

C & K Healthcare Limited

Honister

Inspection report

Ellenbrook Lane
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Honister is a care home without nursing registered to provide accommodation and personal care in one adapted building for up to 19 older people some of who may live with dementia. At the time of the inspection there were 17 people living there.

People's experience of using this service:

People's medicines were not always managed safely. Staff did not always administer people's medicines in accordance with good practice, medicines were not always stored securely when staff were not present. Staff had received training in infection control however, we noted repeated instances where a staff member did not demonstrate good infection control practice.

There were limited activities on offer and people were not supported to go out and about on trips as they had previously. The deputy manager was looking at how they could develop this area further and encouraged staff to explore things of interest to individuals.

People were not always treated with respect and dignity. Staff did not always consider people's opinions and individual rights in relation to their home environment.

People's relatives told us that they thought the management team were responsive and they dealt with any concerns promptly. However, some relatives said they were unsure who to raise a concern to as they were unaware who the current manager or owners were.

The provider had failed to achieve improvements identified during the previous inspection in August 2018.

Relatives praised the staff for promoting people's safety and wellbeing and said there were enough staff available to meet people's needs. People appeared relaxed and comfortable with staff and management. People's relatives said they felt people were safe living at Honister.

People enjoyed the meals and their dietary needs had been catered for. People's care plans were being developed to provide more personalised information about people and their care needs. The provider had undertaken significant refurbishment work in the home creating a brighter environment however, further consideration was needed to support the needs of people living with dementia. There was no signage to support people to orientate the building and encourage their independence.

The deputy manager had a visual presence in the home and staff felt supported by them. Staff had received training to support their role and received ongoing supervision to continue this support. People had good health care support from external professionals. Staff identified when people were unwell and raised this with relevant health professionals.

Relatives told us the staff team were pleasant, kind and caring and took good care of people.

The provider had made the latest inspection report and rating available at the home albeit inside a folder in the communal entrance hall. The provider does not have a website. When required notifications had been completed to inform us of events and incidents, this helped us to monitor the action the provider had taken.

More information is in the detailed findings below.

Rating at last inspection:

At the previous inspection in August 2018 the service was rated as Requires Improvement with Well-led rated as Inadequate. The provider had failed to support or encourage staff to undertake the training they needed to care for people safely. Quality monitoring had been inconsistent and the provider had failed to act on advice given by external health and social care professionals. Risk assessments did not help mitigate risks to people's safety and the environment was not always appropriate to promote people's safety or dignity. Shortfalls with medicines management meant we could not be confident that people's medicines had been administered in line with prescriber's instructions and people's records were not always maintained in a manner that promoted confidentiality. Care plans were not sufficiently detailed to guide staff to provide their individual care needs or end of life wishes. People's relatives had not been involved in developing people's care plans even where people did not have the capacity to make their needs and wishes known themselves. There were no activities taking place at the home during the course of the inspection.

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: At this inspection we identified three repeated breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance, safe care and treatment and dignity and respect. As a result, Well-led domain is rated 'Inadequate' for the second time and the service is therefore in 'special measures'.

Follow up: Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

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

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate ●

Honister

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one adult social care inspector.

Service and service type: Honister is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a registered manager at this time. The registered manager had left the service two weeks before this inspection.

Notice of inspection: This inspection visit was unannounced.

What we did: Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people who used the service, one relative, three staff members, the deputy manager and the provider. We looked at care plans relating to two people and reviewed records relating to the management of the service. On 06 March 2019 we spoke with four further relatives by telephone to explore their views of the service provided.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Using medicines safely:

- People's medicines were not always managed safely. At our last inspection in August 2018 some shortfalls with medicines management meant we could not be confident that people's medicines had been administered in line with prescriber's instructions. At this inspection we found further concerns.
- A staff member administered more than one person's medicines at a time into medicine pots and took them to people for them to take. This was not good practice as there was potential for risk with the medicines getting mixed up and people receiving the wrong medicines.
- A staff member left a box of opened tablets on top of the medicine trolley when they went to give people their medicines. This happened four times in a row until we brought this unsafe practice to the staff member's attention. The staff member said they had left the tablets there to remind them to administer later. They did not demonstrate any awareness of the potential risk of people inadvertently accessing and ingesting medicines not prescribed for them.
- The majority of people's medicines were supplied in blister packs which helped to ensure people received their medicines as prescribed. However, there were some boxed medicines and these were not always dated to indicate when they had been opened. This meant it was not possible to conduct an accurate audit to confirm if people had received these medicines as prescribed.
- The medicines trolley was stored in the dining room and was checked regularly to help ensure medicines were stored at a safe temperature. However, two different thermometers were used which gave two different readings. One thermometer indicated 25 degrees on the day of the inspection and the other indicated 19 degrees, there was no confirmation about which was accurate. We discussed with the provider and deputy manager that it is important that medicines are maintained at a safe temperature to ensure they continue to work properly. The dining room is a conservatory style extension which becomes very warm in the summer, this will need to be monitored closely to ensure the medicines are safely stored.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not taken all reasonable steps to ensure the health and safety of people who used the service and to manage risks that may arise during care and treatment.

Preventing and controlling infection:

- Many of the staff team were new to post and were booked to attend their basic core training including infection control. However, during the inspection we observed some poor infection control practices demonstrated by established staff members who had already completed this training. For example, a staff member did not remove their gloves and apron after providing personal care.
- The provider had introduced many changes to the environment which helped to better promote good infection control practices. For example, some flooring had been replaced, a bathroom had been

refurbished and a toilet previously situated next door to the kitchen had been decommissioned and was now used as a wheelchair store.

Systems and processes to safeguard people from the risk of abuse:

- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about what and how they would report any concerns to the management team. However, some staff were not aware that the local authority were the lead agency for all safeguarding matters.
- People appeared relaxed and comfortable with staff and management. People's relatives said they felt people were safe. One relative said, "I think my relative is very safe at Honister. I have seen the way staff handle [person], they are so careful." Another relative told us, "My [relative] is safe. The building is secure and the staff are competent, friendly and nice."

Assessing risk, safety monitoring and management:

- At the previous inspection in August 2018 risk assessments were not always detailed and did not clearly describe the controls in place to help mitigate risks to people's safety and well-being. At this inspection we found some areas of risks to people's health, safety and well-being had been assessed and measures had been put in place to remove or reduce risks. For example, people were assessed for risks to their mobility, food intake and hydration or the risk of sustaining pressure ulcers. However, some areas of risk had still not been assessed and planned for including where people demonstrated behaviours that may challenge others.
- At the previous inspection staff were not able to tell us what they would do in the event of a fire. At this inspection staff were able to explain they would contact the emergency services and support people to move to a place of safety behind a fire door.
- The provider helped ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed for staff sickness or other such events.
- At the previous inspection accidents or incidents were not always managed robustly and not always used as learning to improve the safety of the service. At this inspection we saw that accidents and incidents were monitored and reviewed to identify trends or patterns where improvements could be made to increase people's safety and wellbeing.

Staffing and recruitment:

- People and relatives told us they felt enough staff were available to meet people's needs. A relative told us, "There are always plenty of staff around, my relative's needs are met."
- Staff told us there were enough staff and if they needed help the deputy manager was always available to help hands on. A staff member said, "It's getting better, there has been huge staff turnover but we are working more as a team now."
- Safe and effective recruitment practices were followed to help ensure staff were of good character, physically and mentally fit for the roles they performed. However, some further work was needed to ensure this was a robust process. For example, references had not been verified to ensure they were genuine and copies of identification documents had not been signed and dated to indicate when the originals had been seen and by whom.

Learning lessons when things go wrong:

- Staff told us there were lessons learned when things went wrong. The deputy manager took action following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure that the measures in place were effective.

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.

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

- Before people were admitted to the home assessments were undertaken to establish if people's needs could be fully met by Honister. Care plans were developed from these assessments and were regularly reviewed which helped to ensure that if people's needs changed this was appropriately reflected.
- However, there were some areas of people's care needs such as behaviours that may challenge others and specific mobility needs that did not have care plans or risk assessments. We discussed with the provider that the lack of detailed care plans mean the staff team do not have the necessary information to support them to deliver consistent and effective care for people.
- People's relatives told us they were satisfied with the care and support people received which indicated that staff delivered appropriate care and support in line with best practice. One relative said, "[Person] clearly gets good care. They are always clean, tidy and well groomed."

Staff support: induction, training, skills and experience:

- At our previous inspection in August 2018 we found staff had not always received training, subsequent refresher training and supervision to support them to be able to care for people safely. At this inspection we noted that there had been significant changes in the staff team with many new staff members recruited.
- The training records showed that training for the newly recruited staff was booked so that the whole staff team were scheduled to complete their basic core training by the first week in April 2019.
- One relative said, "Staff seem to be skilled, I have never noticed anything that could have been done better. Even the newly employed staff have the human touch."
- Staff completed an induction programme at the start of their employment. New staff shadowed experienced staff until they, and the management team were satisfied they were sufficiently competent to work alone.
- Management and staff confirmed that there was a programme of staff supervision. Staff said they received support and most said they were fully confident to approach the management team for additional support at any time. However, the registered manager had recently and suddenly left the service and some staff said they had yet to discover if they would receive support when they needed it.

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

- We observed a lunchtime meal served in the communal dining room. People enjoyed the food served to them.
- A person's relative told us, "There is always plenty of food and plenty of variety. It is well cooked and nicely presented."
- People had sufficient amount of food and drinks provided. Where people were identified as being at risk of

malnutrition or dehydration their foods were fortified and the person was referred to their GP or dietician.

- Staff said the quality of produce had improved and the provider told us the dining room was now used routinely for people to meet together and eat their meals.
- Residents meeting minutes showed that people were asked if they were happy with the food provided and people were asked for ideas. However, whilst one or two people gave some suggestions for the menu many people lacked the ability to engage with this. Further work is needed to develop a meaningful way for people to contribute to menu planning.

Staff working with other agencies to provide consistent, effective, timely care:

- Staff and management knew people well and were able to promptly identify when people's needs changed and seek professional advice. We heard staff on the phone with the GP discussing a person's health needs and receiving advice.
- Staff worked in partnership with health and social care organisations appropriately sharing information about people to ensure that the care and support provided was effective and in people's best interests.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to health professionals to help them live a healthier life. There were regular GP visits. We saw evidence of dietician and district nurse involvement in people's care as well as occupational therapists, speech and language therapists and opticians. Information was shared with other agencies if people needed to access other services such as hospitals.
- Relatives were confident that people received the healthcare support they needed in a timely way. One relative said, "Staff are very quick to identify any health concerns and access the right support for people. I am very impressed."

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. We checked whether the service was working within the principles of the MCA.
- Staff spoken with during the course of this inspection lacked some awareness of MCA and best interest decisions. Staff viewed this as a management issue and didn't feel it was a concern for them. We discussed this with the management team who undertook to add this topic to the staff meeting agenda so they could discuss it as a group.
- Mental capacity assessments were carried out where needed to establish if people making decisions affecting their lives had the capacity to do so. Decisions for people who were found lacking capacity to make certain decisions were taken following a best interest process.
- The deputy manager had recently reviewed all mental capacity assessments and submitted deprivation of liberty applications to the local authority as required.
- People told us staff asked for their consent before they delivered any aspects of care. People were offered choices and encouraged to express their wishes.
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions.

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.

Requires Improvement: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- At the previous inspection in August 2018 some aspects of the maintenance of the environment did not promote people's dignity. At this inspection we noted that people's rooms were well maintained with curtains at the windows and were not cluttered with incontinence items.
- Some staff members who did not have English as their first language couldn't communicate clearly with people who used the service. For example, we heard a staff member on three different occasions try to communicate with people and when they did not understand the staff member just spoke louder. On one occasion this resulted in them shouting at a person to sit down.
- During the course of the morning people were in the communal lounge with an activity staff member. The Karaoke machine was playing in the room and the radio in the dining room next door was playing loudly. There was no understanding that people with dementia and hearing impairments could become distressed at this cacophony of noise and the staff member had not heard people trying to say they could not hear.

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

- During the inspection most staff took appropriate action to respect people's wishes and to provide comfort when needed. For example, a staff member noted the sun was shining directly into a person's eyes so they asked them if they would like support to move to another chair. However, a staff member started to feel warm during the morning in the communal lounge area so opened a window to allow fresh air in. They had not asked the people in the room if they felt warm and wanted to have the window open. There was a lack of acknowledgement that Honister was people's home and that it was their decision to make.
- A person wished to enter the dining room after lunch. The room was being swept by a staff member at this time who abruptly told the person they could not enter the room. This was noted by a member of the management team who took the staff member to one side and reminded them of people's choice.
- Where people were not able to express their views and could not be involved in decisions about their care their relatives, next of kin and health and social care professionals were involved. This was to ensure the care and support the person received was appropriate.

We identified a continued breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not provided care and treatment in a way that ensured their dignity was promoted and respected at all times

Respecting and promoting people's privacy, dignity and independence:

- People's relatives complimented the staff team for the care they demonstrated. For example one relative said, "My [relative] was in Honister for 11 months and during that time they were treated with excellent care

and compassion." Another relative told us, "The staff are so lovely with [relative]. They give lots of cuddles and affection."

- Information about local advocacy services was available and the deputy manager reported people would be supported to access independent advice and guidance where necessary.
- At the previous inspection in August 2018 people's records were not always maintained in a manner that promoted confidentiality. At this inspection we found people's records were held securely in a lockable cabinet within a lockable office to help promote confidentiality. However, a number of times during the day the office was left unlocked. The provider identified the lock was not operating properly and addressed this immediately.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the previous inspection in August 2018 people's care plans had not been sufficiently detailed to guide staff to provide their individual care needs or end of life wishes. Additionally people's relatives had not been involved in developing people's care plans where people did not have the capacity to make their needs and wishes known themselves. At this inspection the deputy manager advised that all care plans were in the process of being reviewed and re-written to accurately reflect the individual needs and choices of each person. The provider confirmed that since the previous inspection in August 2018, six months previously, four care plans had been completed, the deputy manager said that the remainder would be completed by the end of March 2019.
- At our previous inspection at Honister in August 2018 there were no activities taking place at the home. At this inspection we noted a range of board games and arts and crafts items had been secured. Record keeping was not always robust and did not confirm that regular activities took place however a staff member told us, "Activities happen every day now, for example we are having a DVD day tomorrow."
- The deputy manager's action plan stated that a full time dedicated activity co-ordinator was being recruited to work with people on a day to day basis. In the interim care staff were providing people with some engagement to help prevent boredom and isolation.
- People's care plans lacked personalised information about their individual wishes relating to activity and engagement so it was not possible to assess if people's choices in this area were met.
- People's relatives gave us mixed feedback about activities in the home. One relative said, "I have seen activities happening in the afternoons such as singing and parties for Royal weddings. My [relative] is not interested in doing any organised activities, they have a very short attention span. Staff are aware of this and take opportunities to chat with [person] when they can." Another relative told us, "When the previous owner was in charge people used to be taken for trips out. For example for a canal boat trip, or a visit to a stately home. That sort of thing doesn't happen now and my [relative] would love it."

Improving care quality in response to complaints or concerns:

- People's relatives told us that they thought the management team were responsive and they dealt with any concerns promptly. One relative said, "I have never had to raise a complaint but if I saw anything wrong I would not hesitate to raise it." However, another relative said they were unsure who to raise a concern to as they were unaware who the manager or owners were.
- The deputy manager advised there had not been any complaints received by the home since our previous inspection in August 2018.
- People were asked at resident meetings about their satisfaction with the service provided.
- There were annual surveys distributed to people and their relatives to help gauge their satisfaction and a suggestion box was situated in the main entrance hall.

End of life care and support:

- The deputy manager and provider said the service provided support for people at the end of their lives. Care plans showed that people were asked to think about their wishes in relation to end of life care and it was documented if they had any specific wishes. However, the information in the care plans for people nearing end of life at the time of this inspection did not guide staff about actions needed to keep people as comfortable as possible. We discussed this with the provider and deputy manager who undertook to address this important area immediately.
- People's relatives complimented the staff and management at Honister for the care people had received at the end of life. For example, one relative said, "I cannot praise the staff enough for the way [relative] was cared for including their very dignified end of life care."

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.

Inadequate: There were widespread shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

Continuous learning and improving care

- At the previous inspection in August 2018 the provider had failed to undertake quality checks to satisfy themselves that the service they provided was safe, effective, caring, responsive and well-led. At this inspection the provider was more involved with the service and had undertaken some routine quality monitoring.
- The deputy manager had stated in their action plan, 'I spend about 40 per cent of my time observing and supervising staff on the floor and making sure the care given to our residents is of the highest standard.' The deputy manager said they undertook 'walk about' checks of the home twice daily. These were not documented at the time of the inspection, the provider told us these checks will be recorded going forward as part of the quality assurance systems. However, these quality monitoring processes had not been effective as they had not identified the issues found at this inspection.
- At the previous inspection people's care plans and risk assessments were not fit for purpose and did not provide guidance for staff to be able to provide safe, effective and consistent care. The provider's action plan of 05 September 2018 stated, 'Care plan will reviewed and will adapt to each resident's needs.' At this inspection we found that insufficient action had been taken with just four people's care plans reviewed and re-written to better reflect people's needs.
- At the previous inspection we could not be confident that people received their medicines in line with the prescriber's instructions. At this inspection despite management oversight we identified further shortfalls in medicines management.
- At the previous inspection in August 2018 we had identified shortfalls in how staff promoted people's dignity and respect. At this inspection we found that the provider had taken action to address environmental issues that impacted in this area. However, further action was needed to ensure people were respected as individuals and treated with compassion and care.
- At the previous inspection in August 2018 we had identified that the staff team demonstrated a lack of understanding of infection control matters. The provider's action plan of 05 September 2018 stated that all staff would receive infection control training. However, at this inspection shortfalls in staff practice were still identified.
- Relatives gave us mixed views about improvements in care and accommodation at Honister. Some relatives said there had been clear improvements in the environment but others were less complimentary. For example, a relative who had recently read the inspection report from August 2018 said, "We identified with a lot of the issues in the last report and have not seen that anything has changed in the interim."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- At the previous inspection in August 2018 we found the provider had failed to support the registered manager with mentoring or supervision and had failed to support or encourage staff to undertake the training needed care for people safely. At this inspection there had been a recent change in the management of the home, the deputy manager was running the home with support from the provider. Training in basic core areas had been booked for the staff team.
- At the previous inspection quality monitoring had been inconsistent, had not identified risks to people and had not served to mitigate risk to people's health and wellbeing. At this inspection the deputy manager was working to bring about improvement in key areas such as care plans, risk assessments and medicines management.
- Staff had clear lines of responsibility. The deputy manager was in the process of developing an audit system to monitor how well staff fulfilled their roles.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff members did not have a clear view about whether the service was well-managed. The registered manager had recently left the service suddenly, the home was being managed by the deputy manager with support from the provider.
- Relatives told us they were disturbed about the significant changes in staff and management at the home. They told us they did not know who was in charge of the day to day management of the home and did not know who the owners were.

Working in partnership with others

- At the previous inspection in August 2018 the provider had failed to act on advice given by external health and social care professionals. At this inspection we found that the provider had failed to engage effectively with local authority adult care services and had failed to bring about required improvements in a timely manner. There was a lack of any significant improvement which indicated a lack of an overarching leadership.

The service had been rated as inadequate in Well-led at the previous inspection in August 2018. Shortfalls identified at the previous inspection and at subsequent quality monitoring visits undertaken by the local authority commissioning teams had not been effectively addressed in a timely manner. This means there is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There were opportunities for people and their representatives to share their views about the quality of the service provided. Surveys were sent out annually to people, relatives, staff and other stakeholders to gather feedback about the quality of the service provided.

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	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>People were not provided personalised care and treatment in a way that ensured their dignity was promoted and respected at all times.</p> <p>This is a repeated requirement.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not taken all reasonable steps to ensure the health and safety of people who used the service and to manage risks that may arise during care and treatment.</p> <p>This is a repeat requirement.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not made the required improvements in a timely manner.</p> <p>This is a repeat requirement.</p>