

Carlton House Rest Home Limited

Carlton House Rest Home Limited

Inspection report

15 Barton Court Road
New Milton
Hampshire
BH25 6NN

Tel: 01425612218

Date of inspection visit:
02 December 2019
04 December 2019
09 December 2019

Date of publication:
28 January 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carlton House Rest Home Limited is a residential care home providing personal care to 35 people aged 65 and over who may also be living with dementia at the time of the inspection. The service can support up to 40 people.

People's experience of using this service and what we found

People told us they felt safe. However, some environmental risks were not managed effectively.

Improvements were also needed to the records relating to moving and handling and diabetes care. Most other risks were minimised.

Records did not always provide assurances that people had received their medicines as prescribed. For the application of topical creams there were no opening and expiry dates on creams we viewed during the inspection.

There were systems in place to monitor the quality and safety of the service provided, however these were not always effective and identifying areas for improvement or where safety had been compromised.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

There were appropriate management arrangements in place and relatives were very positive about the management in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have identified breaches in relation to water management, risks to people and lack of governance at this inspection.

We have found evidence that the provider needs to make improvement. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton House Rest Home Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Carlton House Rest Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Carlton House Rest Home 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, four relatives and one visitor about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, office support staff, senior care staff and care staff. We also spoke with two visiting health care professionals.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and health and quality assurance records. We spoke with one health care professional and two external activity professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvements were needed to how some risks were assessed and managed. For example, the provider had arranged for a legionella risk assessment to be in place in March 2018. However, there were several actions that had not been completed, for example, collecting samples of water to ensure they were safe and clear of legionella bacteria. More robust management oversight was also required to ensure regular checks of water temperatures and flushing of water outlets were in place and recorded.
- During the inspection we noticed that not all windows had window restrictors to keep people safe. For example, these were in place for the top floor but not in place on the first floor. We also noticed that some windows on the top floor had been tampered with and were able to be opened fully. The provider told us, they were not put back after the window cleaner had cleaned the windows and promptly ensured they were made safe.
- The service cared for people living with dementia, but there were no safeguards in place to protect them from accessing hand gels and disposable gloves which were readily accessible throughout the building. There were no risk assessments regarding this.
- Most risk assessments set out how risks were minimised or prevented. However, for one person living with diabetes, more information was required to support staff to understand the risks involved and what signs to monitor in case the person required an emergency response.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was always effectively managed. This placed people at risk of harm. The above evidence is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Safe care and treatment.

The provider responded immediately during and after the inspection. They confirmed a water company had been brought in to complete actions following the legionella risk assessment. The provider had arranged for missing window restrictors to be placed on windows.

- During the inspection we received concerns from a whistle-blower that staff were not trained in moving and handling and were putting people at risk of harm through poor moving and handling techniques. We did not find this to be accurate. We spoke with staff who had all received training and felt confident using moving and handling equipment. One new member of staff had not yet received their training but was not taking part in moving and handling. We did find there were no moving and handling risk assessments in place to support staff when providing personal care.
- Other risk assessments had been completed for the environment and safety checks were conducted

regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.

Using medicines safely

- Whilst people had their medicines managed safely we did identify some improvements that were needed. Records did not always provide assurances that people had received all of their medicines as prescribed. There were appropriate arrangements in place for the recording and administering of some prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. However, we checked some PRN 'as required' medicines stock against the MAR chart and there were some medicines unaccounted for. We spoke with staff and the registered manager and they told us they would investigate the concerns we found and improve practices.
- For the application of topical creams there were no opening and expiry dates on creams we viewed during the inspection. We brought this to attention of the registered manager who informed us they would act and speak to staff.

We recommend the provider review their current policies and procedures on medicines and the use of topical creams to ensure this reflects current best practice guidance.

- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. These medicines were correct and matched people's records.
- Medicines were administered in a safe and respectful manner and staff, supporting people to take their medicines, did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel safe." A relative told us, "I don't worry about her, [staff] constantly watching her very safe." A visitor said, "Feel absolutely safe here."
- Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them.

Staffing and recruitment

- During the inspection we were contacted by a whistle-blower that people were made to get up early due to the home being short staffed. Feedback from people and staff did not, however, support these concerns. All the people we spoke with confirmed that they were able to get up at a time that suited them.
- Most people felt there were enough staff employed at the home. One person told us, "Enough staff here yes." However, one person told us, "I think short of staff, I haven't had a bath for over a week but because short staffed not had one but a shame as like my bath but understand as short of staff."
- There was a consensus in the feedback from staff that staffing levels were sufficient. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection. Some staff had recently left the service resulting in the need to recruit more staff which was ongoing. Staff told us they had pulled together as a team and worked hard to ensure the shifts were covered.
- Recruitment processes meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People and their relatives told us they were happy with the cleanliness of the home. A relative told us, "Room beautifully kept just put her decorations up. Never come in here and not seen it clean."
- Staff followed a daily cleaning schedule and areas of the home were visibly clean.
- Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The care plans seen provided carers with the person's life history and their desired outcomes and described people's needs in a range of areas including personal care, and daily living activities.
- There was some evidence that staff were using evidence-based practice and guidance to enhance the care provided and to achieve positive outcomes for people.
- Support plans were in place for people's oral care which informed staff how people would like their mouth care to be provided and when they would like to see the dentist.
- Technology was used in the home to effectively support the safety and welfare of people. For example, pressure mats and alarm mats were used to reduce the risk of falls for people.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.
- Arrangements were in place for staff, who were new to care, to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us they received regular supervision and annual appraisals from senior staff where they would review and discuss their practice. Supervisions provided an opportunity to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- People and their relatives told us they enjoyed the food. One person told us, "Food is good here asked about choice." Another person said, "Food very good." One relative told us, "Chef great knows all the residents. Food is excellent often join in with lunch so can see." A visitor told us, "Food good."
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. The dining room was bright with different colour chairs and place mats. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.

- An external activity professional told us, "Tea, coffee and biscuits is always available and the chef there always cooking up great smelling food!"

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

- Health care professionals told us the service delivered high quality care. One health care professional told us, "I come here weekly no concerns about the home. Staff welcoming, very good at recognising a medical need." Another health professional said, "[Registered managers name] really approachable good relationship with staff she chases up for things not afraid to contact us if not right." A third health care professional told us, "From my experience [staff] have the right qualities and skills to deliver effective, high quality care."
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.

Adapting service, design, decoration to meet people's needs

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable. One person told us, "Lovely room quite big."
- The home had been recently updated downstairs. This included new carpets and handrails. However, some areas of the home needed redecoration especially on the middle floor with the carpet gathering up, and presenting a trip hazard, and doorframes and parts of the wall needed re painting. The provider told us this was planned in for the new year.
- Some areas of the home were dementia friendly for example, the dining room and lounges were decorated with bright contrasting colours. There was a Mural on the ceiling of one of the lounges with plants and flowers which changed lighting throughout the day. However, people's doors to their rooms were not personalised to aid people living with dementia to recognise these and in some areas, it was hard to tell which doors to people's rooms were and which were cupboards.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. A health care professional told us, "The care staff are very helpful in this respect and are very aware of their mental capacity and show due care, respect and consent."
- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.
- Some DoLS authorisations had been made and others were awaiting assessment by the local authority. The registered manager had a system to ensure that DoLS were reapplied for when required and that any

conditions were complied with.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were treated with kindness and compassion. One person told us, "Staff are lovely, meet some nice people. Can't fault it and staff are lovely, never feel getting tired of you." Another person said, "Staff are lovely like family. Staff are caring, same people all the time so it's good." A relative told us, "Staff caring to him." Another relative said, "Staff are excellent they care about the people they care for."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. A health professional told us, "Staff are compassionate and caring, they seem to value them more as people rather than clients."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. One person told us, "Wouldn't want go to another place I like it home from home. Respect privacy knock on the door."
- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and covered people when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

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

- People's care records included information about their personal circumstances and how they wished to be supported.
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One friend told us, "Staff are caring absolutely caring, welcome you with open arms and tea or coffee. Lovely friendly staff."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People were supported to take part in activities that interested them however more work was needed to ensure that people who chose to stay in their room had access to interests. During our inspection we observed an arts and crafts session with people making Christmas decorations as well as a yoga class, both events were well attended and enjoyed by people. Other activities included, exercises, art classes, quizzes and singing. However, we were concerned that there were no activities for people cared for in their rooms. We brought this to the attention of the registered manager and provider who said they would review activities.
- People and their relatives were happy with the group activities provided. One person told us, "Activities keep fit and all that I go swimming twice a week at the leisure centre. Enough to do and I can go out when I want to so plenty to do." Another person said, "First thing in the morning sometimes a chap comes in and starts singing and people joining in. Sing along songs have a bit of a laugh do you good." A visitor told us, "I think enough activities going on, I see her every day. 100 % improvement from where she was before got her out eventually, no activities where they were before." A relative told us, "Activities I will often sit with them. Activities have the singing wonderful, so good so much going on."
- The provider did not employ their own activity staff, instead they brought in external professional activity staff. We spoke with an external activity professional who told us, "I go into the home twice a week, on Tuesdays I take an art/craft course for one hour. On Thursday I do one hour of armchair exercises and relaxation. I think the fact they make sure the residents are entertained shows a degree of responsibility."
- Another outside activity professional told us, "I visit here every Friday and have done for the past two years, Carlton House is one of my favourite homes and I run classes in around 65 homes I always look forward to my Fridays there. They are always ready in the lounge for my 10am class which is really good as we can get started straight away. It's always immaculately clean and the staff are extremely friendly and residents always happy and bubbly. I have a very strong bond with the residents there we have a good laugh, no-one has ever pulled me over to let me know they are unhappy in anyway. They all join in with the exercises, singing and dancing too!"

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People experienced care that was personalised, and care plans contained detailed daily routines specific to each person. One person told us, "I been here three years and certainly happy here staff all really good to me help in every way." A relative told us, "This is one of the better homes love it remembers your name."

[Staff members name] is amazing knows all the residents, will notice things and pass on care about the home."

- People's daily records of care were mostly up to date and showed care was being provided in accordance with people's needs. However, some records needing updating in line with peoples changing care needs.
- Care staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care. Staff training included end of life care. However, some care plans needed more information to support people and staff while providing end of life care.
- Staff told us how the service involved external healthcare professionals to support people at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke with the registered manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people, and gave us some examples.
- People had communication plans in place to support staff. For example, for one-person English was not their first language and they were visited by their interpreter who took them to places where they could converse in their native tongue. They also had a TV channel, so they could watch films in their native tongue and had access to newspapers and magazines.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would know how to make a complaint. One person told us, "Nothing I dislike here nothing, complaint I could talk to anyone here [registered managers name] brilliant if not well can talk to someone." One visitor told us, "Find it 110% no complaints at all."
- The complaints policy was displayed in the entrance to the home. There had been no recent complaints about the service. The provider had a complaints policy and procedure in place which detailed the timeframes within which complaints would be acknowledged and investigated. We saw many compliments about the service and staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People and their relatives were happy with the registered manager. One person told us, "Owner comes in most days and [registered managers name] wonderful." A relative told us, "I have met [registered managers name] very nice."
- The governance arrangements needed to be strengthened and developed.
- Whilst a number of audits had been undertaken to monitor the quality and safety of the service, these had not been fully effective at ensuring quality performance. They had not identified the concerns we found during this inspection such as the concerns about the outstanding actions and risks to the water management and oversight of Legionella as well as medicines management.
- We were contacted by a whistle-blower with concerns about people being made to get up early in the morning against their will. Whilst feedback received during the inspection did not substantiate these concerns, daily records could be more detailed and more fully reflect that care was being delivered in line with people's choices.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the service was effectively managed. The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014; Good governance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings used to be held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions. However, these had fallen behind with the last meeting held over a year ago. The registered manager informed us, the meeting regulars had passed away and there had been a loss of interest in attending from other people. They informed us they would speak to people and look at finding ways to encourage resident meetings to gather their views and suggestions.
- The provider sought feedback on the quality of the service by using an annual quality assurance survey sent to people and their families. The feedback from the latest survey showed people were satisfied with the service and the care provided.
- Staff felt supported in their role. One staff member told us, "Manager definitely approachable always going to [registered managers name] with problems door always open in case need to check." Another staff

member told us, "Management approachable. No concerns about anything." A third staff member said, "Management very much approachable and always willing to help you as well always happy to help."

- Staff meetings had fallen behind and had not taken place for over a year. The registered manager told us, these were planned for the new year.
- The service worked in partnership with the local authority and the local doctor's surgeries and district nursing team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service. One relative told us, "I'm very happy, wife very lucky to get in here no concerns. I visit my wife daily and my wife is very happy here." Another relative said, "I'm happy with the care here. Staff have been brilliant to me." An external activity professional told us, "All the care staff seem very caring and supportive of residents needs and safety and it all seems to run very well there with their routines." A health care professional told us, "My experience working with Carlton House since 2012 has left a favourable impression on me. The culture of the home is that it is well led where all staff care their residents in a safe, effective, respectful, considerate, and responsive manner."
- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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 People using the service were at risk of harm and were not always kept safe from risks to the environment.