

Malhotra Care Homes Limited

Covent House

Inspection report

Durham Road
Birtley
Gateshead
Tyne and Wear
DH3 2PF

Tel: 01914104444

Website: www.prestwickcare.co.uk

Date of inspection visit:

25 May 2023

30 May 2023

Date of publication:

16 August 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Covent House is a care home providing accommodation and personal and nursing care to up to 63 older people, including people who may live with dementia, or a dementia related condition. At the time of our inspection there were 58 people using the service accommodated in a purpose built building.

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

Improvements were required to records to ensure people received effective and person-centred care from all staff members. People's medicines were not always well-managed.

A quality assurance system was in place, but it needed to become more robust to assess the standards of care in the service. We identified shortfalls with medicines management, care records, people's involvement, accident, incident analysis, staff deployment, aspects of clinical care. These shortfalls had not all been identified or actioned in a timely manner by the provider's governance system.

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. Comments included, "We are 100% happy with the care [Name] receives" and "[Name] is always clean and tidy, their clothes are always pressed and put in the wardrobe, the way [Name] smiles when the staff talk to them is amazing."

Staff received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe. The service was following safe infection prevention and control procedures to keep people safe.

Staffing capacity was sufficient and staff deployment was mostly effective to ensure people's needs were met in a safe, timely way. A person told us, "The staff are all lovely, I like all of them. They come quickly if I ring the buzzer."

People received a variety of food and drink to meet their needs and any specialist diets were catered for. Staff knew people well but people were not always consulted or involved in daily decision making.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff recruitment was carried out safely and effectively. There was evidence of collaborative working and communication with other professionals to help meet people's needs.

People's diversity as unique individuals with their own needs was respected by staff. The staff team provided

support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives.

There was a cheerful atmosphere at the service. Staff spoke positively about working at the home and the people they cared for. Several staff had worked at the home for some years. Staff and relatives said the manager was very approachable and they were supported in their role. A relative told us, "The registered manager and her staff are doing a wonderful job."

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 13 February 2020).

Why we inspected

The inspection was prompted due to concerns received about people's care. A decision was made for us to carry out an inspection and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see all domains of this full report.

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

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.

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 Covent House on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance and record keeping at this inspection.

We have made recommendations about medicines management, nutrition and hydration, and promoting the involvement of people who may live with dementia, in decision making about their food and drink.

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

Follow up

We have requested an action plan from the provider to understand what they will do to improve the standards of quality.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Covent House

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 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 4 inspectors and 2 Experts 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

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 May 2023 and ended on 30 May 2023. We visited the service on 25 May 2023 and 30 May 2023.

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

During the inspection we spoke with 10 people who used the service about their experience of the care provided and 23 relatives. We spoke with 14 members of staff including the Nominated individual, the head of compliance, the registered manager, 2 nurses, 7 care workers including 2 senior care workers, 1 domestic member of staff and 1 activities co-ordinator. We received feedback from 5 health and social care professionals. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and 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 we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse.
- Staff understood how to safeguard people from the risk of abuse. They said they would raise any concerns and were confident the registered manager would respond appropriately. Relatives and people told us people were safe at the service. Their comments included, "[Name] is safe, they seem to have constant care", "I feel [Name] is safe all the time, I have never felt they were unsafe", "It was the best decision we made, [Name] was not safe in their own home" and "[Name] is definitely safe when staff are providing care, the staff are all lovely."
- Safeguarding concerns were reported and investigated with appropriate action taken to minimise any future risk of abuse.

Using medicines safely

- Medicines were not always managed safely.
- People were supported by staff who followed most systems to ensure people received their prescribed medicines. A relative commented, "Staff give the medicines. "They're done safely and on time" and "Medicines, always spot on with time. The nurse has their alarm set." However, medicine records were not all completed correctly.
- Quantities of remaining medicines did not always match the records of doses administered, so we could not be assured medicines were administered as prescribed.
- Records and guidance for staff, was not available for all people, for the use of topical medicines, and for the use of "when required" medicines, where prescribed. We discussed improvements to records where people may be receiving their medicines in a crushed form to ensure it was clearly recorded and why it was required.
- Medicines risk assessments and associated care plans that were in place were person specific. A relative told us, "[Name] gets their medicine on time, I could not fault them [staff], they are brilliant."
- Audits identified where improvements were required. We discussed our findings with the head of compliance who informed us, action was being taken, including additional medicines training for staff and a change in pharmacist to ensure people received their medicines as prescribed.

We have made a recommendation about ensuring more regular checks are made of medicines to ensure people are all receiving their medicines as prescribed.

Staffing and recruitment

- There were sufficient staff and staff were usually appropriately deployed to support people safely. We

discussed our observations about the deployment of staff after lunch, in the communal lounge, and at tea time to ensure people, who may be at risk of falls, or choking, were not left unsupervised. The registered manager told us this would be addressed.

- Staff met people's needs promptly and were unhurried when assisting them. Relatives and people told us there were sufficient staff to support people in a safe and person-centred way. Their comments included, "I have never had any issues with the staffing, I don't have any complaints. When we have been there and needed assistance, they [staff] always come running", "There are always staff around. Lately different faces but still staff I know. They know [Name]'s needs" and "[Name] is very safe, always people popping into her room and saying hello, I am very pleased with it."
- The provider had processes in place to ensure the safe recruitment of staff and these had been correctly followed.

Assessing risk, safety monitoring and management

- Systems to manage risks to people's health, safety and well-being were mostly well-managed.
- Records were available that provided guidance, so all staff understood where people required support to reduce the risk of avoidable harm. A relative commented, "[Name] does have falls. Staff tell me straight away. They do their best to prevent them with a sensor mat and any equipment."
- Risk assessments were regularly reviewed to reflect people's changing needs.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk.

Learning lessons when things go wrong

- Lessons were learned, and aspects of service provision were improved as a result of the learning.
- Any accidents or incidents were recorded and monitored. Reports were analysed and there was some evidence of reflection, enabling any safety concerns to be acted upon. We discussed that the analysis should be more robust and challenging of the data presented to identify clear lessons and actions to improve safety. The head of compliance told us this had been identified and was being addressed.

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. A relative told us, "Covent House is very clean, no smells or anything" and "[Name]'s room is very nice, always clean and tidy."
- 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.

Visiting in care homes

- There were no restrictions to visiting and the provider followed guidance if an outbreak was to occur. A relative commented, "I can visit as I please. I don't have to ring first."

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 we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis.
- Care plans were developed for each identified care need and staff had guidance in care records on how to meet those needs.

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

- Care plans and risk assessments were in place if people had nutritional support needs. Care plans included specialist advice and guidance, that had been obtained where some people had difficulties with nutrition. Where people had lost weight, this was regularly monitored. A relative commented, "When [Name] first came to Covent House they had lost weight. It's now settled. They're looking healthy and well and have put weight on" and "[Name]'s food and drink intake has improved a lot since they've been at the home."
- Fluid charts were in place where people were at risk of dehydration. A relative told us, "I think there is enough to drink. [Name] is not a water drinker but the girls [staff] encourage them and there is tea and juice." We discussed with the registered manager the improvements to recording on fluid charts, to ensure they included the required amount and the person's total intake, so they were effective in monitoring a person's hydration over the 24-hour period. After the inspection the head of compliance told us this was being addressed.
- People's dining experience was organised, and lunch observation was mostly positive. A person commented, "The food is great, nothing to complain about and there is plenty of it." A relative told us, "The fact [Name] has put on weight speaks volumes." People were supported as required with eating and drinking, staff were attentive and regularly checked whether people needed any help. We discussed the lack of choice for people on the second floor, who lived with dementia and their lack of involvement in decision making regarding food and drink at the mealtime and during the day.

We have made a recommendation about ensuring fluid charts contain the required information to monitor people's fluid intake, where people may be at risk of dehydration.

We have made a recommendation about promoting people's involvement and decision making with regard to their food and drink.

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

- Staff worked with a range of other professionals, including GPs, district nurses, speech and language

therapy and social workers. A relative told us, "Staff contact the GP and then they tell me straight away, doesn't matter what time of day or night, [Name] never got to see their GP in their own home, and for them to see the GP every Thursdays is brilliant."

- Referrals were made as required to make sure people received care and treatment that met their care and support needs. A professional told us, "Staff are always welcoming of professionals, and thankful for their input."
- There was communication between staff and visiting professionals, and staff followed guidance provided to ensure people's needs were met.

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.

- Records showed mental capacity assessments and best interest decisions were mostly appropriately made and documented.
- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. A relative told us, "I am involved in [Name]'s care plan, I have power of attorney, and they [staff] keep us up to date always."

Staff support: induction, training, skills and experience

- Staff completed training to make sure they had the correct skills and knowledge to support people. A relative commented, "The staff are well-trained, the same staff are there all the time, they are not chopping and changing, and they are very well trained in what they are doing." Most training was either up to date or underway. A staff member said, "We do a lot of training."
- Staff completed an induction at the start of their employment. This included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors
- Staff were supported in their roles through supervisions and appraisals. Staff members all said they were, "well-supported" by the registered manager. We discussed arrangements for nursing staff to receive regular clinical supervision and the arrangements to ensure clinical oversight of the home as there was a vacancy for a clinical lead person. We received information after the inspection that a clinical lead had been appointed.

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

- The home was designed to meet people's needs. The home had incorporated some environmental aspects that were dementia friendly. For example, corridors were well lit, and communal bathroom and

toilet doors were clearly signed.

- Bedrooms were personalised and bedroom doors included the room number, and a memory box, with some objects of significance, to help a person identify their bedroom.

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 we rated this key question good. At this inspection the rating 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

- Relatives and people told us they were happy with the care. We received overwhelmingly positive feedback from people and relatives about the kind and caring nature of staff. Comments included, "I am really happy, I couldn't be any more happy, a lot better than the hospital", "The staff are very caring, [Name] loves the staff, their face lights up when [Name] sees them, if [Name] didn't like them they wouldn't smile", "The staff are caring and patient, they sit down and try to explain to [Name], it seems that they do care", "The staff are so patient, they are very lovely" and "Staff have a laugh with [Name], they take their time to talk and listen."
- We saw positive interactions between staff and people. Staff were chatting to people and the atmosphere across the whole service was calm and caring. Staff knew people very well. A relative also told us, "Engagement is affectionate and respectful."

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

- People were offered choice and supported to express their views and to be involved in making decisions about their everyday living requirements. A relative commented, "Staff do offer [Name] choices, and [Name] will tell them what they want." Another relative told us, "[Name] asked to move their room, as they wanted to see people coming in and out of the lift. They did move their room, [staff] rang us up and asked if we had a problem with that, they moved [Name]'s room within a couple of hours, they have a nice room with a garden view."
- Where people needed support, staff asked people's permission and explained what they were doing as they supported them.
- Information was accessible and was made available in a way to promote the involvement of the person. Guidance was available in people's care plans which documented how people communicated. A relative told us, "Staff do listen to [Name], the communication [Name] has is limited." We discussed with the registered manager about promoting choice in decision making for people who may live with dementia, as reported in the effective domain.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. A relative said, "Privacy and dignity are definitely respected. [Name] has a shower every day and is clean, tidy and well presented" and "Staff knock and call out before they enter [Name]'s room".
- Care records documented how people's independence and autonomy were to be promoted.
- Staff were proud of their caring approach towards people and believed strongly in the values of the service. A relative told us, "[Name]'s privacy and dignity is respected, staff are very caring around here. I was

able to see how well they managed to get [Name] to have a bath, they give bubble baths and [Name] now loves it."

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

- People's care records documented their health and mental health care needs. We discussed that records should contain more information, if people wanted to share it, about their hobbies, interests and life history in order to provide more person-centred care. A relative commented, "Quite a few staff knew quite a bit about [Name]. They had obviously made the effort to find out."
- Care plans, although they contained some person-centred information, did not all provide concise guidance for staff about how to deliver people's support requirements.
- Care plans contained some explanations of the measures for staff to follow to keep people safe, including how to respond when people became distressed. We discussed that care plans should contain more guidance for staff about how to de-escalate and reassure a person if they became upset, and when to use 'when required' medicines, where prescribed, as a last resort.
- There was a system of evaluation of care plans and risk assessments. We discussed that evaluations should be more detailed with reflection of the person's health and emotional well-being over the month, to monitor the effectiveness of the person's care and treatment. For example, for wound care.
- Body maps were in place for some people, but there was lack of clarity over who completed body maps and when this should be done. We discussed improvements to systems including records to ensure pressure area care, wound care and skin care were effectively monitored and managed.

Improvements were required to care records to ensure they provided more detailed information about people's care and treatment needs, including how they wanted and needed to be supported. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

- People's needs were regularly reviewed, and staff worked in close partnership with people, relatives and relevant professionals to make changes. A relative told us, "I am involved in the decision making and I attend all meetings, I am involved in the care plan and the medical side of things" and "I am involved with [Name]'s care plan. I know everything that is going on, staff are very approachable."

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.

- Information was accessible and made available in a way to promote the involvement of the person. The

registered manager was aware of the Accessible Information Standards and gave examples for its use.

- People's care records gave guidance about how they communicated, including when they may not communicate verbally.

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 remain engaged and stimulated.
- There were activities, entertainment and opportunities for engagement for people including people who lived with dementia. Relative's comments included, "[Name] likes a bit of singing, when the entertainer comes they like to get involved", "[Name] gets involved in all of the activities, they attend the gentleman's afternoon on a Monday, there is always something going on, they go to the other floors for activities too" and "[Name] loves bingo, they have films, they had a Coronation party, they have raffles to raise funds for the residents. There seems to be something always going on."

End of life care and support

- People's wishes were respected to remain at the home when they needed end of life care.
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- People's care records contained information about their religion and cultural wishes, so their needs could be met in a person-centred way. A relative told us, "I do think staff have compassion. Some staff are brilliant, when my relative died, some staff didn't go home. They stayed for my (relative) and me".

Improving care quality in response to complaints or concerns

- A complaints procedure was in place, with a system of regular monitoring to improve the quality of care provision.
- People told us they knew how to raise concerns if needed. A relative commented, "I haven't needed to complain or air my concerns, there is nothing I need to complain about."

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was not always well-led.
- A quality assurance process was in place. Audits were completed to monitor service provision. However, the audit and governance processes had either failed to identify or they had not been actioned in a timely way. The deficits identified at inspection included: more robust governance, including accident and incident analysis, more detailed monthly evaluation of people's care and treatment, record keeping including medicines management, lack of involvement of some people in aspects of daily decision making and staff deployment.

The governance system in place needed to become more robust to effectively monitor and improve the quality of the service to ensure positive outcomes for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations

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 understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- People were listened to and engaged with to help promote positive outcomes for people.
- Records provided some guidance for staff about people's care and support needs, to help provide person-centred care.
- There was a camaraderie and jovial interaction between people and staff as they engaged with people. A relative told us, "Staff interact well with people. A smile and a word for everyone. Staff tell people, we work in your home."
- People and relatives were positive about staff kindness and support. A relative commented, "The best thing about the home is the care, understanding empathy, respect and dignity towards people".

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

- Staff and relatives told us communication was effective to ensure they were kept up-to date about

people's changing needs and any changes introduced into the home. A relative commented, "Every time [Name] went into hospital they have called me straight away, they [staff] do always keep me updated."

- Staff said they were well-supported. They were very positive about the registered manager. A staff member told us, "You have the support of the manager and operational manager. They are approachable, they listen to you. You don't feel like you have to hold anything back."

- People, relatives and staff all said the registered manager was "very approachable". Comments included, "The manager, is lovely and approachable. They are like a proper friend, absolutely fantastic she is. You can contact her anytime, I have her number", "The current manager is very accommodating. The door is always open. Time is made for you" and "The manager has a good rapport with the residents and the staff, it's really nice how she gets on with the staff."

- People, relatives and staff were asked for their feedback to allow the provider to find ways to improve the level of support provided to people. A relative commented, "When [Name] went into the care home, I was asked to fill in some questionnaire."

Continuous learning and improving care; Working in partnership with others

- There was a programme of staff training to ensure staff were skilled and competent. We discussed the arrangements for clinical oversight at the service to ensure all relevant staff remained clinically competent and received opportunities for clinical supervision, as there was currently no clinical lead in the home.

- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed. A relative commented, "Any issues are resolved quickly."

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	People were not protected from the risk of inappropriate care and treatment due to a lack of information or failure to maintain accurate records. Robust systems were not in place to monitor the quality of care provided. Regulation 17(1)(2)(a)(b)(c)(d)(f)