

Ask Care Homes LTD

# The Limes Care 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Limes Care Home is a residential care home providing personal care to up to 28 people. The service provides support to people who may be living with a physical disability, mental health needs or dementia. At the time of our inspection there were 19 people using the service.

The Limes Care home is split across two floors and two wings. People have access to their own personalised bedrooms and en-suite toilets and share communal areas such as lounges, bathrooms, dining areas and a garden.

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

The manager and providers audits were not always effective in identifying where improvements needed to be made at the service. Staff were not being recruited in line with current legislations. Safeguarding incidents and accidents were not always being reported to the correct authorities. Some risk assessments and care plans were not detailed enough to guide staff how to support people safely. Staff competency to perform their job roles was not being monitored effectively. People had not been asked for consent about CCTV. This meant people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

People and relatives were happy being supported by staff at the service. One person said, "Staff are kind and always have a listening ear. We are all like a big family."

People felt safe using the service and staff knew how to support people safely. There were enough staff to support people in a timely manner. Staff administered people's medicines safely. The service was clean, and staff followed good infection and prevention control measures. People were supported to eat and drink in line with their dietary needs. Staff contacted health professionals if people needed this support. The service was designed to meet people's needs.

Staff were kind and compassionate and people were positive about their care. People were supported to make day to day and wider decisions about their care. Staff supported people with dignity and helped them to remain independent if this was their choice. Staff knew people well as individuals and supported them in line with their specific preferences. People were supported to follow their interests and leave the service to access the community regularly. People felt confident in raising concerns. Staff supported people with dignity and respect at the end of their lives.

The new manager and provider were passionate about the service and supporting people in the best way they could. They took immediate action to put improvements in place based on our feedback during the inspection. People and relatives were asked for feedback about the service and staff worked with other professionals to help people achieve good outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for the service under the previous provider was requires improvement (published 13 July 2021). The current provider was registered on 17 March 2023. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The previous provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found this provider remained in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We have identified breaches in relation to staff recruitment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Limes Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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 Health and Social Care Act 2008.

#### Inspection team

This inspection was completed by 1 inspector.

#### Service and service type

The Limes Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Limes Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was no registered manager in post. However, a manager was in post who had started the processing of registering with the CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 7 relatives about their experience of the care provided. We spoke with 12 members of staff including care workers, senior care workers, housekeeping staff, cooks, and the manager.

We reviewed a range of records. This included 4 people's care records and numerous medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection under the previous provider, we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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

- The provider did not have safe and effective systems in place to make sure staff were recruited safely. We found numerous discrepancies in the staff files we reviewed including missing employment histories, staff being offered jobs before completing their application forms and incorrect dates and names on documents such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us about their employment histories however these were not recorded on application forms or other paperwork. We could not be assured how the provider was making sure staff were suitable for their roles before they were employed.

We found no evidence people had been harmed. However, the provider did not have effective checks in place to ensure staff were being recruited safely. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and provider took action to improve their recruitment processes during the inspection. This included changing the process for staff applying and interviewing for job roles and retrospectively asking staff to complete the required employment checks necessary to work in their job roles. However, we were not assured this action would have been taken without our direct feedback.
- People, relatives, and staff confirmed there were enough staff to support people safely. Staff told us they had enough time to sit and talk with people as well as help with their essential support needs. One person said, "You never wait for staff more than a few minutes and they all do whatever they can to help you."
- We observed staff being attentive to people's needs and staff spoke with people frequently. One person told us, "I think there are more than enough staff. There is always someone to talk to."

### Systems and processes to safeguard people from the risk of abuse

- The manager did not always have effective systems in place to make sure incidents where people were at risk of abuse were reported to the right authorities. We found some examples where incidents should have been reported to the safeguarding team and to CQC but were not.

We recommend the provider reviews the systems in place to report notifiable safeguarding events to the relevant authorities.

- The manager was unable to provide evidence they had completed suitable checks on visiting entertainers. This meant they could not be assured entertainers visiting the service were suitable to support people.
- The manager retrospectively informed the appropriate authorities about these events. The manager and staff team had also acted appropriately in each of these cases to take action to safeguard people from abuse happening again or continuing.
- People and relatives felt staff supported them safely. One person said, "I feel safe here and staff are on the case. They know what they need to do to keep me well." A relative told us, "I have absolutely no concerns in relation to safety. I know [staff] are looking after [family member]."

### Assessing risk, safety monitoring and management

At our last inspection under the previous provider, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The manager and senior staff had put risk assessments and checks in place to help mitigate risks to people. These included checks of the environment as well as the support people had from the staff team. One person said, "[Staff] make every effort to make sure I don't have an accident like falling over. They are very good with all that."
- People had risk assessments in place in areas of their support such as walking, being supported with personal care, and eating and drinking. However, some of these risk assessments needed more detail about how to specifically support people to help guide staff. The manager started updating these risk assessments during the inspection.
- Staff completed checks of the building, including fire safety checks. One relative told us, "Since [provider] has taken over I have noted they are really on top of all the safety checks. The building looks so much better where the old equipment is being replaced."
- Staff supported people by monitoring certain areas of their care such as pressure mattress checks or food and fluid intake. One relative told us, "[Family member] spends all their time in bed now but staff are very attentive and as a result they have no issues with pressure areas. This is testament to the good care and procedures staff have."

### Using medicines safely

- People were supported safely with their medicines. Staff were trained to administer medicines safely and had their competency to do this checked regularly. One person said, "[Staff] are like clockwork with the medicines. They are always here at the same time every day."
- Staff completed checks, counts and audits of medicines to help make sure they were being administered safely. People who were prescribed 'as and when required' (PRN) medicines had detailed guidelines in place for staff to follow and know when to administer these.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.



- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Housekeeping staff told us they had time to keep the service clean. The service looked fresh and clean during the inspection. One person told us, "[Staff] are always moving around making sure everything is sparkly and clean."
- People were able to have relatives and friends visit them without restriction. One family member said, "I do not announce that I am coming to the service. I just show up and they are always very welcoming which is reassuring."

#### Learning lessons when things go wrong

- The manager spoke to staff in meetings and separate supervisions when incidents happen to discuss them and put actions in place. This helped ensure lessons were learned from incidents so the risk of them recurring could be mitigated.

# 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 our last inspection under the previous provider, we rated this key question good. The rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had recently installed CCTV in some areas of the service. However, they had not gained written consent from people or their representatives to have this installed. The manager told us they were in the process of doing this, however the CCTV had been in place for over a month when we started the inspection. This meant the principles of the MCA had not been followed in this circumstance.
- The manager took immediate action to gain consent from people or their representatives in relation to CCTV being used at the service. However, we could not be assured this would have been done in a timely manner had it not been for us raising the issue during the inspection.
- In other areas of their support, people were supported in line with the MCA. If people did not have capacity, then decisions were made in their best interests, involving their representatives or advocates. One person said, "[Staff] always ask me if it's OK to help me even when they know it is."
- Staff supported people in line with their DoLS. One relative told us, "[Family member] is not able to keep themselves safe outside by themselves anymore but staff make sure they still get out and about."

Staff support: induction, training, skills, and experience

- Staff had training in areas relevant to their job role such as moving and handling, fire safety and supporting people living with dementia. Staff showed good knowledge of these subjects. However, the manager and provider were not completing competency checks to help make sure training had been effective.
- The manager was not ensuring supervisions were happening as frequently as the providers policy said

they should. Supervisions were not recorded in detail and staff were not given an opportunity to discuss all aspects of their job role. Staff told us they had a lot of informal support from the manager, but less opportunity to reflect and improve in their job roles.

- Staff were positive about their induction and said they worked alongside more experienced staff members until they were confident to support people.
- Despite our findings people and relatives felt staff were well trained. One person said "[Staff] seem to be up to date with everything and know what they are doing." A relative told us, "The staff seem very confident when helping [family member] to use [equipment]."

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

- People's needs were assessed when they started using the service. However, when their needs changed, care plans were not always updated to reflect this. For example, one person's care plan gave conflicting information as to whether a person was able to use a piece of equipment safely or not. This put people at risk of being supported unsafely.
- The manager kept up to date with guidance in areas such as supporting people living with dementia. They shared this with the staff team to help them support people in line with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in line with their support needs. The cooks had a good knowledge about people's dietary needs and took pride in the way they prepared, cooked, and presented food. Staff monitored people's food and fluid intake if this was necessary.
- People were positive about the food and drink at the service. People's comments included, "The food here is great and it tastes even better than it looks." and, "There is plenty of good food here and you are never short of something nice to eat."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals such as GP's, district nurses and physiotherapists depending on their support needs. One relative told us, "[Staff] are confident and know the signs to look for in [family member], which meant they might need some help from the GP. They always keep me updated as well."
- Staff supported people to follow advice and guidance given by health professionals, for example, completing physiotherapy exercises. One person said, "[Staff] won't let me get away with not doing [my exercises]. I am grateful as it has made me feel much better."
- The manager and staff team were passionate about supporting people to be healthy, by offering regular food and drink and promoting regular fresh air and exercise. One person told us, "We are able to get out for a bit of fresh air whenever we want and this always makes me feel better."

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

- The service was suitable designed to meet people's needs, however the provider had noted a lot of improvement could be made to the environment. This work was currently underway and included making the environment more spacious and decorated in ways people wanted the service to look. One relative told us, "Since [provider] has taken over a lot of work is happening to help freshen the service up and bring it in to the modern day."
- People were supported to personalise their bedrooms and the manager supported people living with dementia to choose colours that would help them orientate in their home environment. This would help support them to maintain their independence.

# 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 our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained 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; respecting equality and diversity

- People and relatives were positive about the kind and caring nature of staff. People's comments included, "I know all the staff and they all do a wonderful job." and, "All the staff are so lovely and helpful. They always have a smile for you." A relative said, "The staff seem very good and very caring and very genuinely attentive."
- Staff spoke with people in a kind and compassionate manner and spent a lot of time sitting and speaking with people. Staff recognised when people were upset and calmly spoke with them to help them feel better. One relative told us, "[Staff] are very empathetic and always make sure [family member] never feels lonely. We are very lucky with this care home."
- Staff knew people's individual needs and respected these. For example, people who followed a religion were supported to follow this. One person said, "[Staff] know how important [religion] is for me and always help me do what needs to be done."

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

- People were supported to make day to day decisions about their care, such as what to eat or what to wear. Staff supported people using visual cues to make choices if this helped them. One person told us, "[Staff] listen to me and respect my choices. I am able to have more control here than what I had living by myself."
- People and their representatives were involved in writing and updating care plans and having discussions about wider decisions of care on a regular basis. One relative said, "We talk about the care plan regularly and [manager] asks for mine and [family member's] feedback. Changes are made if needed."

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

- Staff respected people's privacy and dignity. They understood if people needed time alone and left them until they needed support. One relative told us, "[Family member] is a very private person and spends a lot of time in their room. Staff respect this and always knock before they go in to help them."
- People were supported to be independent if this was their choice. One person said, "I am able to walk by myself using [equipment] and staff know how important this is and give me plenty of time to do it. I can do things myself here which is really good."

# Is the service responsive?

## Our findings

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

At our last inspection under the previous provider, we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care based on their specific support needs and staff knew them well as individuals. People's care plans were mostly detailed, however some contained conflicting information about how to support people or contained limited information about specific needs such as living with diabetes. The manager took action and started to update care plans during the inspection process.
- People and relatives were positive about how staff supported them in line with their individual preferences. One person said, "[Staff] have taken the time to know how I like things done and we get on really well." A relative told us, "[Staff] seem to work with each person separately and do things how they want things done. They look after people very well."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate in different ways. For example, staff used written words or objects to help people make choices. A relative said, "[Family member] finds it more difficult to speak now but I see staff show them two different things so they can make a choice."
- The manager was aware improvements could still be made in relation to the AIS. For example, they showed us their plans to have more signage around the service to help people orientate to their environment and were going to produce policies and care plans in more accessible versions.

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 manager and staff team were passionate about supporting people to be a part of their local community. People were regularly supported to go to places interesting to them, such as cafes, airfields, and local parks or to go out of the service to access local amenities. These outings were celebrated with pictures on display at the service.
- People and relatives were positive about the impact this had on their wellbeing. People's comments included, "We go out and about all the time. We went to [location] last week and it brought back so many memories. I was so happy." and, "Since [provider] took over I get asked if I want to go out all the time. It's been lovely."
- Staff also supported people to take part in their preferred pastimes at the service. People were supported

to do artwork, play board games, cook, or have outside entertainers come to the service. A relative said, "[Family member] is loving life and is able to do so much that they were not able to do when they did not live at the service."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and had shared this with people and relatives. They kept a log of any concerns raised and actions taken and made sure the person making the complaint was satisfied with actions taken.
- People and relatives felt comfortable raising concerns and felt they would be dealt with promptly. One relative told us, "I am sure if I had any problems, I could let someone know and it would be dealt with there and then."

#### End of life care and support

- People who were being supported with palliative care were cared for with dignity and respect. One relative said, "[Family member] is kept very comfortable. The staff try their hardest to give them as much variety in life as possible considering how poorly they are. It is great to see them smile."
- People were supported to put plans in place for the end of their life if they chose to do so. Staff knew how to contact other professionals for support during this time.

# 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 our last inspection under the previous provider, we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection under the previous provider, systems were either not in place or robust enough to demonstrate the service was effectively managed. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the current provider is also in breach of regulation 17.

- The manager was passionate about the service and wanted to provide the best care for people. However, both the manager and provider audits were not effective in identifying the issues we found at this inspection. These included, staff recruitment not being in line with legislation, safeguarding incidents not always being reported, risk assessments not always being detailed, consent not being obtained for CCTV and staff competency after training not being checked.
- The manager and provider audits of the service were not detailed and did not provide effective management oversight of the service. It was not clear what or how actions to improve the service would be made based on the findings of these audits. The provider had completed one audit of the service since they registered as the new provider, and this was not specific to the service.
- The manager had not notified the CQC about incidents they are required to notify us of, such as safeguarding concerns or potential injuries. The manager was unsure what events they were to notify us about. The manager notified us of historic events retrospectively, but only because of our prompts to do so.
- The manager took a lot of action during our inspection to put improvements in place. However, we could not be assured the provider, or the management team would be able to make or sustain improvements without this direct support.

We found no evidence people had been harmed. However, systems and audits were not robust enough to demonstrate the service was effectively managed and people's quality of care was being effectively monitored. This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager and provider put new policies in place based on our feedback, to help ensure improvements were made and sustained. These included new recruitment policies and policies about when to report notifications to CQC. This gave us assurances these issues would be resolved.
- The manager had a service improvement plan in place and was adding to this based on feedback from people and authorities such as CQC.
- Staff had a good understanding of their job role and knew how to support people safely. One person said, "[Staff] are all well trained professionals."
- People and relatives were positive about the manager and their skills and knowledge. One relative said, "[Manager] seems to know their stuff and makes sure everything is in check." Staff told us they had noted a lot of improvements since the manager and provider took over the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Some relatives felt they could be asked for more feedback or be kept up to date about their family members wellbeing more often. Relatives told us the previous provider did this regularly and also sent a monthly newsletter, but this had now stopped. We fed this back to the manager who took immediate action to reinstate the newsletter and speak with relatives on an individual basis to make sure communication worked for them and happened how they wanted it to.
- The manager had introduced a 'person of the day' initiative once a month. On this day people and their relatives were asked for specific feedback about the service and to update their support plans. One relative said, "[These days] are a great opportunity for us to meet with [manager] and talk about how things are going. [Family member] speaks up as well and I know they are being listened to."
- Staff also held meetings with people as a group or individually to collect feedback. One person told us, "The meetings are a good chance to all get together and have a good say about how we feel."
- Staff told us how since the new provider had taken over, they felt much more involved and listened to. They also told us they felt more confident to talk about ideas to better support people and the manager helped them to put these ideas in to practice.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The manager and staff team were passionate about the service they provided and kept people at the centre of the work they did. Staff spoke about how they were empowered to make decisions based on what people wanted to do as a priority.
- People and relatives were positive about the service. One person said, "I love it here and it has become my home." A relative said, "I have nothing negative to say. Staff do their best and [family member] is very happy."

Working in partnership with others

- The manager and staff worked with health professionals to help promote good outcomes for people.
- Staff had built good links in the local community and supported people to access local amenities on a regular basis.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence people had been harmed. However, systems and audits were not robust enough to demonstrate the service was effectively managed and people's quality of care was being effectively monitored.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>We found no evidence people had been harmed. However, the provider did not have effective checks in place to ensure staff were being recruited safely.</p>