

## Park Lodge Solutions Limited

# Park Lodge Care Solutions

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



### Overall summary

The inspection took place on 9 December 2014 and was unannounced.

Park Lodge Care Solutions is registered to accommodate up to ten people with a learning disability and additional needs, such as behaviour that challenged or autism. The accommodation, which is a large two storey, detached Victorian house, is situated in a residential area of Southgate, Crawley. People have their own bedrooms and ensuite facilities. There is a large communal area where people can engage in a variety of activities and a separate dining area. A garden is accessible at the rear of the property.

The service has a 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.

People were not always protected against risks because risk assessments had not been reviewed on a regular basis at six monthly intervals, in line with the provider's policy. There had been a number of safeguarding concerns at this location in the past year. The registered manager had been supported by the local authority

# Summary of findings

safeguarding team and had an action plan in place to address the issues raised. Staff had been trained in safeguarding adults at risk and knew what action to take if they had any concerns. Accidents and incidents were reported by staff to the registered manager in a timely manner and action was taken to prevent the risk of reoccurrence. Staffing levels were sufficient to meet people's needs safely and the service was in the process of recruiting new staff. Medicines were stored, administered and disposed of safely and staff were trained to administer medicines. Whilst the service was generally clean and hygienic, one bedroom was dirty with brown smears on the floor and on the toilet seat. The floor in the laundry room was in a state of disrepair and cleaning mops were in need of replacement. We recommend that the service consider best practice guidance available on cleanliness and infection control in care settings, such as those published by the Department of Health, The National Institute for Health and Care Excellence (NICE) and the NHS National Patient Safety Agency.

Care plans were not reviewed on a regular basis and one care plan had not been reviewed for over a year. Care plans were written in an accessible format and there was some evidence that people were involved in planning their care, but reviews were undertaken intermittently. People could be involved in a range of activities, either at the service or out in the community. Some people attended a local day centre. Complaints were acknowledged and responded to in line with the provider's policy. Action was taken as needed.

The service did not have robust quality assurance processes in place. The registered manager, who was required to analyse trends and patterns of accidents and incidents, had failed to evaluate these. People were involved in interviewing new staff and asked which candidates they preferred. House meetings were organised with three meetings held in 2014. However, agendas and notes written up after these meetings were not in an accessible format for people who may have struggled with their reading. Relatives were asked for their feedback about the service and where issues had been raised, action was taken by the registered manager.

Staff had been asked for their views about the service. One person had asked for more staff meetings. Staff meetings did take place, although notes about these were not always written up. The registered manager was proud of the achievements made by people and felt that recruiting staff was a challenge.

Staff received supervisions from the management, but not all staff had received six supervisions within the year in line with the provider's policy. People had sufficient to eat and drink and were involved in drawing up menus. They had access to health check-ups and visited a range of professionals. Staff had received training that enabled them to meet people's needs and support them effectively. New staff followed a comprehensive induction programme and had achieved at least National Vocational Qualification Level 2 in Health and Social Care. Staff had a good understanding of the requirements of the Mental Capacity Act (2005) and were able to put this into practice. When people gave their consent to care, this was recorded in their care plans. If they were unable to give their consent, then best interest meetings were held. Staff were knowledgeable on how to support a person who displayed physically challenging behaviour. The service was in the process of applying for Deprivation of Liberty Safeguards (DoLS) for people at the service.

People were looked after by caring staff and positive relationships had been developed. One person referred to staff and said, "They help me with my beauty sessions – my nails and my feet". People's privacy was respected and they were involved in decisions about their care. Family meetings took place and relatives could visit without restriction. People's care plans were written in a person-centred way and provided staff with detailed information about people they cared for.

We found two breaches of the Health and Social Care Act 2008 (Related Activities) Regulations 2010 in relation to the lack of review of risk assessments and with quality assurance processes relating to review of care plans and analysis of incidents and accidents. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 safe. Whilst potential risks to people had been identified and assessed, these had not always been reviewed regularly in line with the provider's policy, reviewed every six months or as required.

There had been a number of safeguarding concerns at this location. There was an action plan in place to address these and staff understood their role and responsibilities in relation to safeguarding.

The service was generally clean although the laundry room floor was in a poor state of repair. Cleaning mops looked discoloured and were in need of replacement.

Medicines were stored, administered and disposed of safely. Staff had been trained to administer medicines.

**Requires Improvement**



### Is the service effective?

Some aspects of the service were effective.

Staff were supervised, but the frequency was not in line with the provider's policy.

People had sufficient to eat and drink and were involved in menu planning. They had access to healthcare services and regular health check-ups.

Staff underwent a comprehensive induction programme and received ongoing training.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put these into practice. The registered manager was in the process of applying for authorisations for people under the Deprivation of Liberty Safeguards (DoLS) regulations.

**Requires Improvement**



### Is the service caring?

The service was caring. Staff were caring of people and positive relationships had been developed.

People were treated with dignity and respect and their privacy maintained when personal care was delivered by staff.

People expressed their views and were involved in decisions about their care. Family meetings took place and relatives and people were involved.

Information in care records was person-centred, putting people at the heart of the planning process and the support they needed.

**Good**



# Summary of findings

## Is the service responsive?

Some aspects of the service were not responsive. People received personalised care, but care plans were not always reviewed on a regular basis.

There was a range of activities on offer for people, either at the service or they could be supported by staff to access the community.

Care records contained information in an accessible format, using simple English, pictures and photos.

Complaints were dealt with effectively and the policy was made accessible for people living at the service.

**Requires Improvement**



## Is the service well-led?

The service was not well-led.

There was a lack of quality assurance processes in place and the registered manager did not monitor trends in accidents or incidents, review risk assessments regularly or update care plans.

House meetings were held for people and three meetings were held in 2014. Agendas and notes from meetings were not in an accessible format.

People were involved in the running of the service and interviewed potential new staff.

Relatives and staff were asked for their views about the service and their feedback was acted upon.

**Requires Improvement**



# Park Lodge Care Solutions

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 December 2014 and was unannounced. Two inspectors undertook this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by

the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We also spent time looking at records including four care records, ten medication administration records (MAR), two staff files and other records relating to the management of the service. We contacted three local social care professionals who have involvement with the service, to ask for their views; we received their consent to incorporate their feedback into this report.

On the day of our inspection, we spoke with four people using the service. We also spoke with the registered manager and two care support workers.

This service was previously inspected on 16 December 2013 and there were no concerns.

# Is the service safe?

## Our findings

Risks were identified, but not always reviewed regularly, to ensure that people were protected and their freedom supported and respected. There were comprehensive risk assessments within people's care records. These showed that potential risks to people had been identified and measures put in place to mitigate the risk in particular areas. For example, risks relating to finance, medication, choice and decision making. Risks had been assessed as low, medium or high and there were action plans that described how staff should support people. Staff had signed risk assessments to show that they had read and understood them. The provider's policy showed that risk assessments should be reviewed every six months or as required. However, care records showed that these assessments had not always been reviewed within six months. For example, one care record showed that risk assessments had been reviewed in July 2013, but then had not been reviewed again until July 2014. In other care records, risk assessments had not been reviewed within the last year and, for three people, had not been reviewed at all. This meant that people were at potential risk because the service had not re-evaluated their risks to establish whether their needs had changed or not.

These matters were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

In the past, people had not always been protected from abuse or harm. There had been a number of safeguarding concerns raised against this service. The local authority safeguarding team had investigated these concerns. The registered manager had analysed the findings of the investigations and had put together an action plan to address the issues raised. Some members of staff involved in the safeguarding allegations had since left the service. Staff had received training in safeguarding adults at risk and followed the guidelines under the West Sussex County Council multi-agency safeguarding policy. One member of staff told us that safeguarding was about the, "Prevention of any hypothetical or any potential risk of harm that could happen to service users". They were able to name the different types of abuse, such as emotional, physical or financial. They said that if they had any concerns that these, "Need to be reported to the registered manager or senior person in charge, preserving evidence and writing

everything down". They added that it was important to, "Support the service user and keep them safe". People we spoke with told us that they felt safe. One said, "Yes I feel safe. I shouldn't be frightened because there's a lock on the front door".

Staff knew how to report any accidents or incidents. One member of staff described how they completed the form and would then report the accident or incident to a senior member of staff. The service used the ABC model for understanding and managing people's behaviour. This is a technique for analysing behaviours and creating effective responses. The service looked at people's behaviour and how this might have influenced an incident occurring; as a result, lessons were learned and actions identified.

Staff had received equality and diversity training. One member of staff said that it was, "Sometimes hard in the community for people" and that when she went out with people, some shops were not co-operative and could be discriminatory. She described how she would encourage shopkeepers to talk to people and to treat them as individuals and said, "Basically putting people at the centre of things, their own decision making, putting them in charge of their own lives".

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The service had a number of vacancies and was actively recruiting for care assistants and for a deputy manager. The registered manager had used agency staff who were trained and supported through an induction process. People's needs were assessed and influenced the number of staff required. For example, some people needed 1:1 support when they were out in the community and this support was provided. Other people attended a local day centre, so did not require staff from the service to support them. The service followed safe recruitment practices and new staff had Disclosure and Barring Service (DBS) checks to ensure they were safe to work with adults at risk.

Medicines were stored, administered and disposed of safely in line with current regulations and guidance. The service had guidelines and a detailed medicines policy in place covering controlled drugs, homely remedies and what to do when people refused their medicines. These were signed by members of staff to say that they had read and understood the policy. There was a medication record for each person with a photo ID, a list of medicines that were prescribed for them and an explanation of each

## Is the service safe?

medicine and its use. These sheets were laminated and could be removed for ease of use, for example, by paramedics or hospital staff in the event of a medical emergency. Medication administration records (MAR) had been completed appropriately and medicines that were taken as needed (PRN) were documented. Some people had medicines that were prescribed to be taken as needed, for example, to control heightened activity. There were clear guidelines and risk assessments in place to manage this. There was a list of staff's sample signatures at the back of the records and a list of staff who were authorised to administer medicines.

Staff had received training in the administration of medicines and spot checks were undertaken by senior staff to observe medicines being administered. Staff were only allowed to administer medicines when they had been assessed. The registered manager assessed staff every six months. Medicines were stored and disposed of appropriately. Where medicines needed to be refrigerated, they were stored in a fridge dedicated for the purpose which was locked. Medicines that needed to be administered by day centre staff were taken to day centres in blister packs and MAR charts had been completed. A local pharmacy undertook audits twice a year and the service also undertook internal audits. No medicines were administered covertly. People's behaviour was not controlled by the inappropriate use of medicines. Controlled drugs were not used.

People were protected from the risk of acquired infections because the service generally was clean and hygienic. Daily logs and audits were completed for cleaning. However, one person's room had brown smears on the floor and bits of dust and debris. The ensuite toilet seat was dirty with brown smears. The registered manager told us that this person's room needed to be cleaned daily and that the daily check had not been done at the time of our inspection. We later saw the room had been cleaned. Soiled clothing was laundered separately in red bags and clinical waste was disposed of in clinical waste bins. There were infection control guidelines in place concerning laundry and cleaning of the laundry room. However, the flooring of the laundry room was pitted and pockmarked, which would have made it difficult to clean and maintain hygienically. There was a system of coloured mops for use in different areas of the service. The registered manager told us that these were washed regularly on a very hot wash, either every weekend, or as needed. However, the mops appeared discoloured and worn, which could be unhygienic if used to clean surfaces in that current condition. We recommend that the service consider best practice guidance available on cleanliness and infection control in care settings, such as those published by the Department of Health, The National Institute for Health and Care Excellence (NICE) and the NHS National Patient Safety Agency.



# Is the service effective?

## Our findings

According to the provider's policy, staff should receive at least six supervisions a year with their line managers. Some staff files confirmed that supervisions had taken place, although not at this level of frequency. One member of staff said that she received more than six supervisions annually, although she only started working at the service in July. Supervisions enabled staff to discuss any concerns they had about people, care plans, risk assessments, medicines, communication and training or personal issues. However, another staff file documented that one staff member had only received one supervision during the year. The registered manager said that staff meetings took the form of a team supervision. There was no evidence that annual appraisals had taken place to measure staff's performance and review their professional development. Processes were not in place to enable staff to have regular face-to-face supervision meetings to discuss any professional or personal issues.

People were supported to have sufficient to eat and drink and to maintain a healthy diet. One person told us, "I love my food, I've done my meals" and talked about their choice of two meals from the pictorial menus on display. They were actively involved in planning healthy menus and diets and went food shopping. One person was chair of a group that met to discuss menu planning. No-one required support to eat and drink and people helped to prepare and cook their own meals. Staff had received training in food and nutrition. Support had been received from a dietician to advise on healthy eating and portion control for people who had weight or health problems.

People were supported to maintain good health and had access to healthcare services. Staff supported people to see their GP and dentist for regular check-ups. Care records showed that people had visited a range of healthcare professionals, the reason for the visit, the staff who supported them, the outcome of the visit and any further appointments that might be needed. People had hospital passports which provided hospital staff with important information about their health if they were admitted to hospital. They also had health action plans in place which supported them to stay healthy and described help they could get.

People received care from staff who had the knowledge and skills they needed to work effectively. New staff

underwent a two day induction process and were trained in nationally recognised standards such as how to communicate effectively, person centred support and health and safety. They also followed an in-house induction which was delivered by the registered manager who was a qualified trainer. One member of care staff said that in her first week she read guidelines, policies and procedures and people's care plans. She got to know people and shadowed other care staff in her first two weeks of employment. Training included in the induction comprised moving and handling, food hygiene, medicines management, reporting and recording, accidents and incidents. This member of staff said she was due to have training on learning disability awareness and autism and that this had been booked. All staff had achieved either a National Vocational Qualification (NVQ) at Level 2 in Health and Social Care or Level 3. Staff were able to access training available through the local authority. Staff were sent reminders about essential training that they needed to undertake and had opportunities to attend additional training that was pertinent to their role.

Consent to care and treatment was sought in line with legislation. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and demonstrated their knowledge of this. One member of staff told us, "It's about their [people] understanding of the fact that they can't make informed decisions sometimes". People's capacity to consent to care or treatment was recorded in their care records; these showed that people were involved in reviewing their care on a continual basis. People were supported by their allocated keyworker, who co-ordinated all aspects of their care. Where people were unable to give their consent, a best interest meeting was held. This is where staff, professionals and relatives would get together to make a decision on the person's behalf. For example, a best interest meeting had been held for one person to discuss their health and dietary needs. This person and their relatives had discussed the issues and agreed an action plan.

There were guidelines in place for staff on how to support someone who displayed physically challenging behaviour, including information for staff about the justification for intervention. The service had a physical intervention policy which stated that staff should only ever resort to physical intervention or restraint as an option to protect either the individual or others at risk and not as a method of control. The service was in the process of applying for Deprivation



## Is the service effective?

of Liberty Safeguards (DoLS) for people living at the service. One DoLS application had already been authorised by the local authority. These safeguards protect the rights of people by ensuring, if there are any restrictions to their

freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The registered manager was complying with the legal requirements of DoLS.

# Is the service caring?

## Our findings

Positive, caring relationships had developed between people and staff. One person told us that staff helped her, “To get cleaned and refreshed” and added, “If I’m not happy, I can go to a member of staff and it calms me down”. Other people said that they enjoyed going shopping with members of staff. Another person said, “If I’m unhappy or in a bad mood, I’ll go to staff and let them know why”. Staff understood and supported people in a caring way. A member of staff said, “Actually I’d say I know them [people] quite well. I started my induction with the care plans and I’m getting to know them better”. People chose whether they preferred to be cared for by male or female staff and their choices had been respected.

People had the privacy they needed and were treated with dignity and respect. One member of staff told us, “I need to make sure when providing personal care, especially the curtains and doors are shut in the rooms or bathrooms. I administer creams, for example, in privacy”. People were encouraged and supported to be independent. One person told us that they had support with making their bed and

cleaning their room and that staff, “Watch me and help if I need it”. Staff told us that people were encouraged to participate in house chores and to learn new skills, with support from staff if needed.

People were supported to express their views and were actively involved in making decisions about their care. On the day of our visit, a review meeting was held for one person and attended by social care professionals, staff, the person and their relatives. Family meetings took place in addition to social care reviews and families could visit without undue restriction. People had communication books so messages could be exchanged with relatives and with staff at day centres and staff at the service.

Care records contained comprehensive information about people and were written in a person-centred way. For example, one record showed how the individual could follow their religious beliefs and that they loved going on holiday, detailing where they wanted to visit, with whom and how much money they would need. There was also information on citizenship and one person had registered with Crawley Borough Council and had exercised their right to vote at a local election. A member of staff told us that person-centred planning was about, “Giving people choices, offer information so people can make informed decisions for themselves”.

# Is the service responsive?

## Our findings

Whilst people did receive personalised care, care plans were not regularly reviewed to ensure that their most current needs were being met. The registered manager told us that staff were required to complete monthly reports for each person living at the service. These monthly reports were designed to summarise people's most up-to-date care and support needs. However, monthly reports had not been completed for every person and where they had been completed, contained insufficient information to enable care plans to be reviewed effectively. For example, one care plan was reviewed in March 2014 and July 2014. Another care plan had not been reviewed since July 2013 and a monthly report had not been completed since February 2014. There had been incidents recorded on ABC forms relating to this person's behaviours. However, this information had not been used to update their care plan which meant that staff would not be able to support this person effectively. The registered manager told us that he was in the process of reviewing all care plans. This was an area of improvement that had also been identified by the local authority contracts and commissioning team.

These matters were a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People had accessible care plans containing pictures and photos. Records were divided into sections and colour coded: Red – Things you must know about me, Amber – Things that are important to me and Green – My likes and dislikes. Care records for people described their preferred methods of communication and information in areas such as eating and drinking, pain management, sight and

hearing. Other sections were entitled, 'How to support me if I'm anxious or upset', 'Behaviours I have that may be challenging or cause risk' and 'Keeping me safe'. Records showed other 'vital information' such as whether people had made an advanced decision about their care. There was some evidence within care records that people were involved in planning their care, but reviews had been undertaken intermittently, rather than on a regular basis. Staff told us that updates about people's care needs were logged in their daily records and staff communicated these to each other when they handed over between shifts.

There was a range of structured activities available to people, such as arts and crafts, puppet making, music and dancing. Activity schedules had been planned with people according to their preferences. One schedule showed 'quiet time' and included activities such as painting, colouring, reading and sewing. People were also supported to access the community, to go shopping, engage in social activities or attend a local day centre. People were encouraged to be as independent as possible. One staff member told us that independence was, "Basically supporting them [people] and encouraging them to do things for themselves". At the end of our inspection, one person was going out to attend a local disco.

The provider had a complaints policy in place and this was in an accessible format for people living at the service. The registered manager acknowledged complaints within three working days. Complaints were then responded to within 28 days, either with a result or comments on the next course of action. Complaints had been dealt with effectively and the registered manager updated the complainant at each part of the resolution process.

# Is the service well-led?

## Our findings

Robust quality assurance processes were not in place to drive continuous improvement. The registered manager said that it was part of his role to analyse trends and patterns of accidents and incidents that occurred. However, he admitted that this had not been done since January 2014. Care plans were not reviewed on a regular basis and there was no system in place to ensure that risk assessments were reviewed and updated regularly. The registered manager told us that he received visits from his area manager three or four times a year. In advance of these, he identified areas to be audited and actions to be taken on a monthly basis. Areas such as fire risks and medicines had been audited. However, some of the actions that he identified as needed had not been completed, for example, updating of care records, notes of family and service users' meetings to be typed up and cleaning systems relating to the laundry, room cleaning and sanitation. People were at potential risk because of inadequate monitoring of accidents and incidents and the impact of these on ensuring that staff provided effective and safe care and support. These matters were a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People were involved in the recruitment process for new staff and they had a set of questions they asked potential new staff. These interviews were held separately from the formal interviews with the registered manager. People were asked which candidates they preferred and had to be 100% in agreement before staff were appointed. If agreement could not be reached at the first interview, then another interview would be scheduled, so that people could find out more about the candidate. The manager and senior staff supported people to be involved in the running of the service.

House meetings were organised and there had been three meetings held in 2014. People could choose whether they wanted to attend or not and usually around 75% of people attended. The first house meeting had agenda topics of 'respecting each other and not swearing, menu choices, internal and external activities'. However, neither the agenda for this meeting, nor the notes that were handwritten following the meeting, were in an accessible format. The second house meeting had been attended by local police who advised people on keeping safe. The

information about this meeting was not in accessible format, so people who had difficulty in recognising the written word would have struggled to make sense of it. The third meeting had not been written up.

Relatives were invited to attend family meetings, in addition to the formal review meetings managed by social care professionals. People and their families completed a satisfaction survey analysis form in 2014. Completed surveys identified a lack of social activities and made suggestions that people would like to play board games. These had been acted upon. Menu choices was also an area that people were not happy with. As a result, staff had taken a course relating to diets and nutrition and people were involved in planning their menus. Relatives' comments from a parents' questionnaire dated December 2013 included, 'Staff always friendly, always helpful and continually reassuring' and 'Pleased with home and staff, my son is very happy here'. However, one relative felt that they had not been informed about their family member's health check-ups until after these had happened. These concerns were discussed separately and action taken.

A survey had been completed by staff within the last year. Twelve surveys had been returned and overall the results were good, although one person thought there should be, 'More meetings between staff and management'. According to records, the last staff meeting was held in September 2014 and, prior to that in June and August 2014. However, notes had not been written up for the latest staff meeting. There was a further staff meeting scheduled for November 2014, although no evidence to confirm that this had occurred. Staff meetings were due to be held monthly and staff told us that staff meeting memos and handovers helped ensure everyone was up to date on what was happening.

There was a whistleblowing policy in place and staff knew who to contact and what action to take to report any concerns. The registered manager thought that the local authority had been extremely helpful and had supported him with safeguarding investigations. He said that lessons had been learned and that the provider had changed practises at other locations as a result.

When asked about values, one member of staff told us that, in her view, this was about being person-centred, "To put service users at the centre of their care and lives". The registered manager said that he felt proud telling us, "You can see the service users yourselves, how happy they are,

## Is the service well-led?

the small achievements they are making and their progress - enabling them to reach maximum potential". The provider had drawn up a service user's charter of rights. The company philosophy covered areas like, 'all those with a learning disability who live in our homes have the right: to fulfil their emotional and social needs, to maintain independence, to be assisted in maintaining the highest quality of life, to be respected as an individual and treated as such'.

The registered manager told us his biggest challenge was recruiting new staff and felt this was because of the geographical area where the service was located and staff transferring to other locations of the provider. The service had fluctuating levels of permanent staff and had relied on agency staff to ensure there were sufficient staff to meet people's needs.

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 did not take formal enforcement action at this stage. 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 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records</p> <p>How the regulation was not being met: People who used the service were not protected against the risks of unsafe or inappropriate care and treatment because of a lack of maintenance of accurate records in relation to the care and treatment provided. Regulation 20 (1) (a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>How the regulation was not being met: People who used the service, and others, who may be at risk, were not protected against the risks of inappropriate or unsafe care and treatment because the provider did not have an effective operation of systems designed to regularly assess and monitor the quality of the services provided or identify and assess and manage risks relating to the health, welfare and safety of service users and others. Regulation 10 (1) (a) (b)</p>