

Healthcare Homes Group Limited

Beaumont Park Nursing and Residential Home

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Beaumont Park Nursing and Residential Home is a care home providing personal and nursing care to 27 people on the day of the inspection. The service can support up to 46 people in an adapted building with two floors.

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

With the exception of management staff, everyone we spoke with including staff, people and visitors told us there were not enough staff to meet people's needs. This had an impact on people because they were not supported at the times they needed to be, and staff did not have time to spend with them beyond time used to carry out tasks. As a result, some people felt bored and relatives were concerned about people feeling isolated. There had been a high number of unexplained skin tears at the service which might indicate that staff were rushing to provide care.

Staff had received training in safeguarding people from harm and understood their responsibilities to report concerns. The management team reported concerns appropriately to the required external bodies. Risks were assessed and regularly reviewed and people felt safe. However, some risk assessments would have benefitted from more detail to guide staff on how to care for people safely. People's medicines were managed safely and they were protected from the risk of infection.

People were supported to have enough to eat and drink and food and fluid intake was monitored and appropriate referrals were made where necessary. People's healthcare needs were met and we saw evidence that referrals and appointments with relevant professionals were made.

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

Staff were up to date with training and people said they knew their jobs well. People reported that care staff were very caring and compassionate but did not have enough time. We observed positive interaction and staff clearly knew people well. However, our observations confirmed that staff were busy and not always visible throughout the service. People confirmed they felt respected and that care was provided in a dignified way by staff. Staff respected their privacy and responded to their preferences where time allowed.

Care Plans were person centred, written in respectful language. The activities that were provided for people were positive but were insufficient to meet the needs of people, many of whom spent the majority of the day in their rooms.

Staff felt listened to by immediate managers but felt more senior managers did not see the pressures they were working under and the impact this had on people using the service.

Complaints had not always been managed well and complainants reported that changes were not made as a result of them raising concerns. Following the inspection, this had been addressed by the acting manager in one instance and the complainant reported they were now satisfied with the response.

Audits of various aspects of care were carried out and this included some analysis to identify root causes. However, issues identified at the inspection were not addressed.

Rating at last inspection

The last rating for this service was Requires Improvement (Published November 2018) and there were breaches of Regulations 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve. This is the second consecutive time this service has been rated requires improvement.

Enforcement

At this inspection enough improvement had not been made and the provider was still in breach of Regulation 17 and 18. This is the second consecutive time this service has been rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about staffing levels and the impact this had on the care people were provided with. There were also concerns raised about a lack of stimulation for people, particularly those who were cared for permanently in bed. A lack of responsiveness from the provider was reported in relation to concerns raised about these and other related issues. Due to the number of similar issues being raised from different sources, a decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

Follow up

We will require the provider to send us a specific action plan to show how they will address the continuing breaches and the concerns identified at this inspection. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will also work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. Please see the action we have told the provider to take at the end of this 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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Details are in our well led findings below.

Beaumont Park Nursing and Residential Home

Detailed findings

Background to this inspection

The inspection

This inspection took place on 9 and 10 October 2019. On 9 October we visited the service and on 10 October we gave feedback to the acting manager, regional manager and a director by telephone conference call.

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

Inspection team

This inspection was carried out by one inspector, an inspection manager and an assistant inspector.

Service and service type

Beaumont Park Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered manager left the service in August 2019. An acting manager, who was also an operations manager for the provider, was in post. Although they intended to, they but had not completed their application to register with the Care Quality Commission. They confirmed they were waiting for pre - registration checks to be completed before their application could be submitted. 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. Where there is no registered manager, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We reviewed information sent to us by members of the public and information that the service is required to send us about incidents. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and seven relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, the acting manager, the lead nurse, three care staff, and one activities staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. A variety of records relating to the management of the service, such as rotas and systems used to calculate the numbers of staff required to meet people's needs, were reviewed.

After the inspection

We spoke with the relative of a person who used the service. The acting manager sent us further documentation which we have taken into consideration during this process.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating for this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection staff were not effectively deployed to support people to stay safe and to meet their needs in a timely way. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18

- Although the provider's tool for calculating the home's staffing requirements showed they allocated an excess of staff to each shift, we found this did not reflect our findings on the day of the inspection. We noted that staff were very busy and were not easy to find throughout the building. People told us they had to wait for assistance when they required it. When asked if this happened often, one person told us, "Yes, frequently."
- Another person told us, "I have my [medicine] between 7.30-7.45; it's given by the night staff. I have to eat straight after, so I have a banana. This morning, I didn't eat breakfast until 9.20 because they were too busy."
- Records reviewed showed an increase in unexplained skin tears. This indicated that people who had very fragile skin may have acquired these through bumps and knocks sustained during personal care or manual handling. This is an indicator that care may be being rushed. We brought this to the acting managers attention, and they told us that staff would be reminded of the need for care to be taken, particularly where people have very fragile skin.
- We noted, and people confirmed that they did not always receive their first personal care of the day until later than they would like. On the day of the inspection some people waited for assistance until 11.30 am and in one person's case they still hadn't had support at 12 midday. This put people at increased risk of sore skin or breakdown.
- Staff told us there were not enough of them to complete their work to the standard they wished to. One member of staff told us, "Sometimes it's so hard I could cry, especially at weekends." Another member of staff said, "At times I have had to do the job of four people."
- A relative told us, "There are not enough carers here to cope with the ratio of residents. Care of residents has increased. I can see carers feeling frustrated, they are excellent but there's not enough of them to be able to do their jobs."
- The feedback from people, relatives and staff and our observations showed that further work was required to fully identify the needs of the current people living at the service and to reflect this accurately in the way staff were deployed throughout the service.

These issues were a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008

- The acting manager sent us information to support their view that care to people was good and meeting their needs safely. This included monitoring documentation which showed a low, but not zero incidence of home acquired pressure ulcers. This showed that, despite the pressures on staff, they were managing to provide care to ensure people were repositioned to avoid pressure related wounds in most instances. This does not however, take away the impact of rushed and late care as identified above.
- Recruitment processes remained unchanged since the last inspection where we found they were robust. This ensured that staff employed were suitable to work in this type of service.

Assessing risk, safety monitoring and management

- Risk assessments were up to date and regularly reviewed. However, where people were at particularly high risk in relation to skin damage, the assessments would have benefitted from more detail to ensure staff understood how to support them safely and reduce the risk of injury.
- Records were kept to document incidents where people's behaviour was challenging to others. However, this information had not always been used to develop a care plan to guide staff and to reduce the risk of re-occurrence.
- Staff understood where people required support to reduce the risk of avoidable harm. Records used to monitor risks such as falls, fluid and nutrition, and pressure care were in place.
- The environment and equipment was safe and well maintained.
- Personalised emergency evacuation plans were in place to ensure people were supported in the event of an emergency such as fire.

Systems and processes to safeguard people from the risk of abuse

- People who lived at the service and their families told us they felt safe . One person said, "Yes I feel safe. The staff are nice and I just do [feel safe]. "
- Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They knew how to report any concerns they had both internally and to other bodies such as the local authority and the Care Quality Commission.

Using medicines safely

- People received their medicines safely and as prescribed.
- Staff had received training on how to manage and administer medicines and confirmed the provider checked their competency following training.
- Systems were in place to ensure that medicines were managed appropriately, such as stock checks and regular audits.

Preventing and controlling infection

- The service was clean and tidy.
- The provider had infection control monitoring systems in place to ensure people were protected from the risk of infection.
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of infections.

Learning lessons when things go wrong

- Incidents and accidents were managed effectively and used to support the service to develop and improve.
- Records showed the registered manager reviewed this information and took appropriate action to reduce

the risk of reoccurrence.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating for this key question has improved to Good.

This meant people's outcomes were consistently good, and people's feedback about care staff confirmed this.

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

- People's needs had been assessed prior to admission in line with legislation and up to date guidance.
- The assessments identified people's needs in relation to issues such as eating and drinking, mobility, skincare, emotional wellbeing and mental health, personal care, specific health conditions and communication.
- This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
- Care and Support was reviewed and updated as people's needs changed, and appropriate referrals to external health and social care services were made as necessary to ensure people's needs were met effectively.

Staff skills, knowledge and experience.

- People told us staff had the skills and knowledge to support them well. One person said, "The staff are mostly good; they know how to care."
- Staff received training and support to enable them to carry out their roles effectively and they knew people's needs and how to support them well. One member of staff said, "Training is great, face to face and online is very up to date information, and they are on top of training. I've even been to Bedford hospital to do pressure sore training."
- Staff completed an induction programme at the start of their employment. This included shadowing experienced staff until they, and the manager were satisfied they were sufficiently competent to work alone.
- The manager and staff confirmed there was a programme of staff supervision.

Supporting people to eat and drink enough with choice in a balanced diet.

- We saw snacks and drinks were available throughout the day for people to eat if they wished.
- The food at lunchtime was of a good standard and people told us they enjoyed it. One person said their food was, "Nice." Another said it was "Okay" and a third said, "It was beautiful and I really enjoyed it."
- Staff were aware of people's dietary needs and any support they required to eat and drink and to maintain a healthy weight.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the management team.
- They shared information with each other as necessary to ensure effective care could be consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, Community Nurses, Opticians and Chiropodists as necessary.

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

- Beaumont Park is an adapted building which has two floors and pleasant gardens to the rear.
- People's bedrooms were personalised to their taste and decorated to a good standard. One person said, "They let me have my room how I like it. I don't like to have anything stuck to the walls and they respect that."
- There were several welcoming communal areas throughout the premises which enabled people to have privacy with visitors and family members somewhere other than their bedroom.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care records contained information on how staff supported them to make day to day choices and decisions. Where people did not have the mental capacity to make decisions, they were supported to have maximum choice and control of their lives, ensuring their rights were protected.
- The policies and systems in the service supported this practice.
- The manager understood their responsibility to make an application for deprivation of liberty to the authorising authority whenever it was considered appropriate.
- We observed that staff routinely consulted with people and asked for their consent before providing care.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating for this key question has improved to good.

This meant people were supported and treated with dignity and respect and involved as partners in their care.

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

- People we spoke with were positive about staff. One person said, "They are all good, but that one [pointing at a member of staff], is exceptional."
- Although their time was very limited, it was clear from our observations that staff were kind, valued the people they supported and developed genuinely positive relationships with them.
- For example, a staff member supported a person sensitively at lunch time, taking time to explain several times what they were having to eat, and checking the food was not too hot or too cold. While supporting the person, the staff member hummed a song to them and talked to them about the sun shining today.

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

- People confirmed they had been involved in making decisions about their care and support.
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about such things as what to eat, where to sit, whether to participate in an activity.

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

- People's right to privacy and confidentiality was respected and confidential information was appropriately stored.
- People's dignity was upheld when they required assistance with personal care. Staff ensured people remained as covered up as possible and that doors and curtains were closed.
- We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.
- People were supported to maintain relationships with their friends and family and people told us their visitors were made to feel welcome. We saw many visitors throughout the day and noted that staff greeted them warmly each time.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating for this key question has remained the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care Plans were developed and written in a person-centred style and identified people's needs and preferences for care. However, in practice staff struggled to meet people's identified preferences.
- Staff aimed to provide a person-centred care that was responsive to people's individual needs. However, they were not deployed effectively to ensure people's needs were met at the time they wanted.
- People we spoke with told us they did not receive support with getting up and washed in the morning at their preferred times. We found that people we spoke with were still waiting for their first personal care of the day beyond 11.30am. None of the people who told us this said this was their choice. At 12 midday, one person said, "I like to be washed and dressed by 11 o'clock at least. They haven't been in yet this morning. They haven't told me if they're coming or when they are coming."
- Everyone we spoke with, other than managers, including all staff, relatives and people using the service told us there were not enough staff to meet people's needs in a timely way. They told us staff did not have time to talk and that they had to wait a long time for support. Some people and relatives expressed concern that staff were rushed and that this had a negative impact on their relative's care and on staff morale.
- People told us that staff did not have time to spend with them chatting beyond quick chats during care tasks. One person said, "I get very bored. I read. Carers have a conversation with me while working but there's not time for them to come and sit."
- Monitoring charts were in place to record incidents of distressed behaviour. However, these were not always used to develop clear guidance for staff about how to support the person to reduce these occurrences. Staff who knew the person well had knowledge of strategies that worked well to calm the person but this was not captured in documentation to enable all staff to work consistently.
- One person's relative told us that their family member all, who was cared for in their room for much of the time, became distressed when left on their own. There was no clear strategy in place to ensure the person spent as much time as possible with others or how staff could reduce their distress.

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

- The provider employed two activities staff who developed a programme of activities and events within the service.
- Some of their time was used to provide one to one time with people who were cared for in bed to help reduce the risk of boredom and isolation. We were told of some examples where this had been very effective. For example, a visiting musician had played at the home and went to a person's room to play for

them as they enjoyed music but were unable to come to the event.

- However, we found that the balance between time spent on groups and time spent on one to one activities was not meeting the needs of the people now living at the service.
- Relatives and people told us that there was not enough to do and that people were under-stimulated and bored.
- Activities staff told us that they had noticed that the impact of increased care duties meant that staff were less able to be involved in engaging in activities with people. They said, "Carers used to help with activities, but the level of care needed means there's no time to spend with us. They try and get involved but their work is harder than it used to be."

Improving care quality in response to complaints or concerns

- Before this inspection we received concerning information including how the provider responded to complaints. Although these concerns came from different sources, they all felt that concerns they had raised had either not been responded to at all, or that the response had been defensive and had resulted in them being invited to look elsewhere for their relative's care.
- The provider had a system for recording complaints, however, not all of these concerns were logged.
- Following the inspection, we received confirmation from one complainant that they had now received a satisfactory response to their concerns and that they considered the matter resolved

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

- The acting manager and the staff ensured information was given in a way suited to people's individual needs. For example, large print or by using pictures to support understanding.

End of life care and support

- People were supported to make decisions about their preferences for end of life care, including Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR).
- The provider's care planning systems contained a section about people's needs and wishes for the end of their life. This included details about people's wishes at the end of their life; who they wanted involved, where they wanted to be cared for, and any religious or spiritual considerations they wanted followed.
- Following the inspection we received feedback from a relative whose family member had lived at Beaumont Park. They told us that their relative had received kind, compassionate, personalised care at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection the rating for this key question has remained the same.

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

At the last inspection the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. This was because the service had not identified or met the needs of people living with dementia in relation to distressed behaviour. Effective analysis of factors affecting the staffing numbers required to meet people's needs had not been carried out. This meant that people's needs were not met in a timely way and staff did not have enough time to chat to people and support them to feel truly valued. At this inspection not enough improvements had been made and the provider was still in breach of Regulation 17.

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

- The provider told us they promoted a person-centred culture. However, in practice this was hindered by continuing issues relating to the deployment of staff to meet the increasingly complex needs of people now using the service. Action taken to improve staff deployment throughout the service was still not effective and people's needs were still not met in a timely way.
- Staff reported being too rushed to provide the person-centred, good quality care that both they and the provider wanted them to. On the day of the inspection we found staff were very busy and not always visible throughout the service. People were receiving care later than they wished.
- Records showed a high number of skin tears, which, although common where people have very fragile skin, can also be an indication that staff have been rushed and not taken sufficient care when moving and handling people.
- Staff with leadership responsibilities told us they no longer had time allocated off shift to carry out their duties and to lead staff effectively.
- The changes in the needs of people using the service over the last few years has meant there were more people living at the service who were cared for in bed all or most of the time. The impact of this on staff time had not been effectively addressed when planning and allocating staff.
- The dependency tool used by the provider was task based and did not take into consideration people's emotional and psychological needs when calculating the care time required by people.
- We concluded that further analysis by the provider is needed to explore the factors that are driving the disconnect between calculated staffing requirements and meeting people's needs in practice.
- People cared for in their rooms told us they were bored and that staff did not have time to spend with them. Relatives were concerned about a lack of stimulation and interaction from staff.

- Guidance for staff on how to support the needs of people living with dementia were not always sufficient. Although some staff spoken with knew people well and had strategies for reducing distressed behaviour, these were not recorded in the care plan to ensure a consistent approach was established.

These issues were 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;

- People and their relatives told us they did not always feel listened to and that concerns they raised were sometimes dismissed or ignored.
- Staff told us that the provider was not in touch with what took place at the service, although they described the immediate management team as, "Okay to talk to." They did not feel listened to and felt that their concerns were ignored.
- One member of staff described the pressure on staff and said, "Staff morale is awful. Here it's all about washing and dressing; I would like to take the residents out more." Another member of staff said, "Staff morale is really low, we don't feel appreciated and things have been very difficult. When they call us in for extra shifts, there's no incentive, often there's not even a thanks. We just get screamed at when something goes wrong."
- This feedback from people, relatives and staff sent a clear message to the provider that they did not feel their concerns were being listened to or used to make necessary improvements to the service.

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

- The lack of stability in the management of this service was a likely contributing factor to the concerns raised by people, relatives and staff. The service did not have a registered manager but the provider had addressed this by having an experienced acting manager in post while recruitment was in progress.
- The acting manager was visible throughout the service and knew the people living there, their relatives/friends and staff well. They had a 'hands on' approach to their role which supported them to oversee the day to day life in the service.
- The provider and the registered managers carried out regular audits to check on the quality of the service and to support improvements. However, the issues identified at the inspection had not been addressed.
- When necessary, the registered manager sent notifications to the Care Quality Commission as required by law.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Issues contributing to staffing deployment issues not analysed or acted upon effectively to make improvements to the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Staff were not deployed effectively to ensure people's needs and preferences for care were met safely.