

Orchard Care Homes.Com (4) Limited

Chorley Lodge

Inspection report

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Chorley
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 24 and 25 October 2017. Chorley Lodge provides accommodation and personal care for up to 66 older people, including people living with dementia. At the time of the inspection there were 63 people lived at the service.

At the last inspection on 21 and 22 October 2015, the service was rated 'Good'. During this inspection we found the service to be in breach of one regulation. This was in relation to the care planning and the management of risks to receiving care and treatment. You can see what action we told the registered provider to take at the back of the full version of the report.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required. Improvements were required to the records related to risk management. We found shortfalls in relations to care records. Care plans had been reviewed however the information was not always person centred, detailed or accurate. Care plans for people who were living at the home temporarily also known as respite care, were not adequately completed. Care records did not always demonstrate how people had been involved in the review of their records.

People had received their medicines as prescribed and staff had been trained in the safe management of medicines. However, we found areas that required improvement in the medicines administration records and audit systems. The registered manager took immediate action to make the required improvement during the inspection. Medicines were stored securely to ensure they were safe. There were risk assessments which identified risks to people and management plans had been put in place to ensure people's health and well-being were maintained.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People's consent to various aspects of their care was considered and where required DoLS authorisations had been sought from the local authority. However, improvements were required to the quality of the documentation relating to mental capacity assessments. The registered manager had identified this and had started to make the required improvements to the documentation. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence was promoted.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. There had been previous concerns regarding staff shortages. Our observations and discussions with staff and people who lived at the home confirmed sufficient staff were on duty.

We observed regular snacks and drinks were provided between meals to ensure people received adequate

nutrition and hydration. Comments from people who lived at the home were all positive about the quality of meals provided. One person said, "The food here is the best." We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home told us they were encouraged to participate in activities of their choice and a range of activities that had been organised. We observed the activities coordinator engaging people and offering a range of activities. People who used the service and their relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people said they were encouraged to raise concerns.

The registered manager used a variety of methods to assess and monitor the quality of care at Chorley Lodge. These included, regular internal audits of the service, surveys and staff and resident meetings to seek the views of people about the quality of care being provided. Improvements were required to ensure quality assurance processes were robust in identifying and dealing with shortfalls in a timely manner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

This service was not consistently safe.

Relatives felt their family members were safe. Feedback was positive.

Staff knew how to protect people from abuse and had received training.

Risks to the health, safety and well-being of people who lived at the home were assessed and plans to minimise the risk had been put in place. However improvements were required in the risk management records.

People did not always have adequate and accurate care records to reflect their needs.

People's medicines were safely managed however there was no adequate written guidance for 'as and when' medicines (PRN) and records for topical creams had not been signed.

Risks of fire had been managed and equipment had been serviced regularly.

Is the service effective?

Good 

This service was effective.

Staff had received training, induction and supervision to ensure they had the necessary skills and knowledge to carry out their roles safely.

Staff understood how to protect the rights of people who did not have capacity to consent to their care.

People were supported to have a sufficient amount to eat and drink. People received care and support which assisted them to maintain their health.

Is the service caring?

Good 

The service was caring.

Relatives spoke highly of care staff and felt their family members were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of the people they supported.

Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

Assessments of individual needs and risks had been undertaken to identify people's care and support needs. However, some improvements were required to the care plans.

People were provided with a range of social activities. The provider sought feedback from people living at the home, their relatives and staff and used the feedback received to improve the service.

People and their relatives had access to information about how to complain and were confident that any complaints would be listened to and acted upon.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People felt the service was well managed.

Management oversight had been provided to care staff and the overall running of the service.

Incidents and accidents had been recorded and notifications sent to CQC.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service were implemented to improve the care and treatment people received. Improvement were required to systems for assessing and managing risks to receiving care.

Chorley Lodge

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 visit took place on 24 and 25 October 2017 and was unannounced.

The inspection team consisted of one adult social care inspector 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 service. The expert involved in this inspection had expertise in the care of older people and caring for people living with dementia.

Before our inspection visit we reviewed the information we held on Chorley Lodge. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. Due to technical error we had not requested a Provider Information Return (PIR) from the provider before our inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. It provides us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including ten people who lived at the home, four visitors and seven care staff. In addition, we also spoke with the deputy manager, the officer administrator and the registered manager.

We looked at the care records of eight people who lived at the home, training and six recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority and the local safeguarding professionals. This helped us to gain a balanced overview of what people experienced living at Chorley Lodge.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at Chorley Lodge and with the way staff supported them. However there were mixed responses about staffing levels. Comments from individuals who lived at the home included, "Sometimes they're a bit short and at times I have to wait 5-10 minutes or a bit longer, but it doesn't happen often" and, "Sometimes you have to wait half an hour, sometimes they come straight away. Lunchtime is the worst time." Another person said, "It's a lovely environment to live in I feel safe and sound." A relative told us, "There's somebody always around. In the main, residents help one another. I feel [my relative] is a lot safer here than living on her own."

Before the inspection we had received concerns regarding staffing levels in the service. We reviewed the staffing arrangements and found that the service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Comments from staff included, "Staffing levels are fine we have a great team and have enough of us around to give the residents the care they need." One person who lived at the home said, "Yes there is always staff to talk to or solve a problem. No one is rushing around, this is a good place."

Before this inspection we had also received an allegation of neglect of personal care against an individual who stayed at the service. We reviewed the outcome of the safeguarding investigation carried out by the local authority, the daily care records written by care staff and records such as fluid and turn charts and spoke to staff. We found the allegations had not been substantiated however recommendations had been made by the safeguarding professionals regarding the need to effectively record people's nutritional and dietary intake. This would ensure staff could demonstrate how they had supported people with their nutritional needs and identify when people have not ate or drank enough. The records we reviewed demonstrated that lessons had been learnt and staff had started to maintain nutritional records. We also found the recommendations made by professionals had been followed however this needed to be consistent. We spoke to the registered manager and they informed us that the recommendations had been communicated with all staff and that they had started to implement the recommendations using new records.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded. For example, we saw evidence of actions taken following incidents involving people falling out bed. Aids and equipment such as sensor mats and crash mats had been introduced to reduce the risk of injuries.

However there were shortfalls in the assessment of risks for people who were living at the service on a temporary basis also known as respite care. Risks to their care needs had been identified however plans to manage the risks were not always completed in detail to provide staff with guidance. This meant that people could not be assured they would receive safe care and treatment.

Risks associated with poor nutrition and weight loss had been identified and plans had been put in place to manage and reduce the risks. People were weighed regularly. We found staff assessed people against the risks of malnutrition and made referrals to dieticians where appropriate.

We found instances where it had been found necessary to weigh people weekly due to risks of weight loss, however care staff had not always ensured this had been completed. We spoke to the registered manager about this and they informed us that care files are audited and this would be covered in the staff meetings and briefings.

There were failings in the assessment of the risks to the health and safety of people and measures to mitigate any such risks were not robust. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how medicines were recorded and administered. We observed the staff on duty administering medicines during the morning and lunch time rounds. We saw the medicines trolleys were locked securely whilst attending each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The ten people we spoke with told us they were happy with the support they received with their medicines. One person told us, "Yes they give me my medicines and monitor me; they stand there until you have taken them." Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly.

We looked at medication administration records for four people following the morning and lunch time medicines rounds. Records showed medicines had been signed for. We checked this against individual medication packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. The registered manager had internal and external audits in place to monitor medicines procedures.

We found people who had 'as required' medicines also known as PRN did not have documentation to guide care staff what this medicines was for and when to give it to people. We also noted that records for topical creams had been signed; however this was not consistent throughout the records we looked at. Some records could not demonstrate whether topical creams had been offered to people. This had been identified by the medicines audit before our inspection. We spoke to the registered manager who immediately took action and included this guidance in each person's record.

We looked at recruitment processes and found the service had recruitment policies and procedures in place, to help ensure safety in the recruitment of staff. We reviewed the recruitment records of six staff members and found that safe recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We saw the service had contingency plans in place. These documents gave guidance to care staff on how people needed to be supported in an emergency including emergency accommodation and the closest fire escape to their room. There was an overall fire risk assessment for the service in place. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear. We found fire safety equipment had been serviced in line with related regulations. Fire alarms had been tested regularly. Fire evacuation drills were undertaken regularly to ensure staff and people were familiar with what to do in the event of a fire. People had personal emergency evacuation plans (PEEPS). These are records that provide guidance to care staff should people who lived at the home ever need to be moved to a safer area in the

event of an emergency.

The building was clean and free from offensive odours with hand sanitising gel and hand washing facilities available around the premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves and aprons. We found equipment had been serviced and maintained as required. For example records confirmed gas appliances, moving and handling equipment, fire fighting equipment and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. For example, all staff we spoke with told us they knew the residents well because they had worked at the care home for a number of years. One staff member said, "I have been here for more than two years and my induction was comprehensive." A person who lived at the home said, "If you want to ask anything you can ask the staff they are very helpful." and, "My health needs have been met with consideration however the first time I had to explain how I wanted to be treated. A visitor we spoke with told us staff had made a significant impact on their relative who they felt was thriving significantly.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When we undertook our inspection visit a significant number of people who lived at the home had been assessed as lacking capacity to consent to their care and DoLS authorisation requests had been made to the local authority.

Discussions with the registered manager confirmed they understood when an application should be made and how to submit one. We observed some people were restricted or deprived of their liberties to keep them safe. All relevant authorisations had been requested from the local authority. We found mental capacity assessments had been recorded including best interest decisions where required. All the people we spoke with us their consent was sought consent before any treatment was provided. We found best interest records did not always include details of other people involved in the decision making. Consent to photographs and medicines management had been completed however this was not consistent in all records we reviewed. We spoke to the registered manager, their deputy and the owner regarding their responsibilities in respect of mental capacity assessments, they immediately took action.

We observed staff supported people to eat their meals. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed staff gave people an alternative choice if they didn't like the meals on offer. We also observed staff were pleasant and patient with people living on the dementia unit. Lunch was very relaxed and everyone ate at their own pace. There were plenty of cold drinks offered through lunch and tea/coffee was served afterwards. Comments about the food were positive. One person who lived at the home said, "It's pretty good, but I don't like the thick meat. They give you a choice, they try to please you."

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase their nutritional intake.

We looked at the building and grounds and found they were appropriate for the care and support provided.

There were well maintained and paved grounds which were enclosed and safe for people to use. We saw some people who used mobility aids such as walking frames and wheelchairs had raised concerns about difficulty in accessing the grounds. We spoke to the registered manager and they informed us that plans had been made to install wider patio doors. This would ensure that people could have easy access to the grounds and demonstrate that the provider had listened to people's views. There were three lounges and other quiet spaces for people to sit. We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointments or received visits from for example, GPs and district nurses. Documentation was updated to reflect the outcomes of professional health visits and appointments.

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. For example, comments included, "It's a lovely place and it's homely, we are lucky to be here", "The staff are lovely and they couldn't do enough for you". And, "Yes, they're lovely, if you want to know anything, they'll tell you", "We've no problem with staff.", "They are good, very kind. Sometimes they have time to sit and talk to me." A relative said, "The staff here are brilliant, I can just walk in anytime and feel welcomed" and, "The staff are good at listening and are caring."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke to people at the same level and used appropriate touch and humour. All the people we spoke with told us that the staff promoted their independence by letting them do things for themselves, such as washing their own hands and face.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example, one person accessed the community independent of staff to manage their personal affairs and attend social events of their choice. We observed some people in the home independently managing their own breakfast and drinks with background support from staff. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can [Name and Name] will not let you do things for them unless they have tried and failed."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people in their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules. We observed staff welcomed relatives with care and respect. For example, they had a friendly approach and one relative said, "They always make you feel welcome and offer me a drink."

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had information details that could be provided to people and their families if this was required. We saw that an advocate visited monthly to speak people and seek their views. This ensured people's interests would be represented and they could access appropriate

services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home and relatives told us they felt the registered manager and staff were responsive and met their needs with an individual approach. We received mixed comments about activities to keep people occupied. Comments from people included, "I watch the telly and do exercises, and there's things to do that I enjoy", "I do a lot of reading and listen to my radio and TV. I join in the activities, some are good, but some are rubbish, sometimes nobody goes. They're short of activities", "That's the thing, I read a lot because there's not much choice, there's nothing else to do and I don't know about the activities. Another person commented, "We have a church service in the home once a month" and, "We have a minibus and we go out on trips." A relative told us; "She's never sitting still, knitting, joining in the activities. A relative said, "They always keep us informed of what is going on with [family member]. We get phone calls regularly if there are any concerns."

We spoke to the registered manager and the activities co-ordinator and they show us a variety of activities that they had planned. They also informed us people choose different activities and join on trips however not everyone could be accommodated on every the day trip. We also observed various activities during the two days of the inspection.

We spoke to the activities officer regarding activities for people living with dementia and they explained that they had discussions about artefacts from the past, used interactions to prompt people's memory and played memory games. This helped people to reminisce about their past memories. Some of these activities, and others, were clearly marked with pictures and words on a large wall diary for everyone to see.

We observed doll therapy being used for people who lived with a dementia. Doll therapy is a practice where adults living with a dementia are provided with a doll to help ease anxiety, agitation and aggression. We saw that using doll therapy had a calming effect on some of the people who lived at Chorley Lodge. Staff showed compassion when supporting people in the use of doll therapy. However, people's care plans had not been updated to reflect the use of doll therapy. This is important to ensure staff had up to date guidance to support people to receive consistent care and support.

We looked at the care records of eight people to see if their needs had been assessed and consistently met. We saw they had been developed where possible with each person and family, identifying what support they required. There was evidence of people being involved in their own care plan however this was not consistent in all records. People told us they had been consulted about support that was provided for them. We discussed this with the registered manager who assured us that staff had been reminded about this and that this was on going work related to resident of the day practice.

There was a team 'keyworker' system in place. This linked people using the service and their family to named staff members to help provide a more personalised service. They told us they sat down with their keyworkers regularly to discuss what had gone well and what could be improved. We also found there was a resident of the day initiative in operation. Resident of the day is an initiative that helps care home staff to understand what is important to each resident and to review in depth what would make a difference to

them. However we found this initiative had not been effectively established and staff not fully aware of what this entailed. The registered manager informed us that the practice was new and needed to be embedded into practice with further support for staff to understand how it worked.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to mobility, mental and physical health and medication. We found assessments and all associated documentation was personalised to each individual who lived at Chorley Lodge. Four of the care plans we reviewed contained clear directions as to how to support a person and include information about whether a person had a DoLS in place, their mobility, skin integrity, dietary needs and medication. They also provided information about whether the person had a 'do not attempt cardio pulmonary resuscitation' order (DNACPR) which is a legal form to withhold cardiopulmonary resuscitation (CPR).

However we noted that further improvements were required to ensure people's records were kept up to date to reflect their current needs. We observed that this had been identified by the organisation's own quality assurance systems, the local safeguarding team and the contracts monitoring team from the local authority. The registered manager informed us that work was being undertaken to address this.

People were supported to maintain local connections and important relationships. People were actively encouraged and supported to maintain local community links. For example, people had been supported to maintain contact with their family relations and were encouraged and supported to continue following their faith and religion. This allowed people to make friends, reduce isolation and ensure their spiritual needs were met.

The service had a complaints procedure which was made available to people on their admission to the home. Copies were on view in the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

We spoke with people who lived at the home and with relatives. They told us they knew how to make a complaint if they were unhappy. They told us they would speak with the manager who they knew would listen to them. One person who lived at the home said, "I would speak with [registered manager] if I had to but no complaints from me." We saw complaints had been received and dealt with in line with the organisations' policies.

Is the service well-led?

Our findings

There was a registered manager employed at Chorley Lodge. They had worked at the service for a long time however worked as a manager since May 2016 and registered with CQC since July 2016. 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.

During this inspection we identified a breach of regulation in relation to risk management. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

Staff we spoke with told us they felt management worked with them and supported them to provide quality care. For example, we only received positive comments from staff and relatives and they included, "I like the (deputy manager) she is superb. I feel confident when she is on; whatever you ask for is done.", "There was some trouble in the dining room she first arrived." A relative said, "The home seems to be well managed and the care of the residents is paramount to the staff."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The registered manager and their deputy manager were experienced and had an extensive health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and being key workers for all residents. Each person took responsibility of their role and had been provided oversight by the registered manager who was in turn accountable to the senior managers in the organisation.

The registered manager informed us that they had a network of support available to them via other home managers and registered managers meetings. These were held on a rolling monthly basis as well as support from the regional quality assurance manager who visited regularly to undertake in house compliance inspections.

Staff and resident meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition, staff and resident/family surveys were carried out six monthly and annually. The management would analyse any comments and act upon them. We saw people and staff were consulted on the daily running of the service and any future plans.

The registered manager and registered provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. We found regular audits had been completed by the registered manager and provider. We saw that the operations managers had made regular visits to the home to check the monitoring and audits within the home. This included checking whether registered manager was compliant with regulations. They looked at areas such as, care plans, recruitment, staff training, complaints and

checking what activities had been made available to people. They spoke with people living there and staff and checked their supervisions and monitored the internal audits. Records were kept of the visits and the action plan and timescales for action for any outstanding issues. The person responsible to take any action to improve was stated and a timescale was placed on the completion of follow up actions.

Audits carried out in the service included medication, the environment, care records, accidents and incidents and infection control. In majority of the cases, issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. However, we found action plans had not always been signed off to demonstrate that all actions had been completed and the shortfalls found on the poor documentation and lack of robust care records had not been rectified in a timely manner.

We also found concerns that had been identified by the home's audit systems had not been timely rectified. For example in December 2016 the provider's internal audits had identified shortfalls in records of care. During our inspection in October 2017 we found these shortfalls had not been rectified. This meant that the quality assurance systems in the service were not robust. We were assured this would be resolved immediately.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered manager had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Commission. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs. Challenges associated with working with other agencies had been identified and the service had engaged other services effectively to ensure safe and effective provision of the care service.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to establish effective systems for assessing the risks to the health and safety of service users of receiving the care or treatment and doing all that is reasonably practicable to mitigate any such risks. Regulation 12(2)(a)(b)- Safe care and treatment</p>