Kindred Care Limited

Admirals Rest

Inspection report

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Tel: 01278423238

Date of inspection visit:
07 October 2017

Date of publication:
05 January 2018

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

This inspection was unannounced and took place on 7 October 2017. This was the first inspection for this service.

Admirals Rest provides personal care and support for adults with mental health needs and / or mild learning difficulties. The home is situated within easy reach of the town centre of Bridgwater, Somerset. There are five large, single bedrooms with en-suite or private facilities. There is a communal lounge and dining room; main kitchen; laundry facilities and a sheltered smoking area within a secluded rear courtyard area. At the time of our inspection there were five people living there.

There is 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.

People were not protected from the risk of abuse. Where allegations or concerns had been brought to the registered manager's attention they had not worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. The provider did not follow safe recruitment practices; checks had not always been made to ensure staff were suitable to work with vulnerable adults.

Systems and processes around medicines were not reliable and appropriate to keep people safe. Monitoring the safety of these systems was not robust. The registered manager undertook spot checks to review the quality of the service provided, however these did not identify the shortfalls we found.

Staff did not have written guidance how to support people in the event they would need to evacuate for an emergency. Staff had not taken part in fire drills to check they were able to meet people's needs in an emergency. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service.

Staff did not have their competency to administer medicines checked and some improvements to medicines management were needed relating to records and storage. Whilst staff received an induction into the service and other additional training, some specific health related training had not been provided.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA) and how the Deprivation of Liberty Safeguards (DoLS) should be put into practice. These safeguards protect the rights of people by ensuring, if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person.

The risk assessments included information about action to be taken to minimise the chance of harm occurring.

Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

People were supported to eat and drink. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs.

Staff told us the registered manager was accessible and approachable. Staff and relatives felt able to speak with the manager and provided feedback on the service.

We found three breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009 during our inspection. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 safe.

People were not protected from the risk of abuse. The registered manager had not made notifications to relevant authorities when abuse was suspected.

People were not protected from the risks associated with poor staff recruitment because a full recruitment procedure was not followed for new staff.

Medicines were not safe because staff did not have their competency to administer medicines assessed.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents.

There were appropriate staffing levels to meet the needs of people who used the service and staff were aware of safeguarding vulnerable adult's procedures.

Is the service effective?

Good

The service was not always effective.

Staff did not have the skills and knowledge to meet people's complex needs. New staff had not received an induction which gave them the skills they required. Staff had not been provided with specific training where people had complex needs.

People's rights were respected, and the home was following the best interest's framework of the MCA. People's choices were supported.

People were supported to eat and drink independently. Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about the care people required and the things that were important to them. They were able to tell us what people liked to do and gave us examples of how they supported people.

Staff were respectful of people's privacy. We saw positive interactions between staff and people using the service. People responded well to staff.

The home had links to local advocacy services to support people if required.

Is the service responsive?

Good

The service was responsive.

People's needs and wishes regarding their care were understood by staff who ensured they were followed and respected.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

Everyone felt the staff and manager were approachable and there were regular opportunities to feedback about the service. People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The registered manager had not made notifications to CQC in line with requirements.

People's safe, high quality care was not consistently supported because although the registered manager checked the quality of the service, audits had not identified the shortfalls we found.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Admirals Rest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 October 2017 and was unannounced. The home was registered in September 2016 and this was their first inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the home before the inspection visit.

We spoke with one person in depth and two other people briefly, two visitors and the one member of staff who was on duty during the inspection. We also spoke with the registered manager. We asked the registered manager to supply a list of staff contact details so we could speak with them after the inspection but this was not received. We made observations throughout the day in order to see how people were supported and their relationships with the member of staff.

We looked at two staff files, four care plans and associated records, complaints, quality assurance, policies and procedures, training records, minutes of meetings and other management records.

Requires Improvement

Is the service safe?

Our findings

People were not fully protected from the risk of abuse. Where allegations or concerns had been brought to the registered manager's attention they had not worked in partnership with relevant authorities to make sure issues were fully investigated and people were protected. All accidents and incidents which occurred in the home were recorded and analysed. However this information was not used to check safeguarding referrals were made when required. We found three instances where people had been subjected to verbal or physical aggression by other people in the home, in July 2017, August 2017 and September 2017, which had not been referred to the safeguarding authority. We asked the registered manager to email photocopies of these incident records to us, however they have not provided them.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not ensure recruitment processes prevented unsuitable staff from working with vulnerable people. Records did not show that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults. The registered manager had accepted a DBS from one member of staff's previous employer. There is an option to register for an update service, on payment of an annual fee, which means the DBS certificate can be taken from one job to another. The registered manager told us he thought the DBS could be accepted because it was two years old; however there was no update to the original certificate. We asked the registered manager to check if the certificate was a transferable one and send us the information after the inspection. We did not receive this information. Other checks had been completed as required.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not have up to date information for staff to follow in the event of an emergency. Personal emergency evacuation plans (referred to as PEEPs) had not been prepared for each person. One person had a 'just-in-case' medicine which the registered manager told us made them very sleepy; however there was no guidance for staff to follow should an emergency evacuation be required at a time when the person might be affected by their medicine. The registered manager had not provided any fire drills for staff and people to put their training into practice and check the procedures in place were safe. The registered manager said, "All staff are aware of where equipment is and fire exits." One member of staff we spoke with was aware where the fire equipment and fire exits were located. The fire risk assessment was reviewed in May 2017; however the page for fire training and fire drills to be recorded was blank. There were no other records of fire drills though staff had received fire training.

We recommend the provider look into current best practice guidelines and introduce personal emergency evacuation plans for people, together with planned and unplanned fire drills.

There were suitable secure storage facilities for medicines. The home used a blister pack system with

printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We checked records against stocks held and found them to be correct. One person was able to self-administer their medicines with the support from staff. Some people were prescribed medicines on an 'as required' basis and these were recorded appropriately. Room temperatures had been recorded daily to ensure the optimal storage of medicines. No-one required medicines which required storing at cooler temperatures.

Risk assessments in place helped ensure that people were cared for safely. Where people receiving support had complex medical conditions there were clear risk assessments and plans in place of how to manage these. One member of staff said, "If something comes up we manage it straight away." The registered manager sought advice and guidance from clinical psychologists and other healthcare professionals to ensure they were providing the most appropriate means of support for people. For example, where people were assessed as being at risk from accidental self-harm or neglect, abuse or exploitation by others or misuse of alcohol or drugs we saw risk assessments which gave clear guidance for staff of the measures in place to reduce risk. One member of staff knew about the assessments and protocols in place to protect people. Both the care plans and risk assessments we looked at had been reviewed regularly.

The registered manager had completed environmental risk assessments for example for storing sharp knives, cleaning agents, low ceilings and slip, trip and fall hazards. Potential hazards had been identified and safety measures put in place. One member of staff said, "In an emergency I'd get hold of the maintenance person" and "There is always someone available for us to talk through, even when the manager is away."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us there were sufficient staff to meet their needs and said, "Most of the time there are two staff here, they cope with everyone" and "New staff started last week, they're very nice and settling in well." One member of staff said, "When staff leave they are replaced; it's sorted pretty quickly." Visitors told us they felt people were safe and said, "We've checked to make sure, people are so vulnerable."

One member of staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. One member of staff spoken with had a clear understanding of what may constitute abuse and how to report it. They said, "I'd take things to the manager first, but there's also our whistleblowing policy and other policies which go through the steps to take" and "We can go above the manager if necessary or report straight to the local authority."

Staff files included application forms, records of interview and appropriate references. Records seen confirmed that staff members were entitled to work in the UK.

Kitchen records showed that all the necessary kitchen checks had been done. The home had been awarded five stars in a food hygiene inspection in October 2016.

There were a number of maintenance checks being carried out weekly and monthly. These included safety checks on the fire alarm system and emergency lighting. Checks on the call bell system were carried out on the day of our inspection. We saw that there were up to date certificates covering the gas and electrical installations and portable electrical appliances.

Good

Is the service effective?

Our findings

People were supported by staff who did not have access to a range of specialist training to develop the skills and knowledge they needed to meet people's specific health needs. Records showed and one member of staff confirmed they had not had training for people's complex health care needs, such as some specific mental health needs or colostomy care. The registered manager told us this was planned, although there were no dates set.

Staff were given an in-house induction which covered safety topics such as the layout of the building and the use of fire extinguishers. Staff were also inducted into the provider's policies and procedures and got to know people. However, some elements of the induction were limited and did not fully cover the role of a care worker to meet nationally recognised standards, for example The Care Certificate. The PIR said, "We display a document of the week which highlights a particular policy or educational material." One member of staff confirmed this and said, "We've had plenty of training; we have a document of the week and online training" and "We can ask for more training if we want." The registered manager operated a document of the week policy, which meant staff were regularly reminded about important topics such as mental capacity, infection control and safeguarding. Staff completed training which included safeguarding adults, mental capacity, medicines awareness and basic life support. People were supported by staff who had supervisions (one to one meeting) with the registered manager. One member of staff told us supervisions were carried out regularly and enabled them to discuss any concerns they had. One member of staff told us, "We have regular supervisions but see the manager every day, so can sort things out as they arise."

One member of staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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. One member of staff said, "People have capacity unless it's proven otherwise. People can have capacity for some things but not for others" and "If people don't have capacity, we arrange for an independent assessor and have best interest meetings." The registered manager ensured other professionals were involved in capacity assessments and where someone lacked capacity to make a specific decision, a best interest assessment was carried out. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. Where some people lacked capacity with regard to their finances, best interest decisions had been taken and people were given daily or weekly allowances to help them manage their money.
People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. One person was subject to a DoLS and the registered manager had ensured the conditions attached to this were met. People or a relevant person were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People told us they liked the food available and were able to make choices about what they had to eat. People were able to have a buffet breakfast so they could help themselves whenever they were ready. People said, "We get four meals a day, it's really nice food, and snacks" and, "Some Sundays we have a roast dinner." Other comments included, "There's plenty to eat, seconds and desserts", "I say what food I like and they give it to me" and, "There's usually a choice of two meals, a pudding and cake." People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where one person had a dietary intolerance, one member of staff was aware of this. One member of staff said, "We go round and ask everyone what they would like to eat. Some people like to help cook and one person likes to cook their own." Everyone was able to eat independently and were able to help themselves to hot or cold drinks, fruit and snacks at any time. No-one living in the home required their food or fluid intake to be monitored.

People had access to health and social care professionals. People told us, "We get to see a doctor or get eyes tested if we want to" and "They helped me to go to the doctors." People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People told us they had access to a GP, dentist and an optician and could attend appointments when required.

Good

Is the service caring?

Our findings

People and the visitors we spoke with told us they appreciated the kind and caring nature of staff. People told us they were happy with the care they received. People said, "They're very kind and caring", "Very good staff, they're devoted" and, "This place is really good." Two visitors told us, "They're very caring, really lovely staff", "We've always said how nice it is here" and "Staff have always got a smile, they're calm and never shout or get angry; they always want to help." The registered manager said, "I'm proud that all of our people are happy."

From our observations, we could see that people were relaxed in the presence of one member of staff and appeared to be happy. We saw that staff were attentive and had a kind and caring approach towards people. People said they were supported by kind and caring staff. One member of staff was offering people choice, encouraging them to undertake tasks independently and supporting them where needed.

Two visitors told us that staff encouraged people to be as independent as possible. They told us, "While people are cared for they have a measure of independence." One member of staff told us how people were reminded and encouraged to be independent and as a result, one person was able to attend healthcare appointments on their own. One member of staff said, "We prompt things like washing up, doing laundry, room cleaning and daily living tasks." People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

People told us that staff were very polite and addressed them by their preferred names. We saw that one member of staff used appropriate communication and were familiar with people's needs. People said that staff spoke calmly and with respect.

All visitors had to ring a doorbell and be invited in by a member of staff. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. One person said, "We've all got our own keys so other people can't go into our rooms." People's bedrooms were personalised and decorated to their taste. One person showed us their room and said, "I love my room. I've got everything I want."

The home had links to local advocacy services to support people if they required support. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People told us that staff respected their needs and wishes and they felt that their privacy and dignity were respected. We observed this in practice during the inspection, through the way one member of staff knocked on doors before entering rooms, spoke with people and assisted them with their care needs. One member of staff said, "People are independent with their personal care but we prompt people. We help one person sometimes but always ask their consent first" and "We always knock on doors and close curtains and doors." People said that they would feel confident to speak to a member of staff if they were worried about anything. One person said, "I can tell staff if I'm worried, I can talk about things." Visitors told us, "Staff

assist people very discreetly, in a very nice way", "They try as hard as they can" and, "You can tell they care."

The provider had an equality and diversity policy and staff received equality and diversity training. One person had a sensory impairment and the registered manager said staff had received British Sign Language (BSL) training. The PIR said, "We have engaged a BSL interpreter." One member of staff confirmed this and told us the person was supported to attend consultations and meetings by an interpreter.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. Visitors told us about the changes they'd noticed in one person and said, "They were so depressed before they came here, compared to how they were, they're now so happy."

Care plans were comprehensive and provided clear and detailed information about the person's care and support needs. For example, plans had been completed for managing mental health, addictive behaviours and periods of anxiety. People contributed to their care plans and one person said, "I tell them what I want." The care plans gave staff guidance about how to support the person, such as, "Sometimes I just need some space to allow me to calm on my own" and "Give me time to respond, I need time to process the information." One member of staff said, "The care plans are unique to each person; we get guidance either from the care plans or the manager" and "It's about calming the situation down. If I can't deal with anything I can call someone." People's physical health and well-being were also considered. For example, there was a malnutrition screening tool assessment. This showed that people's care needs had been assessed and care plans were in place so that staff could meet identified needs.

The care records seen had been reviewed on a regular basis. This ensured the care planned was appropriate to meet people's needs as they changed. We saw other professionals had been involved in a timely way when required, to ensure the health and well-being of people. Staff we spoke with told us they used care plans to inform their practice. Profiles within care records showed a good understanding of individual's care needs and treatment. There were specific plans that identified trigger points for people's challenging behaviour. These plans described how best to manage their reactions and behaviours, for the benefit of all people in the home. The information in care records also showed staff monitored people's health and checked their needs were met.

One person told us they were offered games of bingo, skittles, chess and other board games and enjoyed painting. We noted that most people were supported to maintain their independence and access the community. One member of staff said, "We get out and about quite a lot, places like Weston-super-Mare, Minehead or going to the arcade" and "We do group activities as well as individual activities; we respond to what people want." The registered manager told us, "I am trying so hard to develop more links with the community, but people we support don't want to get involved" and, "There is a local centre which organises day trips and lunches; people say they want to go then change their minds."

Complaints and concerns were taken seriously and used as an opportunity to improve the service. There had been one complaint since the home opened; this was investigated thoroughly and the complainant was satisfied with their responses. One person said, "We can say if we had a complaint. There's a box we can put complaints in." Visitors told us, "Staff are very approachable and we would be able to raise any concerns with the registered manager." Information about how to make a complaint or raise a concern was available throughout the home. People were encouraged to raise any complaints during house meetings.

There were monthly meetings for people who lived at the home. People had been encouraged to discuss menus, activities, outings, staffing, dignity and respect and any concerns they had.

Requires Improvement

Is the service well-led?

Our findings

The registered manager had not notified CQC about significant events. The registered manager had not told us about events when police had been called to the home, when one person's DoLS authorisation had been granted or about allegations of verbal and physical abuse.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

The quality assurance systems and processes had not been effective in assessing and monitoring the safety and quality of care. The registered manager had reviewed issues such as medicines and staff training; their observations identified some good practice and some areas where improvements were required. The provider policy relating to medicines management were not being followed and the registered person was not auditing against this policy to check if it was being followed. For example, people's medicines were administered by staff who had not had their competency assessed on an annual basis to make sure their practice was safe. A master signature list was not available; this is good practice to ensure that in the event of an error the dispensing practitioner could be quickly identified from the MAR chart initials. When one person's medicine had been reduced in July 2017, staff were removing this medicine from the dossette, putting it in an unnamed bottle, and storing this medicine. This is not safe practice and risks people being given an incorrect medicine. The registered manager told us they had tried unsuccessfully to get the medicines supply for this person reduced; however they were unable to provide evidence of this. The provider's policy states, "All medicines will be returned to the pharmacist when they are no longer required or have reached their expiry date." After the inspection, the registered manager returned the medicines to the pharmacy.

We also looked at records relating to medicines that required additional security and recording. These medicines require two staff to sign when they are administered. However, on one occasion one person was given a medicine and only one member of staff had signed. Two staff had signed all other controlled drugs administrations. The provider's policy stated, "Controlled drugs will be stored in a locked cabinet and administered with two signatures and with agreed safe dispensation within blister pack from GP for community treatment." This requirement for two signatures is in line with NICE guidance. The provider's policy did not give any guidance for staff working alone in the home, such as having access to another person. These medicines were appropriately stored; however there occasions when these hadn't been correctly entered in the records. For example, one person's medicine had not been accurately entered into the controlled drugs record, and the index of medicines had not been updated.

Audit systems had not been effective in identifying whether safeguarding adults policies had been followed or the shortfalls in staff training and fire safety. The fire risk assessment reviewed in May 2017 noted no fire policy was in place. At the time of the inspection, this had not been completed. The risk assessment also recorded that the back door was to be modified to enable easy exit without the use of the key. However, there were no records to show these actions had been completed.

There was a provider form to use as a service improvement plan, however this was blank. We were therefore

unable to see if the provider visits had identified any of the shortfalls we found. The registered manager was not able to provide any other records of provider visits. They told us they had monthly supervisions with the nominated individual and information from provider visits would be contained within their supervision notes. However, the registered manager told us we were not able to see these at the time of the inspection because they were not on site. We asked them to send the information to us after the inspection, but they did not do so.

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

Following the inspection visit we asked the registered manager for additional information as part of the inspection, including records of incidents where people were verbally or physically abused, staff contact details so we could speak with them, their mental capacity assessments policy and information about a DBS check. This information was not supplied to the Commission as required.

One member of staff told us staff were included in regular meetings where they were given information. Three staff meetings had been held in the past year, and staff had discussed quality assurance, health and safety, medicines, shopping and food, record keeping and training. One member of staff told us they could add agenda items if they wanted to talk about anything.

People's experience of care was monitored through annual surveys. The survey from February 2017 showed people were very happy with the care and support they received. People were asked a range of questions about the support they received, if staff were kind and helpful, if they knew how to complain and if they felt things would be put right if they complained. They were also asked if they enjoyed the food, activities and if they felt safe. People told us they liked the registered manager and said, "He's a nice bloke, I like him", "He looks after us, he's good" and, "If there was something worrying me I'd go to the registered manager, he'd sort it out fairly quickly."

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was supported by the provider, and care staff reported to the registered manager. The registered manager regularly worked alongside staff which gave them an opportunity to observe how staff managed people's changing needs. They told us, "This means I can get staff involved in audits to develop their skills." The registered manager said they attended conferences and received information from Skills for Care, Care Quality Matters and other sources to keep up to date with current practices and national guidance. The service worked in partnership with other organisations and providers of mental health care.

The registered manager had a clear vision for the home, which was that the home should be run on family values. The registered manager said, "We want to treat everyone like family, it should be a home from home." One member of staff said, "It's about providing good care and encouraging people to be independent." Their vision and values were communicated to staff through staff meetings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

The PIR said, "Directors regularly visit the home and are known to residents." One member of staff confirmed this and told us, "We get to see the provider and directors."

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 18 Registration Regulations 2009 Notifications of other incidents The registered person had not notified the Commission about significant events.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not protected from abuse and improper treatment in accordance with this regulation.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Information specified in Schedule 3 was not available in relation to each person employed.