

Chiltern Care Services Limited

# Cherry Tree Nursing Home

## Inspection report

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14 February 2018

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## 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 unannounced inspection took place on 12, 13 and 14 February 2018. Cherry Tree Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cherry Tree Nursing Home is registered to accommodate up to 52 older people. At the time of the inspection 37 people were permanently living in the home; one person was receiving respite care. The accommodation is spread over two floors. The ground floor had dining rooms and communal areas. The home is surrounded by extensive gardens which contained a stream and pond.

As part of the requirements for the registration of Cherry Tree Nursing Home a registered manager is required. At the time of our inspection there was no registered manager in place. A new manager had taken up employment the week before our visit. They intend to become the registered manager. 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.

We found the home was not always safe as records were not always up to date, accurate or accessible. Risk assessments did not always reflect the hazards people faced. Care plans were bulky and information was difficult to locate. Medicines records related to diabetes and body maps were not always completed when required. This placed people at risk of unsafe care.

Other areas where records were not completed appropriately included recruitment, health and safety and accidents and incidents. Staff were not always able to find information or files when requested to do so. The manager and deputy manager plan to take action to improve record keeping in the home.

We observed there were sufficient numbers of trained and experienced staff to enable people to receive care when they needed it. People told us they felt safe living in the home and support was available to them when needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where required appropriate Deprivation of Liberty Safeguards had been submitted for authorisation. This protected people's human rights.

People were supported with their healthcare needs.

Support was offered to staff through training, supervision, appraisals and daily or monthly meetings. Staff told us they felt supported and appeared to be happy with their work.

People told us the staff were caring, we observed positive and meaningful interactions between staff and people in the home. Staff were trying to ensure their own communication skills were improved upon. For example, staff who did not speak English as their first language were offered English lessons.

People were treated with respect by staff, and their privacy and dignity was maintained. We did not always see in people's care plans that they had been involved in planning and reviewing their care. We have made a recommendation about this.

Whilst people told us there was a lack of activities in the home, staff were trying to encourage social interaction with people. The provider had recruited a new activity staff member, and the manager intended to put in place an activity programme for the home.

Staff spoke positively about the new manager and the work the deputy manager had completed during their time as interim manager. The manager agreed with our findings and assured us audits would take place to ensure the improvements were made. We have made a recommendation about audits.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Records related to risks involving care and the environment were not all up to date, accurate or accessible.

People were protected from abuse by staff who had attended training on how to safeguard adults. Information was available to them to guide them with the correct procedure for reporting concerns.

There were sufficient numbers of trained and experienced staff to enable people to receive care when they needed it.

### Is the service effective?

**Good** ●

The service was effective.

Staff were suitably trained and supported to carry out their role effectively.

People's ability to make decisions for themselves was considered by the provider. Records showed where people's liberty was deprived to ensure their safety; appropriate applications had been made to the supervisory body.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who demonstrated a caring nature and who were knowledgeable about people's needs and the care required.

Staff knew how to protect people's dignity and privacy and demonstrated this throughout our visit.

People were able to communicate with staff in a way that was meaningful to them. Systems were in place to encourage effective communication with people.

### Is the service responsive?

**Good** ●

The service was responsive.

Although there was a lack of activities for people, this was being dealt with by the manager and staff. This minimised the risk of social isolation.

People living in the home knew how to make a complaint. Information had been shared with everyone to enable this to happen.

**Is the service well-led?**

The service had not always been well led.

There had been a lack of managerial oversight of the running of the home.

Systems in place to assess; monitor and improve the quality and safety of the services provided were in some areas ineffective or lacking.

Staff, people and relatives spoke positively about the new manager. They had confidence in their ability to support staff and make the necessary changes in the home, to improve the quality of care for people.

**Requires Improvement** 

# Cherry Tree Nursing Home

## **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 checked 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 unannounced inspection took place on 12, 13 and 14 February 2018. The inspection team included an inspector, a specialist nursing advisor and an expert by experience.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service for e.g. a family carer of older people who used regulated services.

Prior to the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed notifications that had been submitted to the Commission. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During the inspection we spoke with 15 people and five relatives. We spoke with the manager, the proprietor, the deputy manager, the head of operations, two maintenance staff, four care staff and one nurse. We also spoke with a healthcare professional.

We reviewed a variety of care documents related to 19 people. We also examined medicines documents namely medication administration records (MAR) charts and the controlled drugs recording book (CDRB). We read documents including audits, records related to the employment of staff and the operation of the home.

# Is the service safe?

## Our findings

People's comments about the safety of the home included "I do feel safe and there is always someone to talk to". "They [staff] come round to see that you are okay". "It is very safe here, yes".

People's safety and well-being had been considered by the service and steps had been taken to ensure that some risk of harm had been assessed. We saw that people had risk assessments for falls, skin integrity (Waterlow assessment), bed rails risk assessment and moving and handling if appropriate. However, we found some people who had health problems did not have associated risk assessments in place to alert staff to related health risks. For example one person had a colostomy. (A colostomy is a procedure that brings one end of the large intestine through the abdominal wall.) There were no associated risk assessments or care plans in place to guide staff on how to support the person with this condition.

Another person had a recorded history of seizures; there were no risk assessments or care plans in place to support the person in relation to their medical history. Without clear risk assessments people were at risk of receiving inappropriate care.

Care plan files were extremely bulky and it was difficult to access information quickly. We found examples of contradictory instructions in some of the files. For example in one person's care plan we read they had stage 1 thickener in their drinks. (Thickeners are sometime used to increase the thickness of liquids to reduce the risk of the person choking.) We read in other notes they required stage 2 thickener. The deputy manager confirmed they used stage 2 thickener, this meant the care plan had not been updated.

Another person had a mobility care plan, it stated the person had "Good sitting balance." However, in their risk assessment for bedrails it stated the person "Sits in a chair but cannot maintain her balance or posture." A further person had a history of heart and breathing problems for which they had received hospital treatment in May 2017. The care plan dated July 2017 stated they had no problem with breathing. We found other pieces of contradictory information in care plans. We shared our findings with the manager and deputy manager. They had started to work through the care plans and risk assessments to ensure all information was correctly documented, appropriate to the person and up to date. This would minimise the risk of unsafe and inappropriate care being provided to people.

We reviewed the medication records in the home and found similar problems with inaccurate recording for some forms of medicines. For example we found two sets of records for people who received insulin for diabetes. When insulin was administered it was recorded on the medication administration record (MAR). However it was also recorded on the Blood Glucose Monitoring (BM) chart. We found gaps on the BM chart but records on the MAR charts showed it had been administered. This was confusing and unnecessary. The charts did not indicate the frequency the BMs should be completed.

One person had a transdermal patch applied. This is where slow release medicine is transmitted through a patch applied to the skin. The service used body maps when patches were applied to their body. The site of the patches was alternated. The body maps were not completed except on two occasions which showed

that the patch had been applied to their shoulder. However, the prescription showed that the patch was to be applied behind the ear. The body maps did not include ears, so this needed to be added by staff. This had not been done.

The care plans for people with diabetes whether insulin, diet or tablet controlled were inadequate. Many did not mention the need for any dietary monitoring and none of the six care plans mentioned the risks of hypoglycemia (low blood sugar levels) or hyperglycemia (high blood sugar levels) and what to do if either event occurred. Although the home had a box containing glucose based products to be used in the event of hypoglycemia, it was not clearly documented how and when this was to be used. This placed people at risk of harm.

Other records we had concerns about included accidents and incidents. Although these had been recorded there was no information to evidence these had been examined for trends or what action had been put in place to prevent a reoccurrence.

Recruitment documents did not always identify or record the reasons for gaps in candidate's employment histories. Without this knowledge the provider could not be assured of their safety to work with people.

Fire drills were taking place in the home, however the documentation related to the drills was not in line with good practice. For example, staff signed to show their attendance, but this did not identify if any staff were missing. There were no records of the effectiveness of the drills or any areas that needed improving through training or other means.

Documents related to health and safety were difficult for staff to locate. For example, when asked if we could view the asbestos assessment and log for the home, this was not available until the third day of the inspection as nobody knew where to locate it. This was important as some small areas of the home containing asbestos had been identified. The assessment had been carried out in 2006 and should have been made available to any workers carrying out any structural work to the premises. We were assured this would remain on the premises and be shown to any contractors working on the premises.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Trained nurses administered medicines to people. Controlled medicines required a witness when administration took place. Care staff trained in medicine administration were able to fulfil this requirement if a second nurse was not available. All staff who administered medicines told us they had received updated training and that their competency had been checked by the manager. This included agency nursing staff who administered medicines.

We checked the medication administration record's (MAR's) of the people living at the home. We found them to be up to date and accurate. Photographic identification was available for all people receiving medicines and allergies were recorded. Documentation for creams or lotions was available and we saw that administration records were up to date. Fridge and clinic room temperatures were recorded daily.

People were protected from abuse by staff who had attended training on safeguarding adults. One staff we spoke with was passionate about protecting people but did not fully understand the process for reporting or how to protect people from further abuse. We noted on the training matrix they had not received safeguarding adults training. We discussed this with the manager who told us they would deal with this. The local authority guidelines for reporting concerns was accessible to staff.



We observed there were sufficient numbers of trained and experienced staff to enable people to receive care when they needed it. A dependency tool was used to establish how many staff were required to meet people's needs. People had access to alarm call bells to summon help. For people who were not able to use the alarm bell they received observational checks from staff to ensure they were safe and comfortable. People's comments included "The response to my buzzer pressing is good on the whole" "At times I think it is even over staffed, there are a few days or nights I feel I'm not getting an adequate response". "If I want anything I just press the buzzer". We observed when people pressed their alarm bell staff responded quickly.

Staff received training in infection control, we found the home to be clean and hygienic. We observed staff using protective equipment when supporting people with food and personal care. This protected both parties from the risk of infection.

# 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 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 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.

The home was required by MCA DoLS to submit application to a 'supervisory body' for authority to restrict a person's liberty. Where restrictions were in place the home had submitted applications. At the time of the inspection the applications were awaiting authorisation.

Records showed where it was suspected people lacked the mental capacity to make decisions for themselves, a mental capacity assessment had been completed for specific decisions. The best interest process had been followed and included the involvement of relevant representatives. Staff had received training in the areas of MCA and DoLS which enabled them to understand the requirements of the Act and its code of practice.

Written consent from people or their representative to various aspects of care was documented in care plans. This included receiving care and treatment, the use of photographs and agreeing the content of the care plan and risk assessments.

Care plans reflected people's nutritional and hydration needs. Their risk of dehydration and malnutrition was assessed. Where people required additional equipment or resources to enable them to eat and drink this was provided. People who experienced unwanted weight loss were provided with fortified foods. Staff were aware of how to fortify food and how this benefitted people. Where people's weight which was monitored regularly caused concern, staff referred people to the GP for expert advice from suitable health care professionals such as dietitians.

People had drinks in their rooms and were offered drinks regularly. People's comments about the food included "The food here is lovely." "I have no criticism at all about the food, it is delicious." "The food is marvellous". "The cook tries to find things that we like and it is good food". The cook understood people's dietary needs as this was recorded in the kitchen. Meals were prepared in line with people's individual preferences and requirements.

People at risk of choking had management plans in place to reduce the risk of choking. Speech and language therapists had advised on how best to support people by encouraging appropriate posture when eating and drinking and providing the correct consistency of food and drinks.

We found various external professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. This included GPs, dietitians, speech and language therapists, physiotherapists, podiatrists, opticians and audiologists.

Staff told us they felt they received sufficient training to carry out their role. Although one staff member told us they were keen to learn as much as possible and felt they could never have enough training. New staff attended an induction which included training deemed mandatory by the provider. They also completed the Care Certificate. The certificate is part of induction training and covers the minimum set of standards that social care workers adhere to in their daily working life. Their competency was assessed by the senior staff. Following induction new staff shadowed more experienced staff until they felt confident to work alone and were deemed competent.

Staff received supervision. This included group supervisions and face to face discussion on a one to one basis. However, the records showed staff were not receiving supervision in line with the provider's policy. This stated each staff member would receive supervision once every two months. The manager and deputy manager had already identified this was not happening and were in the process of devising a system to ensure staff were to receive regular supervision. This included training senior staff and delegating the responsibility to ensure all staff received the appropriate support when needed.

The manager had already introduced a daily meeting, they referred to this as "a huddle." This involved all senior staff meeting each day to discuss any highlights of the day, any clinical concerns, complaints, and information related to occupancy, staff training, supervision and appraisals. It also covered any staff absences, any admissions and resident's and staff birthdays. Feedback from staff was positive regarding the huddle meeting. This enabled staff and the manager to keep up to date with what was happening in the service.

## Is the service caring?

### Our findings

People spoke positively about the attitude of the staff and the care they received in the home. Their comments included "The nurses are lovely, everyone speaks highly of them". "My visitors are amazed at the high standard of care here". "There is a very good atmosphere between them [staff] no one talks behind their backs, they are diligent and they are busy". There were a number of compliments about the deputy manager, who had held the role of the interim manager until the new manager started. They were described by people as "Very good;" "Excellent;" "Very competent." One person told us "From what I hear the staff like [deputy manager's] style it is straight forward and competent, that helps you face things positively".

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was working towards being compliant with the standard. People had access to the information they needed in a way they could understand it. For example, one person had a picture board that was used by them to communicate with staff. This included pictures of emotions such as tired and bored along with pictures related to needs such as toilet and drink.

Where people had a communication difficulty a care plan was in place. This assisted staff to communicate in an effective way. For example one person's care plan directed staff to "describe the surroundings" to the person as they had a visual impairment. We were assured if anyone was admitted to the home who had communication needs, appropriate resources would be obtained to support them.

Staff had completed equality and diversity training and understood the need to respect other people's cultures and religions. A priest visited the home monthly to ensure those people who wished to could attend a religious service. A person was supported to attend church every Sunday.

There was a high population of staff working within the home whose first language was not English. Comments from people included "They [staff] mostly speak slowly and clearly but their accent can be a problem". "Some [staff] have strong accents and if they speak too quickly it is a problem". To improve the situation the provider offered English lessons to staff who wished to improve their language. One person told us "Romanian and Bulgarian staff, they clearly want to learn English quickly...They run English classes here...They come to me to talk to improve their English...It is touching, they even apologise if they get the tense wrong". One person living in the home had decided to learn some Romanian words, staff were helping them with this.

We observed how staff treated people with respect by calling people by their preferred name. Some people were addressed as a Mr, others by their first names. Staff also showed respect by kneeling down when speaking to people who were positioned at a lower level, for example when they were sitting or in bed. This helped maintain eye contact and helped people to feel equal. We observed staff knocking on people's doors and waiting to be summoned before entering. We observed respectful interactions between people and staff.

Staff responded quickly to people when they needed support. Comments included "The response to the buzzer is amazing, the carers do an amazing job". "The kindness shown to me, the attention and the instant responses help me so much given my serious illness". We saw staff caring for people in a gentle and supportive manner. One person told us how they enjoyed having a room on the ground floor so they could see people entering and leaving the home. Whilst we were with them, two staff came up to their window outside and said hello to them. The person enjoyed this interaction.

Care plans reflected people's involvement in their care, for example documents reflected people's consent to aspects of their care provision. We were told by one of the nursing staff they went through the care plans and risk assessments with each person or where appropriate their representative. This gave people an opportunity to ask questions and make changes to the care plan and to ensure the care being provided was appropriate. However we did not see this documented in people's records. Where people were unable to make decisions or choices for themselves, their representatives were consulted. This was documented in people's records.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

## Is the service responsive?

### Our findings

Comments from people and their relatives about the lack of activities held in the home included "Activities are a problem; there are none". "Mum won't even go to the quiz". When asked why they told us. "The quiz master didn't even know the answers". "They should take them out, take them on trips". "They don't go anywhere". "If they go out even just a ride would give them a different environment". "Get a minivan and take them out". Through our observations and from what people told us we were aware of the lack of activities being offered to people in the home. We spoke with proprietor and the manager about this.

The provider had identified that sufficient activities were not being provided to people in the home. As a result they had recruited a part time activity person to join the staff team. This would be extended to full time in the future. The manager intended to develop an activity plan for the home taking into account people's preferences and hobbies. This was being discussed with the proprietor at the time of our visit.

People told us they enjoyed spending time in the grounds of the home. Many rooms had bird feeders positioned outside their windows and the sight of numerous feeding birds was enjoyed by many people. One person told us "Twenty seven different species seen already today". Several people told us they appreciated the extensive garden and duck pond in the grounds of the home. People told us they liked sitting outside in the warmer months; "I used to sit out in the garden in my chair" said one person. The rural aspect and views from several rooms was also seen as a positive point.

One staff member told us how they entertained people. They said "I put music on and dance with the residents. This makes them happy." Another person told us how staff came to their room and together they completed word-search puzzles. Families and friends were welcomed into the home at any time. The manager told us how they were planning a visit to Chinnor steam railway for those people interested in participating. Staff completed regular checks on people's welfare and provided refreshments throughout the day. This went some way to protect people from the risk of social isolation.

People were supported with their end of life care. Discussions took place with people who were comfortable and able to do so about their end of life wishes. Each person either independently or through their legal representative had a document which informed staff if they wished to be resuscitated. These forms are called "Do not attempt Cardiopulmonary Resuscitation." (DNACPR). Where people did not wish to be resuscitated they or their representative were able to discuss this decision with the GP. People's individual decisions were recorded. These were important documents as they enabled staff to respect their wishes at the end of their life.

Once someone was identified as approaching the end of life the GP prescribed the relevant medications necessary to keep the person comfortable. People who received palliative care were supported by the local hospice team. Relatives were given access to a quiet room and offered drinks and the opportunity to speak with someone if needed. If the person died in the night the relatives were given the opportunity to view their body in the home or at a funeral home. This ensured people's families and friends were also supported and where appropriate involved in caring for the person until they died.

Each person had access to the complaints procedure, this also included the telephone number for the local authority safeguarding team. One person told us they knew how to raise a complaint. They were aware the folder in their room had a copy of the procedure. They said "We have an address we can write to if we want to speak to someone. I raised a complaint, they took the time to listen and follow this up. It is open here, the manager has said if we have any problems to go to them."

We looked at the complaints log we found the information to be inadequate. There was insufficient detail in the log to record the nature of the complaint, the identity of the complainant, the actions taken or if the complainant was satisfied with the outcome of the complaint. The manager showed us a plan they had devised for the weekly managers meeting. This included information on complaints and compliments. They assured us the records would be accurate and kept up to date with the relevant information.

## Is the service well-led?

### Our findings

The registered manager for Cherry Tree Nursing Home left their employment in November 2017. The home had employed a new manager and they commenced work at the home the week prior our visit. They had not yet applied to be a registered manager. When we met with the manager they were able to show us a list of improvements and ideas they had identified for areas of the home that required improvement.

Care plans were reviewed regularly but the required improvements we found had not been identified by the previous manager. Health and safety checks and environmental audits had been completed but information was not organised and not easily accessible. Checks with regards to some aspects of health and safety had not been recorded for example, Legionella tests regarding outlet flushing and water temperature checks had not been recorded for December 2017.

Audits were required regarding the quality of supervision and appraisals. Records failed to identify personal goals to encourage the personal development of staff. There were no references made to the aims of the service and how staff could contribute to these. There had previously been a lack of management oversight of the service. Without effective oversight the provider was not able to develop the areas requiring improvement. This placed people at risk of receiving inappropriate or unsafe care.

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

The new manager had introduced a daily walk around the home to carry out observations of care and the environment. This would enable them to rectify problems and acknowledge good practice.

People's comments about the new manager included "I have met the new manager he seems very nice." "I have met the new manager, he came in here twice" (their room). "It is early days yet but he seems ok, the staff seem to like him."

The manager had identified that records needed to be audited and that improvements were needed to ensure people's safety and well-being. They had also identified that records related to accidents and incidents needed to be enhanced. This was because there did not appear to be any follow up and action taken to prevent a reoccurrence following accidents or incident.

They planned to introduce a new template for carrying out regular checks on people and recording skin integrity, repositioning of people, continence, hydration and nutrition, personal hygiene, falls prevention, environmental risks, comfort and bed rails. The aim was to minimise the amount of paper work and improve the quality of care for people.

From our observations the deputy manager and the manager worked well together. They shared the same ethos. They agreed the aim of the service was "To make sure all residents are happy and we are doing the best we can to make their lives better."



The manager was planning to hold meetings for people and their relatives. This would enable them to receive feedback and ideas of how the home could improve. The provider had sent out questionnaires to visitors, staff and people living in the home in January 2018. At the time of the inspection no work had been undertaken to analyse and address the issues highlighted in the responses. This was due to the change of management, but was going to be addressed by the head of operations and the manager.

Areas that people identified as requiring improvement included the lack of activities and discussions regarding end of life care. Other comments were positive about the care people received and the attitude of staff. Compliments had been documented which reflected the gratitude of relatives for the care provided to their family member.

Staff told us they felt supported by the senior staff. Throughout our inspection we found staff walking around the home, smiling, singing and enjoying their work. The manager told us "They [people] know if they come to me I will do everything I can to make their lives better." One staff member explained things had been difficult with no manager in place. They told us the deputy manager had worked alone as the interim manager. They said things had improved for the deputy manager and the staff since the arrival of the manager. They described the team as "A lovely team, we all help each other." Whilst the deputy manager had been filling the post of the manager, they told us they had been "Very understanding." The impression we had of the home, was one of unity between staff members, something people and relatives in the home were grateful for. This brought with it a happy and enthusiastic atmosphere, which everyone benefitted from.

The provider has a legal duty to inform us about changes or events that occur at the home. They do this by sending us notifications. We had received notifications from the provider regarding changes and events at the home.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12, 1. 2. (a) (b) (g)</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 failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. They had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. Regulation 17 1. 2. (a) (b) (c) (d) (e) (f).</p>