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# Kiln Lodge

## 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:

Kiln Lodge is a residential care home that was providing personal care to 24 people aged 65 and over at the time of the inspection. Everyone living in the home was living with dementia.

### People's experience of using this service:

- There was a lack of governance oversight of the service, a lack of clear risk assessments and mitigation plans which although not impacting on people at the time of the inspection, did place them at risk.
- People were supported by plenty of staff who had been recruited safely, understood their roles and responsibilities and how to protect people.
- Staff had a good knowledge of people and understood what was important to them. Staff were skilled and received training to ensure they could meet people's needs. Staff ensured people had support that met their needs and choices. People's rights to make their own decisions was respected.
- People were supported by staff who understood their needs, wishes and preferences well. Staff were kind and compassionate respected people's dignity and privacy; promoted their independence but at times were task orientated in their approaches.
- Everyone was happy living in the service, felt it was their home and that they received good care and support.

### Rating at last inspection:

Requires Improvement (report published 8 November 2017)

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will ask the registered provider for a clear action plan to address the breaches of regulations and as this is the second time this service has been rated as requires improvement we will also request a plan from the registered person on how they intend to achieve good by our next inspection. We will continue to monitor all information received about the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was good.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Kiln Lodge

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of two inspectors 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.

#### Service and service type:

Kiln Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

Before the inspection we reviewed information, we had received about the service since the last inspection. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of such as abuse. In addition, we received from the local authority about the service before we visited.

We assessed the 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 used all this information to plan our inspection.

During the inspection, we spoke with eight people using the service and three relatives to ask about their experience of care. We also spoke with three visiting professionals and four members of staff. We also spoke to the registered manager and the nominated individual for the provider. Everyone we spoke to provided positive feedback about the service.

We looked at the care records for seven people; medicines records for everyone; seven staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

The report includes evidence and information gathered by the Expert by Experience.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Some aspects of the service were not always safe because records were not always accurate, lacked clarity and guidance for staff to reduce risks associated with people's needs. As such there was an increased risk that people could be harmed.

Using medicines safely:

- People were satisfied that they received the support they needed to take their medicines.
- Medicines records were not always clear and accurate.
- A list of medicines was held in the file but this did not always reflect the medication administration record (MAR).
- Protocols were not in place for 'as required' medicines to ensure staff had access to guidance about the administration and monitoring of these medicines.
- Where a variable dose of medicines was prescribed there was no guidance in place to assist staff in deciding what dose was required or the monitoring of the effectiveness of these medicines.
- We found gaps in the recording of medicines with no recorded explanation of actions taken in response.
- Medicines were stored appropriately.
- The temperature of medicines storage areas was checked daily and maintained at safe levels.
- Staff confirmed they had received training and were assessed as competent by the registered manager. Specific staff had been trained to monitor the blood sugars of people living with diabetes and to administer insulin. They had been assessed as competent by external professionals.

Assessing risk, safety monitoring and management:

- Risk associated with people's needs were not always assessed and plans implemented to reduce the risks. This included risks associated with diabetes, choking, other specific health conditions and certain medicines.
- For example, we found records which showed one person experienced an episode of choking but no risk assessment had been undertaken. There was no record of consultation with other professionals and although a care plan provided some guidance about how to reduce this risk, the guidance was unclear and inconsistent. The registered manager took immediate action to address this following our inspection. We found the same concerns about the accuracy of information for another person who required a thickening agent in their fluids to reduce the risk of choking and one member of staff was unable to tell us what level of thickener this person needed.
- Where people were prescribed medicines which posed risks to them, such as medicines which reduce the risks of blood clots forming and as such increase the risk of bleeding if an injury occurs, no assessment of the risks had been undertaken and no guidance was available for staff. The registered manager told us staff were told if people were on this type of medicine and were made aware of the risks. However, one member of staff spoken to was not aware that anyone was on this type of medication.
- Where people were living with diabetes there was a lack of clear guidance for staff about the risks associated with diabetes, how they should monitor for these and what they should do if the risks present. All

care staff had received diabetes awareness training and those spoken to showed a good understanding of the risk associated with this condition. Some staff, including the registered manager had also received specific training to support them to understand diabetes management and the administration of insulin. All staff spoken with said if they any concerns about a person they would report to the manager or a senior member of staff immediately.

- A lack of clear risk assessment and mitigation plans could put people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Other areas of risks for people were managed well. Where there was a risk of people falling, assessments were undertaken and plans were in place to reduce these risks, including the use of sensor alarms and ensuring staff provided support when mobilising.
- Where there were risks associated with people's nutritional needs these were well understood by staff and measures were implemented to manage these.
- Staff's knowledge of people and the day to day support they needed was good.

Learning lessons when things go wrong:

- At our last inspection in September 2018 we found the provider did not have robust quality assurance systems in place to identify and implement actions needed for improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we reported on this in the well led question.
- At this inspection we found that whilst the provider had a system to record accidents and incidents and we saw action to address individual issues was taken, we could not see how this information was used to identify learning across the service. The registered manager confirmed no whole home analysis of these incidents or accidents took place. This meant no patterns and trends had been identified. We found there had been a total of 15 accident/incidents in the last six months and 12 of these had occurred at night. As these had not been analysed, this pattern had not been identified and explored to see if there were any changes that could take place to reduce the risk of unwitnessed falls at night.
- A lack of systems to assess the safety of the service placed people at risk and was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse:

- People were supported by staff who understood safeguarding, what to look for and how to report concerns.
- Staff were confident to raise concerns and to whistle-blow if required.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies although they had not had any need to.
- Where concerns had been raised with the provider they had been investigated and the provider stored the records of these confidentially.

Staffing:

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. There were sufficient staff to meet people's needs.
- People and their relatives told us they felt there were enough staff to meet their needs. One person told us, "I think there is enough staff. I've never had a reason for using it [the call bell]. I'm an ex-nurse and I know what I'm doing. I never remember names. I recognise their faces." A second person said, "I think there's enough. I never use my bell. Never had to. I know where it is and how to use it, just don't need to." A relative told us, "The staffing has definitely improved. They've put in more, there's been an influx of new

staff which has made a difference. If she moves, the sensor triggers the bell and they're straight up. If she presses her bell it's the same."

- Our observations reflected there were enough staff to meet people's needs and staff responded to people's requests for support promptly.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff received infection control training.
- Staff had access to and used appropriate personal protective equipment.
- The home was clean, tidy and free from bad odours.

# Is the service effective?

## Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience:

- At our last inspection we found there had been a failure to ensure staff received on-going support and training to meet people's needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and this was no longer a breach of regulation.
- One person told us, "I think the staff are very well trained. They call me [Christian name] and I'm happy with that. If they have time they'll talk to you but they are kept quite busy." A relative told us they thought the staff had the skills to support their family member. They said, "Yes. They can get mum to do anything. They are so good at what they do."
- Staff told us improvements had been made, that they felt supported and that training helped them in their role. They said supervision took place regularly and these were two-way discussions where they could provide feedback and openly discuss any concerns they may have.
- Staff were provided with a variety of training including safeguarding, the mental capacity act and Deprivation of liberty safeguards. Other training subjects included moving and handling, infection control, challenging behaviour and dementia awareness. The provider had recently invested in training to support staff to understand the risks of choking and the management of this risk.
- In addition, new staff to care were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction for new members of staff ensured they were given the time and support to get to know people.

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

- People's needs were assessed before the service began to provide support and people confirmed this. One relative told us, "Somebody came over to see me and we went through forms of what mum preferred and everything and then came in here and spoke to the manager. I can always speak to [registered manager] at any time."
- We found that the assessment documents focused on people's physical needs but did not reflect that protected characteristics were considered, such as people's cultural, spiritual and sexual needs. The registered manager said these were considered but agreed with the documents used did not reflect this. They told us they would reconsider the form used. The registered manager, provider and staff were confident that any needs of a person would be met and that no discrimination would be tolerated.
- Once people arrived into the service further assessments based on national guidance were used to identify the level of risk associated with fall, skin integrity and nutrition. This information was used to develop care plans.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make decisions about receiving 24 hours support and about living in Kiln Lodge, Deprivation of Liberty Safeguard applications had been submitted to the local authority for their approval. At the time of the inspection only one person's application had been reviewed and approved. Although these applications had been made there were no records to show that people's capacity to make the decision to live in the home or to receiving 24 hours support had been assessed and best interest decisions considered.
- The tool used by the provider did not support good recording of the application of the MCA as this did not ensure decision and time specific assessments were completed. The provider and registered manager began to review this tool during the inspection.
- Despite the lack of clear records of people's capacity, people were supported day to day by staff that knew the principles of The Mental Capacity Act 2005. Staff understood people's rights to make their own decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions.
- Staff described approaches that demonstrated they encouraged people to make their own decisions and that staff respected these. They were clear they would report any concerns about a person ability to make or understand a decision to the office.
- People confirmed they made their own decisions. One person said, "I can bath when I want. I don't really need help. We get up when we want to and I go to bed when I'm tired." Another person told us "No, I don't feel restricted, just the opposite to that. We get freedom in so many ways. My health is holding me back otherwise I could do more."

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

- People had choice and access to sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it but could ask for something different if they wanted to. One person when talking about the food said, "Excellent, absolutely, it really is. They'll get something else for you if you don't like what you've been given." A second person told us, "I think the food is very good. I believe it is all home made."
- People were protected from risks of poor nutrition and dehydration. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- Kitchen staff prepared foods to ensure a high calorie content where people's weight was a concern as well as making high calorific milkshakes, hot chocolates and cakes.
- To support people who may not be drinking very well, the kitchen staff prepared jellies with nutritional supplements added to these.
- People received appropriate support during meals.

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

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided. Information was handed to other agencies if people needed to access other

services such as hospital. One person said, "You just tell someone and they make an appointment if I needed to go. I see the chiropodist every three months".

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

- Some redecoration had taken place. Carpets were plain and contained no patterns, lighting was bright, contrasting colours for walls, doors and door frames were used to help people living with dementia orientate around the home.
- Pictorial signs had been purchased to be put up to help orientate people and rooms were laid out to help people understand the function of these. A bathroom had been refurbished to provide music, lighting and a relaxing environment.
- The provider was using other resources to look at other ways to ensure the environment worked well for people living with dementia.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect.
- Conversations between people and staff that demonstrated staff knew people well and understood their likes, dislikes and preferences.
- People spoke positively about the staff and expressed that staff had a caring attitude. One person said, "They're very nice. They sometimes come in and speak to me. They do things to suit me. I'm not rushed." A second person told us, "Yes, we're all friends and that's how it stays. A relative said, "The staff couldn't be kinder or more caring. It's the way they interact with everyone."
- People felt listened to and confident to talk to any staff about any concerns they might have.

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

- People and their relatives confirmed their involvement in the development of their care plans. One person told us, "Every so often you go through all the papers. There's so much of it." Another person said, "They spoke mostly with my daughter – she's got Power of Attorney."
- People's individual communication needs were assessed and recorded in their care plan. For example, these detailed how people used verbal communication and if they required hearing aids and glasses. Staff understood people's communication needs and verbally communicated well with them.
- There were no formal resident meetings but the registered manager told us they had events such as cake and tea afternoons where they would talk with people about things such as menu choices. They said this enabled people to be involved in decisions about the service.
- People gave positive feedback about the service and felt this was their home, where they could do what they chose. One person said, "I can do what I want. I go out with my daughters. You go out when you like. It's your home." Another person told us, "I go out with my family at weekends. I'm not sure I've been out with the staff. I don't get lonely. I have lots of people around me, I'm very happy." A third person said, "I feel secure and they let you live your own life."

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

- People's right to privacy and confidentiality was respected. A visitor told us, "They ask me to leave while they change [name] which is respectful to her. I know they ask her what she wants and will do that." A person told us, "They knock on my door before they come in and they make sure my door is closed when I'm getting dressed or undressed."
- People were encouraged to maintain their independence as much as possible. "They let me decide what I want to do." Another said, "I stay in bed until I want to get up and I go to bed when it suits me. I often get ready for bed after tea but sit in my chair and watch tv. You only have to say you want a bath and they'll sort

it out as soon as they can fit you in. It all runs very well. I'm very happy."

- We observed people mobilising freely around the home and making decisions about whether they wanted to be involved in activities for the day. To support people's independence with eating meals, where required, non-slip plates with ridges were provided.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. One visitor told us, "I'm always made welcome. I sometimes stay for tea and I'll have a sandwich. I come when it suits me, there's no hard and fast rules."
- The provider recognised people's equality and diversity and had comprehensive policies in place that highlighted the need of respecting people's protected characteristics and gave guidance to staff about how to ensure this. People's needs were clearly understood by staff and met in a caring way.
- People's confidentiality was respected and their care records were kept secure.

## Is the service responsive?

### Our findings

Personalised care:

- At our last inspection we were concerned that at times staff were task orientated and activities were chaotic. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009.
- At this inspection some improvements had been made and this was no longer a breach of regulation but there were still occasions where staff's approaches did not focus on people but on the task.
- For example, during a meal time we saw one person requested an alternative meal and was told they could have this. However, they did not receive this for approximately a further 20 minutes because staff were handing out meals to others. As a result, the person leaned over and took food, with their hand from another person's plate. They then received their meal but staff did not offer the person whose food was taken, another meal.
- In addition, at a meal time we observed staff leaning on a table, ticking off a list that recorded staff had provided meals, where two people, seated at a table that only seated two, were eating their meal. This could have been undertaken elsewhere to ensure people's meals times were respected; but staff were focusing on completing the task.
- We recommend the registered person seek training for staff from a reputable source about ensuring person centred care delivery at all times.
- The provider had employed an activity coordinator who told us they had just started this role and planned to gather information about people social and life history to look at activities which focused on people's interests. In addition, external activity providers were also used.
- People told us they had plenty to do. One person said, "I don't get bored." Another person told us "I like singing and dancing. They look after me here. We have good fun." A third person said, "I knit and enjoy that. I like the quizzes, music, exercises. Whatever is going on really. I don't get bored." A relative told us, "Mum likes anything to do with music, arts and crafts, cooking, quizzes and participates in armchair exercises."
- People or their relatives, where appropriate, were involved in the development of their care plans and delivery.
- An external professional told us how staff knew the person they were visiting "so well" that they were able to anticipate their needs. They described how due to a lack of family involvement the care staff tried to provide this type of environment for the person as well and ensuring they had what they needed to meet their needs. They told us how the service bought in specialised high calorie milk to this person as maintaining a calorific diet was important for them in maintain a good, healthy weight.
- Care plans contained an element of personalisation but it was not always possible to identify people's actual support needs, likes, dislikes and preferences from these. For example, one person was at high risk of skin breakdown. Their skin was healthy at the time of our inspection and staff knew this person well but the care plan was not clear about how this need was to be met by staff. We discussed this with the registered manager who told us how they would work on the care plans with staff and people to ensure they were

more personalised.

Improving care quality in response to complaints or concerns:

- The registered manager told us they had not received any complaints and there were records to show that no-one had complained.
- People said they would talk to staff if they were worried or concerned about something and relatives confirmed they had not had a need to make a complaint. One relative said, "No, I haven't made any complaints. I haven't felt I have needed to." Another relative told us, "We've not had any reason to make any complaints."
- The provider had systems to manage complaints and this was available to people and their relatives.

End of life care and support:

- At the time of the inspection one person was receiving palliative care as they were reaching the end of their life.
- The registered manager was passionate about people receiving appropriate and good end of life care and staff were clear that they would ensure this was provided in a manner that met people's needs and wishes.
- Staff confirmed that they worked with other professionals to ensure people's physical health needs were met, such as managing pain. Staff also worked with families to ensure any other needs and wishes were met.

# Is the service well-led?

## Our findings

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

The service was managed and well-led. However, there were some shortfalls in the operation of the provider's governance systems that required improvement.

Continuous learning and improving care; Quality performance, risks and regulatory requirements:

- At the last inspection we found there were ineffective governance systems in place meaning concerns we had found had not been identified by the registered manager or provider. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  - At this inspection, whilst we found the provider had some systems in place these remained insufficient in identifying concerns and making improvements. As such this remained a breach of Regulation 17.
  - For example, we found concerns about a lack of clear risks assessments, undocumented mental capacity assessments, care plans that lacked personalisation and some that contained inconsistent guidance. No audits of individual's care plans had taken place meaning that the concerns we found about the care plans had not been identified by the registered manager or provider.
  - Medicines audits were completed, however these focused solely on stock levels and as such had not identified the lack of protocols for 'as required' medicines, the lack of clear guidance for variable dose medicines and the inaccurate medicines lists.
  - The provider had purchased the support from an external consultant who undertook an audit of the service. Whilst the provider had not yet received the full report they had been provided with a summary of the issues found. However, no action plan had been developed as a result of this and despite the feedback being provided a month prior to our inspection some of the areas of concern found we continued to find. For example, a lack of protocols for 'as required' medicines, inaccurate medicines list, the lack of personalisation in care plans which contained generic guidance. The provider told us this had not been completed due to staffing issues, however a clear plan of action to address issues of quality should have been developed to demonstrate how improvements would be made within a timely manner.
  - Although these issues were having minimal impact on people at the time of our inspection because staff knowledge of people's needs was good, a lack of systems and processes, operated effectively, to assess the quality and safety of the service poses a risk to people. As such this was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
  - Other systems were in place and operated well. For example, call bell records were maintained and showed the length of time people waited until these were responded to. The Human Resource Manager monitored these weekly and if any concerns were identified, flagged this up to the registered manager to address. We reviewed these records and found no concerns.
- External health and safety audits were completed, action plans developed and tracked to ensure the work was completed.

Leadership and management plans and promotes person-centred, high-quality care:

- A clear staffing structure was in place and everyone knew and understood their roles and responsibilities. The registered manager and the provider were both very much involved in the day to day running of the service and the registered manager worked hands on, alongside staff where required.
- Management and all staff expressed an ethos for providing good, quality care for people. There were good communications maintained between the registered manager, provider and staff. Regular manager meetings and staff meetings took place to share feedback; although, these did not always reflect discussions to encourage learning from incidents always took place.
- Staff felt respected, valued and supported and that they were fairly treated

Engaging and involving people using the service, the public and staff; Working in partnership with others:

- The provider and registered manager positively encouraged feedback. Surveys were used to gain feedback from staff and professionals and external website were used to gather feedback from people and relatives. The provider's website reflected that people were happy with the service.
- An external professional had fed back in a survey saying, 'A good home and one I would recommend as one of the best in the area.' A second professional said, 'I am always really impressed by the relationships between staff and residents. It seems like a very caring place.'
- Staff survey comments included; "Never worked for a better company very helpful and compassionate" and "Training has improved. There could be more support for everyone." More formal supervisions for support were now taking place. The provider told us they used this feedback to improve the service. Staff told us they felt listened to and were able to make suggestions. More supervisions were taking place and staff felt able to approach the registered manager at any time.
- The registered manager told us how they worked with others to keep updated with current practice. They worked closely with the local GPs and district nurses. They said, when time allowed they attended the care home forums which enabled sharing of good practice. The provider attended care home events and took learning from these. For example, they had recently purchased equipment for managing choking if it occurred, as well as training for staff.

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 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>A lack of clear risk assessment and mitigation plans could put people at risk of harm and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

| Regulated activity   | Regulation   |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>A lack of systems and processes, operated effectively, to assess the quality and safety of the service poses a risk to people and is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |