Leonard Cheshire Disability

Greenacres - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Greenacres on 26 October and 01 November 2016 and our inspection was unannounced. Greenacres provides accommodation and nursing care for up to 33 people with physical disabilities. There were 32 people living at the service when we visited. The service was last inspected in September 2013 and the service was compliant with the regulations assessed.

There was a registered manager in place at the time of our inspection. 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.'

The systems in place to audit the quality of the service were not always effective because they did not identify where improvements were needed. Systems in place did not ensure that consent issues were managed consistently. Medicines were not always managed effectively to reduce the risks associated with them. The service was not always led in a way that promoted the wellbeing and safety of the people who lived at Greenacres and improvements were needed to ensure the home complied with the regulations. You can see what action we told the provider to take at the end of this report.

People told us they did not always receive consistent support and that too many agency staff were employed at the service. Staff were recruited in a safe way and employment checks were completed before they started to work for the service. The numbers of staff on duty to meet the support needs of people had recently been reviewed and was to be increased.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know how to report any concerns. Staff received training and supervision. Staff training was monitored and provided when specific individual needs were identified. Staff were happy with the quality of the training and were keen to learn and improve their knowledge base. However, staff lacked an understanding of what Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) meant in practice for the people they supported, which showed that systems were not in place to show that the training was effective.

People were supported to maintain good health and had regular access to healthcare professionals. They had enough to eat and drink and specialised meals were provided when needed.

People were encouraged to pursue interests and hobbies and activities that were of interest to them. Visitors were welcomed and volunteers supported activities and fundraising events. People told us that they knew the registered manager and felt confident that any concerns they raised would be dealt with.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

The risks associated with medicines were not always managed to protect people from harm.

Risks to people's health and safety were not always identified and managed.

People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

People were supported by staff that was effectively recruited to ensure they were suitable to work with people, but there needed to be more staff employed so that people's needs were met consistently.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were consulted with however staff did not ensure that care was always provided in a way that promoted their human rights.

People were supported by staff that had received training so that they had the knowledge and skills to meet people's needs. However, this training was not always implemented effectively.

People were supported to access health care services so that their health and wellbeing was maintained.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were not always treated in a way that respected their dignity and showed respect.

People received care and support from staff that were kind.

Arrangements were in place to consult with people about their care.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were supported to do things that they liked so that they led interesting lives.

People knew how to raise concerns if they were unhappy about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The providers system to assess and monitor the quality of the service provided was not always effective at identifying any shortfalls.

The management arrangements for the service had not always ensured that an effective management structure was in place although steps had been taken to improve this.

Greenacres - Care Home with Nursing Physical Disabilities

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 visit took place on the 26 October and 01 November 2016 and was unannounced. It was carried out by one inspector, an expert by experience and a specialist adviser. The expert by experience had personal experience of using or caring for someone who used a health and social care service. The specialist adviser had professional expertise as a nurse.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection.

We used a range of different methods to help us understand people's experiences. We spoke with 18 people who lived at the home and five relatives. Some people were less able to express their views and so we observed the care and support that they received in communal areas. We spoke with two care staff, two activity staff, one senior carer, the care supervisor, two nurses, the physiotherapist, the chef, the registered manager and the head of operations for the provider. We also spoke with two healthcare professionals.

We looked at five records about people's care to see how care and treatment was planned and delivered.

We also looked at records maintained by the home about staffing, training, accidents and incidents and the quality monitoring system.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always managed to ensure that people were kept safe from the risks associated with them. Some people needed to have their medicines administered directly into their stomach through a Percutaneous Endoscopic Gastroscopy (PEG) feeds. A peg is a tube from a machine to a person's stomach which enables them to have nourishment. Some records were in place to inform staff on how to prepare and administer nutrition but these lacked information about how much fluid was given through the PEG and how much fluid should be used to flush medicines through the PEG to promote hydration. When we asked a staff member about this they were not able to explain to us the reason why this practice was not in place. The fridge used to store peoples' medicines had a recommended temperature range that should be maintained to ensure that medicines are stored at the correct temperature. Records that we reviewed showed that the daily temperature records were not maintained consistently. We saw that some medicines including diazepam were not stored within the lockable medicine storage in the treatment room but where left out on a window sill which meant that the medicine could have been potentially used or taken without any one's knowledge. Some medicines when opened were not dated this could place people at risk of receiving medicines that are not working at their optimal level.

People told us that they always received their medicines on time. One person told us, "I always get my medicines on time and know what tablets I have and what they are for". We saw evidence that all the medicines administered were checked by the staff member before administering and the staff member stayed with the person until the medicines had been taken.

People were not always supported to manage risks to their health and wellbeing to keep them safe. We observed that a number of people were cared for in bed and we saw that staff made regular checks on people. When we asked staff about this they were unsure what they would be checking for other than people's general safety. The care records that we checked did not detail what staff should be checking on when they carried out these checks. Some people had been assessed as needing two staff to assist with their personal care. However, a relative told us that there had been a number of occasions when only one staff member had assisted with their family members care and this was confirmed by a social care professional. We saw that pressure reliving equipment was in place to reduce the risk of sore skin. A health care professional told us that the home referred to them for advice about the management of sore skin and that staff followed the advice that was given.

We saw that hazardous cleaning products were not always stored securely and a cupboard which staff told us was a designated area for storing such items was left open with the key in the cupboard. We saw two oxygen cylinders stored in the medicine and treatments rooms, one with a mask on and we were told that these were not in use and it was unclear why these had not been removed from the service. We saw free standing heaters were in use and the one radiator was extremely hot to the touch. When we brought this to the attention of the person in charge it was switched off. We saw that later in the day it had been switched back on again. When we brought some of the safety issues to the attention of the person in charge we were concerned about how risks at a service level were identified and managed.

People we spoke with told us that there were usually sufficient staff numbers of staff on duty to be able to provide the care and support they required. However, many people told us that staff were very busy and didn't always have the time to spend talking to them. People also told us that there were a lot of agency staff working at the home and some agency staff didn't understand their care needs fully or take the time to listen to what they wanted to say about their care. One person told us, "They [agency staff] don't wait to listen to me or give me a chance to speak and they walk away". Another person told us, "Some agency staff are fine but we have too many and some don't take the time to speak or listen to you". And another person told us, "Staff are very busy all the time. They don't get much time to talk to you." The registered manager told us that they were actively recruiting to vacant posts and had reviewed pay scales to attract permanent staff. He also told us that he had recently completed a review of people's needs and the staffing levels needed to meet these needs. He told us that an increase in staffing numbers was in the process of being approved and should commence from December 2016.

We saw that staff responded promptly to call bells that people had activated to ask for help. Although one person told us, "There's always a long response time for the call button worse at night, of course". The registered manager told us that there was a system in place to monitor staff response times to call bells and they had identified no concerns with the time that staff took to answer calls. There was an emergency situation during the inspection and we saw that staff responded promptly to this and the person concerned received the support they needed and emergency medical treatment from the ambulance service was provided.

The provider had emergency procedures in place to support people in the event of a fire. Fire safety equipment were checked to ensure it was maintained in good working order. Staff we spoke with confirmed they had received fire safety training. Staff told us that they had also completed training in basic life support.

People we spoke with told us that they felt safe living at the home. One person told us, "I have never had a reason not to feel safe here". Another person told us, "I get frustrated at times living here. However, I do always feel safe living here". Some of the people we spoke with were not able to communicate easily with us. We saw that some people were able to respond to closed questions we asked by answering yes or no or using other forms of communication with us and they indicated to us that they were comfortable and or safe.

Staff had received training in protecting people from abuse and had an understanding about the types of potential abuse. Staff told us that they knew the different types of abuse that could take place. They told us that they recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. Staff told us that they were confident that the management team would ensure that any concerns were dealt with appropriately. A staff member told us," I wouldn't stand for any poor practice and would raise any concerns that I had with the managers. I feel confident that issues would be dealt with". The provider had procedures in place so that staff had the information they needed to be able to respond and report concerns about people's safety. The registered manager was aware of their role and responsibilities in raising and reporting any safeguarding concerns.

The provider had robust recruitment procedures. Employment checks were undertaken before staff started working and included a Disclosure and Barring Service (DBS) check, references and records of employment history. These checks helped the provider make sure that suitable staff were employed and people who lived at the home were not placed at risk through their recruitment practices.

Requires Improvement

Is the service effective?

Our findings

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. The application for this in care homes and hospitals are called Deprivation of Liberty Safeguards DoLS. We looked to see if the provider was working within the principles of MCA. Although staff told us that they had received MCA and DoLS training staff we spoke with including the registered manager were not always clear about their role and responsibilities with regards to DoLS and were unclear about who and why applications had been made for people. This meant that people could not be assured that their rights were promoted. There was no system in place for monitoring the progress of applications and we saw that a person who had a DoLS in place when this had expired no action had been taken to reapply for the DoLS. Which meant that the provider did not have the necessary safeguards in place to ensure that the person's legal rights had been upheld and they were not deprived of their liberty unlawfully. We saw that training provided to staff in MCA was not implemented effectively and the systems in place had not identified these shortfalls to ensure that people's rights were protected.

People's mental capacity had been assessed and considered to determine their capacity to make everyday decisions. Where people had made arrangements to protect their choices such as Power of Attorney [POA] this was documented in the person's care records so that staff would know what action to take or who to contact about decisions about people's welfare. However, we saw that a decision had been made and recorded as a best interests decision for a person with a court of protection deputy in place and the person assigned as the deputy had not been consulted about the decision that had been made about the person's care. This meant that the person could not be assured that the decision was made in the person's best interest as the people who knew them best had not been consulted.

This evidence represents a breach of Regulation 11 of the Health and Safety Care Act 2008. (Regulated Activities) Regulations 2014.

We observed staff seeking people's consent before they assisted them with their care needs. We saw people made choices throughout the day as to what they wanted to do. A person told us, "They [staff] do usually ask or tell me what's happening and what they are going to do". Staff were aware of people who needed support to understand their choices and we saw they respected this and explained things in a manner that people understood.

People were supported by staff who had the training and support to carry out their roles. There were a core team of staff who had worked at the home for a long time. Staff that we spoke with had a good understanding of people's needs. We saw some good interactions and staff demonstrated that they understood people's communication needs and were able to interpret people's body language effectively. Most people we spoke with were complimentary about the home and the staff that cared for them. One

person told us, "[Staff members name] is very good." People's main concern was the high use of agency staff and the impact that this had on their care as it took time for staff to get to understand their care needs.

A staff member told us, "My training is up to date Leonard Cheshire are very good like that. We can also ask for some additional training. Some staff have recently done some dementia training". The registered manager told us that one of their priorities was ensuring that staff training needs were addressed. They told us that some training was completed on line and that specialist training was also provided. They showed us staff training records and we saw that the majority of staff had completed the providers required training and for staff who had either not completed this training or needed refresher training plans were in place to address these. During our inspection moving and handling training was taking place and this was provided by the physiotherapy department based within the service. Records we looked at confirmed that there was a planned approach to training.

We saw that staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of adult social care workers. Staff told us that they had regular supervision to discuss their performance and development. Two agency staff confirmed to us that they had completed an induction and told us that they received good support to carry out their role and had been happy to return to the service for additional shifts. A staff member told us, "Staff are friendly and seem caring. I had an induction this included using the emergency alarm. I was shown around the building and the fire exits and I shadowed a permanent staff member".

People had enough to eat and drink and were supported with specialist diets when required. We observed lunch and saw staff attending to people's needs. The atmosphere was calm and pleasant. One person told us, "The food is quite nice". We saw that staff supported people who needed assistance to eat their meal and were patient and unhurried. We saw that where people had difficulties in swallowing food, soft and pureed meals were available. Fluid and food intake records had been completed for people assessed as being at risk of poor nutrition or dehydration so that staff could check that people were getting enough to eat and drink. We saw that a choice of meals were available. We saw that people and their visitors could access a kitchenette to make drinks and snacks throughout the day.

People's health needs were being monitored and actions taken to ensure they were met. People we spoke with told us that they had access to healthcare when they needed. One person told us, "The staff support me very well with meeting my health care needs". People were referred to health professionals where their health indicated this. We saw that where staff were concerned about people's health conditions they sought expert advice. Outcomes of consultations were recorded and recommendations included in people's care plans to guide staff.

Requires Improvement

Is the service caring?

Our findings

Most people we spoke with were complimentary about staff members but were frustrated with the staff changes, high use of agency staff and the pressure on staff time which limited opportunity for staff to spend meaningful time with them.

A relative told us, "[Person's name] gets less communicative, possibly because agency staff have no time or motivation to follow [their] eye movements and facial expressions (their only means of communication). As they spend less time being listened to, [person's name] communicates less. They are going downhill". Another relative told us, "Better care could be delivered if staff had more time or took more time to communicate".

People told us that most staff protected their dignity and privacy when providing personal care. One person told us, "They [Staff] do knock my door and show respect when I am having a shower". However, some people told us that on some occasions staff had not carried this out consistently. For example, a few people told us that staff do not always knock their bedroom door before entering. One person told us that staff had discussed another person's care needs whilst attending to their care needs and they felt that this did not afford theirs or the other person's dignity. The registered manager told us that they had actively introduced ways of making sure the home was more caring towards people's needs. Dignity training had been provided for staff and we saw that where poor practice had been observed within the service this had been dealt with proactively. One person told us that since the registered manager had been in post he was making sure that staff were more respectful towards the people living at the service.

People told us that they were supported to do some things for themselves and make decisions about their care. One person told us, "I can plan my own day and do the things I enjoy doing" .However, some people told us that at times they felt they could not always do the things they wanted because of the risks involved. One person told us, "I want to be looked out for, but not bubbled wrapped". Staff told us that the registered manager was promoting a culture that was more enabling towards people and a culture where ability was promoted and not disability. A social care professional told us that it was really positive that people were supported to be independent. However, they felt that some people needed the support from staff so that they could learn the skills they needed to help them to be able to achieve this.

Staff were aware of how they could support people to express their individuality and promote equality and diversity within the home. One person told us that their favourite colour was pink and they were supported to have their bedroom painted the colour and style of their choice. We saw a number of bedrooms and saw that these were extremely personal spaces that reflected people's wishes and were in accordance with their preferences.

We saw two members of staff were each able to accurately relay a number of comments from people unable to communicate verbally or by signing. On both occasions the people indicated by nodding and smiling their agreement with the interpretation provided by the staff members.

People told us their religious beliefs were respected. One person told us that they regularly visited a local church to attend a service and afterwards they enjoyed having a coffee with their friends from the church. We saw care records identified people's religious needs and how they wished these to be met. People told us that their family members were made welcome and had access to refreshments. We saw there was a steady flow of visitors, some supported people to go on trips out in the local community and some found a quiet space in which to enjoy their family members company.

People were supported to express their views via regular resident meetings. We saw that a monthly newsletter had been introduced to keep people informed about up and coming events in the home. We also saw that people who had lived at the service and passed away were fondly and thoughtful remembered in the newsletter and their lives celebrated. Where people needed an independent person to discuss care decisions we saw that advocacy services were available so that people were supported with expressing their choices when making decisions. An advocate is a person who is independent of the home who supports a person to share their views and wishes.

Requires Improvement

Is the service responsive?

Our findings

People told us that most staff were responsive to their requests for help with their care. People told us that they had their own preferred routines for getting up, eating or joining in activities. Some people told us that they asked for staff support early in the morning and this was their choice. However, they told us that staff were very busy during the morning so if they didn't get the staff support first thing they would then need to wait a long time before staff would be free again to assist them. "I ask to get up early by choice, because otherwise it be nearly mid-day before they [staff] would be free to help me".

We received mixed views about how well people felt involved in their care. One person told us, "[Staff members name] is my key worker. I am very happy and she knows me and I feel consulted about my care. Another person told us, "I am able to direct my care and I feel the support I get from staff is very good. Although it has taken a long time to get to this point". However, some people told us that they felt less involved and consulted with about their care needs and they were unsure who their key worker was. We saw that people had recently completed questionnaires and attended workshops in preparation for the introduction of person centred planning process, referred to as 'future choices'. The registered manager told us that this should ensure that people are at the centre of their own future planning and one of the key areas that had been identified so far was that people wanted greater involvement in their local community.

We looked at the arrangements for supporting people to participate in activities or maintain their interest and hobbies. Some people had specific interests for example in art and crafts and had been well supported to continue their interests. There was a programme of activities available within the service which included various group activities and less frequently activities on a one to one basis. The service employed staff specifically to facilitate activities and events. During our inspection some activities took place including bingo and a personal trainer session facilitated by an external person. Staff told us that people had requested that more activities were available for people to do in the evening and weekends and they were responding to these requests. People also wanted a greater variety of community activities. Some progress had also been made on this. For example, people told us that a recent trip had taken place to an ice skating ring and to a local hotel for afternoon tea and a visit to the vintage motor show was planned. A hydro pool and sensory facility had recently been sourced by staff and plans were underway to make this resource available to people. The volunteer co-ordinator told us about the work they were doing to make this part of the service more person centred and was speaking to people individually to establish what people wanted from this service.

Some people told us that they preferred to not take part in activities organised by the service but preferred to do their own thing and this was respected. One person told us, "I chose to spend most of the time in my room, it's my choice. I have things to keep me occupied. If I go out then it is with family members which I enjoy doing".

We saw that work was under way to make improvements to the environment. The dining room and kitchen facilities had recently been refurbished. During our inspection we saw that the activity room was in the process of being refurbished and we were told by the registered manager that the facility will be greatly

improved and include improved access to the garden area .

Most people were reliant on a wheelchair to move around the service and people told us that the service and maintenance of their chairs was of significant importance to them. We were told that the home had arrangements in place for the repair and servicing of people's wheelchairs and that this was external to Greenacres and some people's chairs were on loan from the NHS. Some people told us that they had waited a long time for repairs to be completed. Staff showed us records of requests that had been made on people's behalf and these indicated considerable waiting times. One person told us that they had been waiting a considerable amount of time on an outdoor driving test so they could use their electric wheelchair safely in the community. We saw that this had also been raised as a concern in the homes own audit report however, no follow up action had been taken. We were told on the second day of our inspection that this was now being dealt with.

People were aware of the complaints procedure which was displayed. People told us they were confident to raise any concerns. One person told us, "He [Registered manager] is fantastic. You can tell him what you are not happy about and he understands how you feel. He will deal with things". A relative told us, "There are occasional minor irritations, but they are dealt with without going through a formal procedure". Another relative told us, "Any complaints are well considered and an appropriate response comes quickly by email and in practice too". We saw that a record of complaints was maintained which showed the registered manager was investigating and responding to complaints.

Requires Improvement

Is the service well-led?

Our findings

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. However, these had not always been effective at identifying the shortfalls in the service that were identified during our inspection. Systems in place had not ensured that consent issues were managed consistently. The management of risk within the service had not always been effective. Where deprivation of liberty safeguards applications had been made to the local authority staff had not been informed of the steps the provider had taken to ensure that people were deprived of their liberty in their best interest and staff training in this area had not been effective for all staff. The registered manager told us that since they had been in post staff training had been a main priority. They told us that they had taken steps to ensure staff had the skills and knowledge they needed to care for people and that regular and consistent support for staff was now provided. When we carried out our inspection the registered manager was also responsible for the management of another registered service owned by the provider and their time was split between the two services. Our inspection identified that many improvements were needed to ensure the service was well led. Shortly after our inspection we were informed by the provider's representative that the registered manager would be relinquishing their responsibilities for the other registered service so that they could be a full time manager at Greenacres. We, Care Quality Commission (CQC) welcomed this development and commitment by the provider as a step towards addressing the shortfalls at this service.

The registered manager and provider representative recognised that one of their biggest challenges was ensuring that they had a consistent work force in place and that they needed to reduce the number of agency staff working in the home. The registered manager told us that a staff pay review and restructuring was taking place to attract staff to the service for permanent employment and to reduce the amount of agency staff. Interviews were scheduled to take place for the care supervisor position who would support the registered manager and take a lead on clinical issues in the home.

The registered manager told us about the steps that they had taken to promote an inclusive culture since they had been in post. This included regular meetings with the different departments within the service. However, we found that communication within the management team was not always effective. For example, prior to this inspection we had shared information with the local authority under safeguarding procedures. The local authority had contacted the service and made them aware of a number of concerns in relation to care practices so that they could be looked into under their procedures and rectified. Although some action had been taken to resolve the concerns the information had not been shared with the registered manager or recorded in the homes complaint and safeguarding systems. This showed poor communication within the management team.

People and relatives that we spoke with told us that the management changes had led to an improved service that was more responsive to their needs. One person told us, "He is a good manager and we want to keep him here". A relatives told us, "[The registered manager's name] has definitely pulled things together ". Another relative told us, "In general it is a good place compared to others. The ethos is almost there, but not quite hitting the mark".

Staff told us that they were updated at handovers between each shift in which they discussed people's needs. Staff said they understood what was needed during the day and that their responsibilities were made clear. Staff told us there were platforms in which they could discuss their practice and refresh their skills. We received positive comments from staff about the management style. Staff told us that the registered manager was open and supportive and that things in the home had started to improve. A staff member told us, "Things are improving since [registered manager] has been in post. He is supportive and is encouraging people to be more independent and he is promoting the ethos of the service". All the staff that we spoke with told us that they were confident that the registered manager would deal with any concerns that were brought to his attention.

We saw that a customer survey had taken place and people that used the service had contributed their views and opinions about what they liked about the service and what needed to be improved. An action plan had been developed and displayed for people to see. People had asked for a greater choice and variation on meals. We saw that in consultation with people a new menu had been developed and was about to be launched. People also wanted more social contact. We were told about the work that was taking place to promote new activities and improve the volunteer programme. People had also identified that the quality of the service as a whole need improving. We were told that steps were in place to ensure general communication systems within the service was improved and that people were involved and consulted with about the improvements that were needed.

The Local Clinical Commissioning Group (CCG) had visited the service recently and their report identified no people safety concerns. However, some areas needed improvement including care planning and management. The registered manager shared with us the action plan that they had in place and were working towards to make the improvements needed.

The home had developed links with the local community. This had included a volunteer group carrying out improvement work to the gardens. There had also been social and community events that had a focus on raising the homes profile within the local community, bringing people together and raising funds for the home. For example, a Rio Carnival celebrating the Paralympics involved music and entertainment from a local music service and a display of talent from a local karate club and people told us that the event was enjoyable and a great success.

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 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured that arrangements were in place so that care and treatment was provided with the consent of the relevant person.