "The staff are okay" and "I like the staff we get on well with them."

People's needs were met by support workers who had access to the training they required. Support workers told us about the training they received. Comments included: "They've given me full training in everything"; "I am fully trained up. I have asked in my supervision for NVQ 3 (national vocation qualification) which is being looked into" and "I believe I have the support and skills I need (to meet people's needs)." Support workers were supported to undertake additional training as required, for example when people's needs changed or if support workers had identified a need for additional training. One support worker said, "You can ask for training. We talked about my future, where I could go. I went on training courses, supervision course. I got everything I wanted."

Support workers felt supported to develop professionally. One team leader spoke positively about the support and access they had to additional training they required to undertake a promotion. They told us, "My boss has the confidence in me. I got promoted, I feel valued. They are guiding me through the process. I'm going to supervision and medicine training to complete the role." The manager told us that new support workers were being supported to complete the care certificate as part of their training. The care certificate training allowed the manager to monitor staff competences against expected standards of care.

The manager and deputy manager discussed how they were supporting new support workers to work at Theoc House. The manager and deputy manager were providing a tailored induction course for new support workers so they had all the skills they needed as well as gaining an understanding of the provider's expectations regarding the culture of the care they provided people within the service.

People received care from support workers who were supported and had access to frequent one to one meetings with their line manager (one to one meetings allows care staff to discuss their personal development needs, such as training and support as well as any concerns). Support workers spoke positively about the recent change in management and the support they received and about their one to one meetings. Comments included: "I've had one (support meeting) in the last two weeks. They were few and far between with the last manager" and "Supervisions are more consistent now, they've been really helpful with discussing my needs."

Support workers we spoke with had undertaken training on the Mental Capacity Act (MCA) 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Support workers showed a good understanding of this legislation and were able to explain specific points about it. Comments included: "It protects us and them. You have to help people to make decisions."

People make unwise decisions, we all do. We explain the situation; give them the full picture to enable them to make (day to day) decisions"; "Each decision is specific. We're not taking their rights away. If they have capacity we support them with decisions. If they don't then we work in their best interests" and "We support people, where they can to make a decision. We don't take that decision away from them."

The majority of people living at Theoc House understood the reasons for their care and rehabilitation; these people had the capacity to consent to the care and support they received from support workers. A clear record of each person's consent to care was clearly recorded in their care plans. One person had been assessed as having the capacity to make day to day decisions regarding their care, however there were clear mental capacity assessments in place regarding the person's capacity to make specific decisions in relation to their care and the support they required from support workers. Prior to our inspection, the manager had been reviewed people's mental capacity assessments in relation to specific decisions.

People told us they were in control of their care. They were provided with choices daily and never felt forced to do something they did not want to do. Comments included: "I'm always offered choice, down to what socks I want to wear, green or pink. Sometimes it's a lot"; "They respect me and help me make choices" and "My decisions and independence is respected."

People spoke positively about the food and drink care staff prepared them. Comments included: "I get all the food and drink I need"; "The food is good here, it's got better. I've got the diet I need" and "I'm supported to make my own food and drinks."

People's dietary needs and requirements were met. Where people were assessed as being at risk of choking, guidance had been sought from Speech and Language Therapists (SALT). One person required their drinks to be thickened. Support workers had clear guidance on how to assist this person with their drinks. Another person required a vegetarian diet. They told us support workers respected this need. They said, "I have vegetarian options. We had a (meat substitute) roast. It was good."

People were supported to maintain good health through access to a range of health professionals this included physiotherapists and SALT. During the inspection we saw an independently contracted SALT assisting people with their rehabilitation needs, such as assisting with their speech. Where external healthcare support was provided, there was a clear record of their ongoing needs and recommendations for support workers to follow. Healthcare professionals often reviewed and updated people's care plans, such as nutritional plans to ensure current guidance was provided. Support workers maintained a record of people's healthcare appointments, such as GP visits, dentist visits and hospital appointments.

Is the service caring?

Our findings

People and their relatives spoke positively about the care they received and the support workers supporting them. Comments included: "I am really happy here"; "I am well looked after", "The staff are really good. (Relative) is happy there" and "I'm happy." Two people when asked responded positively when asked if they felt cared for.

There was a pleasant and lively atmosphere within the home on both days of our inspection. Support workers had time to spend with people throughout the day. We observed support workers assisting people to go out and access the community as well as assisting them with activities which were important to them.

Support workers spoke with kindness and respect when speaking about people. Support workers clearly knew people well, including people's personal histories, family members and what was important to them. They enjoyed their job and were enthusiastic about providing good quality care. Comments included: "This is a good place work. Its brilliant" and "My main concern is the guys we support. I want the best for them".

We observed one support worker assist a person to make a choice of what they would like to eat for lunch. They showed them two options and described each option. The person looked at the option they wanted. The support worker told us, "We provide two options. They will look at the one they want for a longer time. We know how they communicate choice."

People were treated with dignity and respect by support workers. We observed and heard support workers and managers engaging with people throughout our inspection. Support workers spoke with people as equals, they explained who the inspector was and the reason we were visiting. Support workers respected that Theoc House was people's homes and people were supported to spend their days as they chose. For example, one person requested to be supported to bed; they were encouraged and supported to do this. Another person was being supported with their therapy in the home's lounge. They were asked by support workers and the therapist if they wished to be assisted in private, which they declined.

Care staff told us the importance of respecting people's dignity. One support worker explained how they assisted people in accordance with their preferences. They said, "(Person) doesn't like to have their bedroom door closed when they are assisted with personal care. We make sure that they're covered up and that we won't be disturbed. We do everything we can to protect their dignity." Another support worker told us, "We respect this is their home first. We make sure care is in private. Shut the door and close the curtain. We respect people's wishes to make decisions."

People were comfortable with support workers and were supported to build positive relationships. We observed support workers and a therapist discussing football with one person. They talked about their favourite teams and about a football game the person was going to be attending. One person said, "I know the carers really well." One person's relative said, "(Relative) has a good team of carers. They're really good". They explained how this helped to build familiarity with the care staff and made them feel more comfortable. Staff spoke positively about providing continuity of care. One member of staff said, "We know

people really well. We know what their preferences are and we know triggers which make them anxious."

The manager and acting deputy manager had recently been appointed to their roles. They discussed the challenges they faced at the service. Both the manager and acting deputy manager discussed the importance of a strong culture of care. Support workers spoke positively about creating this culture and respecting people's choice. One support worker said, "Things have majorly improved. Everyone genuinely seems to care."

People were supported to express their views and were involved in making decisions regarding their care and support. One person discussed that their views around their care were listened to and respected. This included discussing their dietary needs and the support they required. They said, "I have moved into one of the flats (part of Theoc House) this has given me a bit more independence. I have more of my own space."

Is the service responsive?

Our findings

People's care and risk assessments were not always reviewed or reflective of their needs. For example, one person's care and risk assessments in relation to their decision making and information processing had not been reviewed or updated since 2013. Additionally their daily routine had not had not been formally reviewed since 2015, although support workers were able to tell us that their needs and daily routine had changed. Another person had a risk assessment for the use of a kettle within their room which had been completed in 2013. There had been no review of this risk assessment to see if the risk was still current or if the risk to the person had changed. We spoke with the person who was happy with their living and space and they raised no concern about their ability to use a kettle.

People were supported with their health and wellbeing needs by support workers. However there was not always a clear record of the support people had received or the outcome of their medical appointments, which could impact on their care. For example, support workers identified one person had a potential internal injury. They recorded that they had reported this concern to the person's GP, however there was no outcome in relation to this concern noted or the support or treatment the person required. Another person had had an appointment in relation to their epilepsy needs. There was no record in relation to this appointment and any changes that may be required in relation to the person's care.

People's complaints were not always recorded and there was not always a clear record of the actions the service had taken. The manager informed us that since they had been in post they had identified that the previous registered manager had not always kept a clear record of complaints made towards to the service. Concerns which healthcare professionals had informed us had been made, acknowledged and acted upon had not always fully recorded. The provider had a complaints policy and the manager had taken action to ensure that complaints and compliments they received were in line with the providers procedures.

Support workers did not always keep a clear record of people's achievement in relation to their Goal Attainment Scaling (GAS) goals. For example, we reviewed four people's GAS goals and found that there was not always a clear record of the support people had received to meet these goals, or that these goals had been reviewed. Support workers told us they were aware of people's GAS goals and how to assist them. We discussed this with the manager who was aware of these concerns. They informed us they were working to ensure people's records were current and reflective of their needs and that their daily needs had been recorded.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not all people were receiving personalised care and support which fully met their well-being needs. People's GAS goals were not always specific and reviewed to support people with their rehabilitation and personal development. For example, we looked at a number of people's GAS goals and found that these were not always specific in how often people should be assisted with their needs. For example, one person had a GAS goal of preparing their own fruit smoothie. The goal did not state how often they should be assisted with this

goal. The same person had a goal of walking with the support of equipment. Another person had a goal of being involved in employment or voluntary work. These goals were not specific and there was not always a documented review regarding how people were meeting their individual goals. Support workers told us people were supported to meet these goals; however there was not always clear guidance around how frequently people should be supported.

Support workers did not always take opportunities to support people with their wellbeing needs. For example, an incident had been recorded where a person had carried out an inappropriate action. Following this incident no action had been taken to identify if the person required support to meet a potential relationship need. There were no assessments or GAS goals in place in relation to this person and the support they required to build new relationships outside of the service. We discussed this concern with the manager and representative of the provider who agreed that these actions had not previously been considered.

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

People were supported to plan and book holidays. For example, during our inspection one person was receiving support to book a holiday in this country. They were discussing the positive and negatives of the different accommodation type. On the second day of the inspection they had made their decision and spoke positively about going on holiday. They said, "They spend time with me, they're helping me book a holiday."

People were supported to carry out activities which were important to them or in line with their needs and abilities. For example, one person told us they were supported to grow their own produce. Another person told us they were involved in arts and crafts such as creating balloons which were displayed in the main corridor and they also told us, "We're making a stain glass window for the shed. I like arts and crafts." People either accessed the local community independently or were supported by support workers. One person often left the service themselves to access the local town centre, whilst another person told us they enjoyed going out with staff supporting them. People also enjoyed the home's secure garden which was accessible throughout the day. We observed support workers supporting one person to access the garden.

People were supported with their therapy needs by independently contracted health and social care professionals. Theoc House had a gym where people were supported with these therapies to help with their rehabilitation.

People and their relatives felt the registered manager was responsive to their concerns and understood the complaints policy. Comments included: "I can say if I'm not happy"; "They listen to me if I'm not okay" and "We made a complaint. They were very approachable, they do listen to you, and it's been rectified."

Is the service well-led?

Our findings

Prior to our inspection the registered manager of Theoc House had resigned from their position. . The provider informed us of this change and their interim management arrangements until a new manager had been recruited. Support workers, healthcare professionals told us that recent changes in management of the service had been positive. The manager discussed their intention to register with the Care Quality Commission. However, the manager and provider did not always have systems in place to ensure people received safe and effective care and treatment, as a number of audits and management processes had not been carried out in accordance with the provider's guidelines.

For example, trend analysis had not always been carried out in relation to people's incidents and accidents to identify any possible trends. The manager and provider were not able to identify any possible trends or themes with regards to complaints, as a clear record of complaints and the actions taken had not always been recorded.

Support workers had not always raised issues or shortfalls identified within Theoc House. For example, at our inspection we identified the thermometer for the medicine fridge was reading temperatures which were outside of pharmaceutical manufacturer guidelines. Temperature records kept by support workers showed that the temperatures being recorded were outside of the recommendations since the end of July 2017. The home's temperature record log stated staff should raise concerns, however this had not occurred. Action had been taken by the manager when we had raised the concern on the first day of our inspection and were going to address support workers about the importance of raising concerns.

Concerns we identified at this inspection around people's support and therapy records had not always been picked up by the provider and addressed. For example, shortfalls in relation to people's care and rehabilitation records and their individual wellbeing goals.

The manager and provider discussed the need to seek people and their relative's feedback about the service. The manager informed us that they had no current record of when the last quality assurance survey of Theoc House had been carried out. They stated that this was an action they planned to take after our inspection. The service carried out home meetings with people in which to seek their views, however one to one reviews of people's care and support needs and had not always been carried out or recorded in line with the providers expectations.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager had action plans in place to drive improvements following concerns they had identified through quality assurance audits within Theoc House. The manager was being supported to work on the 'Consolidated Action Plan' for Theoc House. This action plan detailed a number of actions the service needed to undertake to ensure the service was providing a good quality service. This included ensuring people's records including their medicine administration records were current and accurate and that

people's personal day to day monies were secured safely. One action taken by the manager was to change how people's personal monies were safely secured. We found at the inspection that effective action had been taken.

Additionally actions had been taken by the provider and manager in relation to support worker knowledge, support and training. The manager and team leaders had started a program of supervision for all support workers. The manager was using team meetings to raise staff knowledge and address concerns identified in relation to the conduct and professional behaviour of support workers.

Healthcare professional's views were taken into consideration. For example, feedback from healthcare professionals and a quality visit from the local authority identified shortfalls in the service, such as the cleanliness of the environment. These actions had been incorporated into the service's 'Consolidated Action Plan'.

People and their relatives spoke positively about recent management changes. One person said, "I think things have got a lot better here, the atmosphere is good" and "It's brilliant now. The manager is always approachable. Communication has definitely improved."

Healthcare professionals spoke positively about the change in management and the recent improvements at Theoc House. Comments included: "The recent change in management has been a very positive step forward for the service, prior to that I had grave concerns regarding procedures that were in place and the way in which care was being organised"; "I am hoping that a period of stability will effect positive change and recent improvements consolidated and built upon" and "I consider the management and staff at Theoc house to be caring and to have the best interests of their residents at heart."

Support workers spoke about the change in management and the hope they had for Theoc House. Comments included: "There is a really good support network in place now"; "There were communication problems. It's majorly improved, general atmosphere is better" and "Positive change in management Only saw the previous manager two or three times on my shift."

The manager and deputy manager discussed their focus on improving the culture in Theoc House. Records showed the staffs professional attitudes and the managers values had been discussed with staff at the team meetings. Support workers told us they were aware of the culture the manager wanted to implement and all support workers spoke positively about fostering this caring culture. The manager used team meetings to pass clear information to support workers regarding their role and the expectations of their role.

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 People did not always receive care and support which met their wellbeing needs. Regulation 9 (1)(a)(b)(c)(2)(3)(b)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems established to ensure compliance were not always operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not maintain accurate, complete and contemporaneous record in respect of each service user Regulation 17 (1) (2) (a) (b) (c) (e).