

HC-One Limited

Ashgrove Care Home - London

Inspection report

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Date of inspection visit:
22 February 2022
23 February 2022

Date of publication:
30 March 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ashgrove Care Home provides personal and nursing care to people aged 65 and over. The service can support up to 50 people. Care is provided over two floors. The service is managed by HC-One Limited, a national provider of nursing and care homes. There were 46 people using the service at the time of our inspection.

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

Risk assessments contained guidelines and plans for staff on how to minimise risks for people using the service. However, we observed that staff did not always follow these.

Although people told us they felt safe when receiving care, we found that some practices were putting people at risk of avoidable harm. Staff did not always have the right information about people and this meant people's needs were not always met safely.

We found evidence that clinical checks were sometimes recorded in advance so we could not be sure people were monitored appropriately and this put them at further risk of harm.

People's needs were recorded in their care plans but these did not always contain accurate information or were not always updated following healthcare professionals' advice. This meant there was a risk that people's needs might not be always met.

The provider had processes in place for the recording and investigation of complaints and incidents and accidents.

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.

The management team did not always communicate well where there were concerns. This contributed to delays investigating concerns raised. The provider had monitoring systems in place, but these had not been effective as they had failed to identify the issues we found during our inspection.

There were enough staff to support people and meet their needs. Staff were recruited appropriately, and all checks were in place. Staff received an induction, training and supervision and felt supported in their roles. However they said supervision was mainly carried out as a result of a concern raised rather than a regular occurrence.

The provider sought feedback from people. People and staff told us they could raise any concerns they had with the registered manager and felt they would be listened to. We received positive feedback from people who used the service. People said staff were caring and treated them with dignity and respect.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to investigate concerns and make improvements.

Medicines were managed safely to ensure people received their medicines as prescribed and in line with national guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 June 2021).

Why we inspected

We received concerns in relation to people's care needs not being met. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashgrove Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, person-centred care, receiving and acting on complaints and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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 alongside the provider and 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 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 ●

Ashgrove Care Home - London

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 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

Ashgrove 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. Ashgrove Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

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 six people who used the service and three relatives about their experience of the care provided. We spoke with 12 members of staff including the area director, registered manager, nurses, care assistants, the activity coordinator, laundry person and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 we rated this key question good. At this inspection the rating has changed to 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.

Assessing risk, safety monitoring and management

- People who used the service were not always protected from the risk of avoidable harm. One person's care plan stated they were 'at risk of falls and required to be monitored at all times'. It also stated the person should wear well-fitted shoes. We observed the person being supported to walk across the room wearing unsuitable and ill-fitting footwear, in addition to thick non-slip socks. This increased the risk of falls. The care worker later realised this and removed the person's shoes and they continued to the bathroom.
- Although the care plan indicated the person should be monitored at all times, during the afternoon, we found them walking unsteadily on their own in the corridor. Staff were busy supporting other people. We raised this with the registered manager who told us the person was now able to walk independently. However, the care plan and falls risk assessment had not been updated to reflect this, so we could not be sure the risk of the person falling has been fully considered and mitigated.
- Before our inspection, we were alerted by the local authority after they had conducted a visit to some concerns in relation to a person being moved using a standing hoist although they had been assessed by an occupational therapist to use a full hoist and body sling. We saw evidence the person's care plan had not been updated following the visit, therefore the staff had continued to use the wrong equipment, causing the person unnecessary discomfort and putting them at risk of avoidable harm. The area director acknowledged this should not have happened.
- Furthermore, at the time of the local authority's visit, the staff had said the only hoist available was the standing hoist. We found this was not the case and three full hoists were available. The regional director told us they would address this with the staff as part of their investigation.
- One person had lost over 4kg in the last two months with no clear explanation provided in their care records. Nutritional supplement drinks were in the person's cupboard but there were no records of this in their care plans or whether the person had drunk any. There were no food intake records in the person's file as part of the action to take to mitigate the risk of malnutrition. A fluid chart was in place but staff had recorded this in advance therefore the record did not correspond to what the person had consumed. The registered manager had not taken appropriate action to address this with the relevant staff after this had been identified by the local authority on their previous visit to the home.
- One person was living with diabetes and was insulin dependent. Their care plan stated they needed a blood test twice a day to monitor glucose levels. The records of the results from these tests were disorganised and kept in three different places. This meant records were not easily accessible for professionals monitoring the person's care or a nurse coming on duty checking back on recent levels.
- On the form where blood tests were recorded there were five gaps in February where a test had taken

place only once during the day. Although staff told us this was a recording error, we could not be sure this was the case and there was a risk the person was not being monitored as needed to keep them safe and well.

Systems were either not in place or robust enough to demonstrate the safety of people who used the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the regional director assured us they had taken action to make immediate improvements, and were addressing concerns with relevant staff members in line with their disciplinary procedure.
- Appropriate fire checks were in place, including fire extinguishers, fire alarms and emergency lighting. The provider had an up to date fire risk assessment which had taken place in February 2021. Several issues had been identified at the time. We saw the provider had taken immediate action and issues had been resolved. People had personal emergency evacuation plans in place. These detailed important information about the person, their mobility, level of assistance, and what support they needed in the event of a fire.
- The provider undertook safety checks in all areas of the home. These included gas and electricity checks, lift and moving and handling equipment and checks for legionella. We saw there was an up to date legionella and water risk assessment in place.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from the risk of abuse. All the people we spoke with told us they felt safe living at the home.
- There was a safeguarding policy and procedures in place which were developed in line with the London Borough of Hounslow's procedure. Staff received regular training in safeguarding adults and knew what to do if they had any concerns. One member of staff told us, "Straight away for me I would report to my line manager." However, some were unable to describe signs that might indicate a person had been abused. Some staff were not aware of the whistleblowing procedure and did not know what it meant. We discussed this with the provider during our feedback.
- The provider kept a log of all safeguarding concerns raised and notified the local authority's safeguarding team and the CQC appropriately. The provider worked with the local authority's safeguarding team to investigate safeguarding concerns.

Staffing and recruitment

- People we spoke with were happy with the staffing levels. On both days of our inspection, there were enough staff on duty to care for and support people. We looked at the staffing rota for the months of January and February which showed that all shifts had been covered to ensure that care and support was maintained. New staff had been recruited and two were on induction at the time of our visits.
- Recruitment practices ensured staff were suitable to support people. This included ensuring staff had the relevant previous experience and qualifications. Checks were carried out to help ensure staff were suitable before they started working for the service. This included obtaining references from previous employers, reviewing a person's eligibility to work in the UK, checking a person's identity and ensuring criminal record checks were completed.

Using medicines safely

- People who used the service received their medicines safely and as prescribed. Where people were prescribed 'as required' (PRN) medicines, PRN protocols were in place and contained relevant information. One person was prescribed an anti-psychotic medicine. There was a clear care plan in place for this and this

was reviewed regularly by the GP.

- The nurses were responsible for the administration of medicines. They were suitably trained and their competencies assessed regularly.
- Since October 2021, there was an electronic system in place. This was clear and easy to use although one of the nurses told us they felt it was somewhat difficult to see information on the small screen. However, they demonstrated the system and we saw they were confident and competent using this.
- We checked a sample of people's medicines, including PRN medicines. We found that the amount recorded corresponded to the amount in stock. We checked controlled drugs and these were stored appropriately, in double locked cupboards. People's controlled drugs were recorded correctly and we saw each administration was signed by two staff members. The stock corresponded to the amount of tablets given. Controlled drugs were reviewed regularly by the GP.
- The nurses recorded the medicines fridge temperatures daily and these were within safe range. They also recorded the temperature of the room where medicines were stored. We saw the room was cool allowing medicines not to get overheated.

Preventing and controlling infection

- Overall the home was clean and there were cleaning schedules in place. However, we found the ground floor kitchenette used by the staff to serve meals and drinks was not cleaned robustly enough. The first floor kitchenette was cleaner but the vents for the fridge had not been cleaned. We fed this back to the management team so they could take action to address these shortfalls. We observed a staff member cleaning this as we were leaving the unit.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- Relatives were able to visit their family members as they wished. They told us they were expected to undertake a lateral flow test to ensure they were not infected with COVID-19 and wore appropriate PPE.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider was responsive to our feedback following the inspection. They accepted the issues we identified required immediate improvement and were putting in place an action plan. The regional director told us they had already taken action and had commissioned an independent manager to work in the home and address the issues. Furthermore, they were conducting an internal investigation and were working with the area director and the registered manager to make the necessary improvements.
- There was an incident and accident policy and procedures in place. The provider kept a log of all the incidents and accidents which occurred at the home. These were recorded and included the date and place

of the incident, who was involved, description of what happened, body map if there was any injury and who was informed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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. 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's needs were recorded in their care plans but the information was not always correct and did not always reflect people's needs. For example, one person's care plan stated they had glasses and how to support the person in relation to their vision impairment. However, the person had good vision and had never needed glasses. Furthermore, the same person required hearing aids but their care plan did not specify anything about their needs in relation to this.
- Care plans were not always updated when people's needs changed or when there were new instructions from healthcare professionals. This meant there was a risk that people's needs might not always be met.
- Some relatives stated they were not always consulted or invited to take part in the care planning process for their family member. This meant they were not able to contribute and where people were unable to communicate their needs, there was a risk these would not be met in line with their preferences.
- Some relatives told us they did not feel their family member's needs were always met in a person-centred way. For example, one was concerned their family member liked to stay up until 9pm and socialise with others, but they were always in bed by 6pm when they visited.
- We carried out an evening visit and found 32 people out of 46 were in bed. Whilst some were frail and unwell and clearly needed to be in bed, and some were able to tell us this was their choice, we could not be sure how the staff decided that people should be in bed where they could not communicate their choice and preferences verbally. This was because care plans did not always contain clear information about people's sleeping patterns and the times when people usually wake up or go to bed, particularly in cases where they might not have the capacity to make decisions in relation to this aspect of their care

We found no evidence that people had been harmed, however the support people received did not always meet their care needs. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding the above, people told us they were happy with the staff and felt their needs were being

met. One person called the staff, 'diamonds'. During the inspection, we saw staff were responsive to people's needs, and communicated with them in a gentle and kind manner and gave them choice. For example, during lunch time, staff explained what they were giving them and gave them the choice to change their minds if they wanted something different.

- People who spoke languages other than English as their first language were supported by staff who could communicate with them in their preferred language. We saw examples of this during our inspection.
- Staff said they had training in communication both online and face to face and found this helpful.
- The lift had a voice message stating each floor which was helpful for people with a sight impairment.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedures in place. The provider kept a log of all complaints they received. Most complaints were investigated and in line with the provider's policy. However, two relatives told us they had recently complained about the care of their family members and felt their concerns had not been responded to appropriately. For example, one relative had complained to the staff about various aspects of their family member's care and the loss of a personal item of possession.
- We looked into records of this complaint and saw an investigation into some elements of the complaint had been conducted by the area director, but there was no investigation into the other areas of concern raised. Therefore the complainant did not receive a full response to their complaint. This meant that complaints were not always investigated and responded to appropriately so people and their relatives were assured that if they raised concerns, their complaints would be taken seriously and addressed

We found no evidence that people had been harmed, however, complaints were not always investigated in a timely manner. This placed people at risk of harm. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were supported to take part in activities. People's interests were recorded in their care plans. On the day of our inspection, we saw staff organising a variety of activities and encouraging people to take part. There was an activity board in place but this was displayed in a small room by the main entrance, where people could not see this. This had been raised at a previous inspection but had not been addressed.
- The provider employed a full time wellbeing coordinator who organised regular activities for people such as bingo, reminiscence, exercises and art. They were enthusiastic and displayed a good rapport with people who used the service. They told us, "I like to go around and chat to people as part of wellbeing. I look out for absolutely everything, the physical, psychological, nutritional, everything" and "The empathy dolls I find these work well with people who have dementia." They added, "I used to do pet therapy and brought my dog in, people liked this."
- Staff we spoke with told us there were plenty of activities taking place, such as sing a long, bingo etc. One staff member told us, "They do art and crafts, bingo, singing songs and lots of things. [Activities and wellbeing Co-ordinator] is doing a lot of activities."
- We observed one person using a sensory puzzle by themselves and appearing engaged with this. Another person was observed to be playing snakes and ladders with a staff member and seemed to be focused on the game. There was music playing in the first floor lounge in the afternoon and a sing along in the ground floor lounge.

End of life care and support

- Most of the people who used the service had end of life care plans. People's care plans contained end of life decisions, such as any wishes they may have when they reached that stage, and their cultural and

religious requirements. For example we saw in one person's care plan that their wish was to have a priest to administer the last rites.

- Staff receive training in end of life care so they appropriately support people with these needs. At the time of our inspection, nobody was receiving end of life care.

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 we rated this key question good. At this inspection the rating has changed to 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.

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

- The provider has systems in place for monitoring the quality of the service and we saw regular audits and checks were undertaken. However, these had not been effective. For example, care plan audits had failed to identify some care plans contained incorrect information and had not always been updated when people's needs had changed. They also had failed to identify some checks were not recorded and records were not always maintained or organised appropriately.
- The provider's audits had also failed to identify that some monitoring charts for fluid intake had been completed in advance therefore not completed contemporaneously or maintained accurately. The registered manager although aware of these matters had at the time of the inspection not taken appropriate action with the relevant staff. For example, they had put in place identical supervision records for all staff stating, 'Ensure to record accurately the fluid and food intake in the monitoring fluid/nutritional chart'. This had failed to address the issues of not maintaining accurate records because we found the same issues during our inspection.
- The provider's systems to communicate information and escalate concerns internally had not always been operated effectively. For example two local authority's officers found some concerns during a recent visit which were fed back to the registered manager, but these were not escalated to the provider through their line management system. During the inspection, we raised these issues with the area director, who had not been made aware of these. As a result, no proper investigation had taken place into the concerns raised by the local authority and no action had been taken to make the necessary improvements.

The above shows that the provider did not have effective arrangements to assess, monitor and improve the

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

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

- The provider kept a log of all compliments they received. We viewed a sample of these. Comments included, "Always very happy with the care and support provided for my [family member]. Good communication from the home to keep me informed, especially during the pandemic" and "The staff have been helpful and communicative. The staff attended to [family member's] every need in a caring and compassionate way."
- Most people and relatives were complimentary about the staff team and the senior team although some people did not know who the registered manager was.
- Staff told us they felt supported and listened to by the registered manager. Their comments included, "I like to work here I'm happy always", "On the whole, very lovely home, [Registered manager] has coped and has done well, [they are] lovely, and [they] will tell us if we do something wrong", "Yes manager is good. Those in charge in my opinion are doing well also the deputy manager and co-ordinator" and "We are trying our best to work as a team to look after each other."
- Although staff told us they received supervision from their line manager, this was usually to address a concern. One staff member said, "Supervision yes, when necessary, usually if there is an issue, not usually a matter of course." Records we viewed confirmed this. We fed this back to the management team after the inspection.
- The registered manager had been in post since 2012. They were supported by a deputy manager, a team of qualified nurses and care workers. They told us they were well supported by their senior managers.

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

- The registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They told us they ensured they shared this information as necessary and apologised as necessary when things went wrong. Documents we viewed confirmed this.

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

- People and relatives were consulted via yearly quality surveys. Based on their feedback, the provider conducted an analysis and action plan to improve areas of concerns. We saw the result of the staff survey undertaken in May 2021. We saw this was positive and staff appeared to enjoy working for the company. Staff reported their work had 'special meaning' and not 'just a job', they were 'proud to work for the organisation and felt supported by the registered manager'.
- The registered manager had organised online meetings with relatives, friends and people who used the service during the pandemic. They were re-introducing face to face meetings this month.
- There were quality governance meetings where management and heads of department would meet to discuss any concerns. However we saw the last one had taken place in April 2021. There were also health and safety meetings. These were for staff to report any issues they might be aware of, such as faulty or damaged items.
- There were monthly staff meetings where staff and managers discussed important issues. Agenda items included COVID-19 updates, PPE and infection control, visitors' guidance, training and any concerns they might want to bring up.

Working in partnership with others

- The registered manager liaised with other local care services managers and attended regular meetings where they shared important information in relation to developments within the social care sector. They told us they cascaded relevant information to the staff team to keep them informed of important changes within the social care sector.
- The provider had developed good working relationships with healthcare and social care professionals involved in the service. The GP visited regularly and provided advice and support.
- The registered manager told us they felt supported by their line manager and could discuss anything.

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 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<p>The registered person did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	<p>The registered person did not ensure complaints received were investigated and necessary and proportionate action was taken in response to any failure identified by the complaint.</p> <p>Regulation 16 (1)</p>