

Anchor Hanover Group

The Ridings

Inspection report

Calder Close
Daventry Road
Banbury
Oxfordshire
OX16 3WR

Tel: 01295276767
Website: www.anchor.org.uk

Date of inspection visit:
05 October 2022
10 October 2022

Date of publication:
25 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Ridings is a residential care home providing accommodation for persons who require nursing or personal care. It can accommodate up to 48 people in one purpose-adapted building. The service provides support to older people and people living with dementia. At the time of our inspection there were 32 people using the service.

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

Quality assurance systems were not always effective in identifying gaps in information. Care plans required reviewing so that staff were fully aware of people's preferences as to how they wished to be cared for and supported. We identified gaps in health and safety checks.

We observed there was a lack of interaction between staff and people at times. We saw some staff talking about people in earshot of people.

Medicines were managed safely, and people could be assured they received their medicines at the correct time. However, protocols for medicines administered when required (PRN) needed improvements.

We received mixed but mostly negative feedback about the quality of food.

Governance systems had not always lead to improvements at the service. Feedback was sought, but improvements were still needed on how it was acted on. We received mixed feedback on whether people's and relatives' views were sought and acted on.

The record keeping regarding people involved in the best interest process needed improvement.

People could be assured they were cared for safely as staff knew how to keep people safe and protected them from harm. Staff were recruited safely and there were enough staff to support people.

Staff were supported with regular training, supervision and appraisal. People had access to other health professionals when needed.

People were supported to have maximum choice and control of their lives and staff provided them with care in the least restrictive way possible. The policies and systems in the service promoted this practice. However, people's choices and preferences were not always met by the service.

Activities were taking place, and we received positive feedback about these. The provider had systems in place to investigate and respond to complaints.

We received positive feedback about the leadership of the registered manager. Staff worked effectively with

a wide range of external professionals.

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

Rating at last inspection and update

The last rating for this service was good (published 31 May 2018).

Why we inspected

We received concerns in relation to people not having access to emergency services in a timely manner. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

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.

Enforcement and Recommendations

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

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

We have found evidence that the provider needs to make improvements. Please see the safe, effective, 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.

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.

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 effective?

The service was not always effective.

Details are in our effective 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 ●

The Ridings

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

Three inspectors and an Expert by Experience carried out this inspection. 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

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

Registered Manager

This 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.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service.

During the inspection

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 spoke with 10 people about their experience of the care provided. We reviewed a range of records. These included five people's care records and multiple medicine administration records with accompanying documentation. We spoke with six members of staff, including the registered manager, the administrator, the activities co-ordinator, two care staff members and an agency staff member.

Following the inspection

We contacted five relatives of people. We liaised with the provider to source additional information.

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

- Risks to people were assessed and relevant action taken to keep them safe. However, some care plans, risk assessments and personal emergency evacuation plans (PEEPs) were past their review dates and were not reflective of people's needs. We raised this issue with the registered manager who provided us with updated care plans following our inspection.
- Not all health and safety checks were completed as per provider's policy. For example, we identified gaps in the daily fire safety checklist and Legionella preventative flushing records. Legionella bacteria found in a stagnant water can cause a serious type of pneumonia (lung infection) called Legionnaires' disease.
- Where people had been assessed as being at risk of developing pressure sores and required positional changes recommended by health care professionals, records seen did not provide evidence that this was being achieved at the recommended frequency.

This placed the person's skin at risk, however no one living at the service had a pressure sore at the time of the inspection.

These issues were a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Learning had not always been fully embedded following events which had impacted on people's health. This resulted in reoccurrences of incidents. For example, following an incident when a member of staff failed to seek help from health emergency services, a similar incident occurred three months later. This demonstrated that learning from the previous incident had not reduced the risk.

Staffing and recruitment

- Staff were recruited safely and had pre-employment checks to determine their suitability for employment.
- We received mixed feedback from people and relatives about staffing levels, staff skills and their knowledge of people's needs. One person told us, "The quality of staff is poor, I don't feel they have a lot of training." Another person told us, "Some of the newer ones don't necessarily know so much about me, what my needs are, and I am concerned sometimes if this trend is going to continue." Although we saw there were enough staff during our inspection, some staff were rather task-oriented leaving people with no interaction or verbal communication. We raised this with the registered manager who told us that new starters were in the course of receiving on-going training. The registered manager told us that newly recruited staff were supported to develop their knowledge of people using the service through supervision meetings and were working with their more experienced colleagues to gain more experience.

- Staff spoke positively about staffing levels. A member of staff said, "We have enough staff at the moment, we also have new starters so hopefully it is going to be better."

Using medicines safely

- Safe protocols for the receipt, storage, administration and disposal of medicines were followed. However, information to support the administration of when required (PRN) medicines needed improvement. A reason for administration of PRN was not clearly recorded and there was no recorded outcome of PRN administration.
- We saw one person was administered with PRN medicines four times a day which posed a risk of addiction. We raised this issue with the registered manager who liaised with the person's GP. This resulted in reduction in the dosage of PRN medicines and completing a pain review assessment.
- Staff received training in the administration of medicines and their competencies were assessed before they could administer any medicines.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us staff kept people safe. One person we spoke with said, "I do feel safe. I am warm, I am comfortable, and I can get coffee when I want it." Another person told us, "Yes, I do feel safe. I can lock my French window, one of the carers locks it for me at night but they forgot to unlock it today. When I opened it today the alarms went off straight away and four of them (staff) came running quickly and they were gasping when they got here and found it was literally a false alarm!"
- Systems were in place to safeguard people from abuse. Staff received safeguarding training and said they would not hesitate to report any concerns they had. A member of staff told us, "If I witnessed an abuse taking place, I would stop it and inform the management."
- The manager understood their responsibilities to keep people safe and we saw they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives and healthcare professionals visited the service regularly. Policies and procedures were in place to support safe practices.

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 has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Some people were not always encouraged to eat a healthy balanced diet because options were limited, and not all of the food provided was appropriate to meet people's nutritional needs and preferences.
- We received mixed but mostly negative feedback about the quality of food served to people. One person told us, "The food is good on the whole. It is normally well prepared, and they use good ingredients". Another person told us, "When I first came here, I was impressed with the food and the menus that we had, but it has definitely all deteriorated with the lack of a chef." Staff interviewed told us they were involved in the kitchen since the chef had left, however, people did not always enjoy the food. A member of staff told us, "Some days food is good, but it also depends on what they have. Sometimes there is so much food wastage and sometimes people have only one choice at lunchtime." People raised their concerns about the quality of food during a residents meeting with the registered manager. The registered manager said that a new menu was to be introduced that would include traditional cooking. They advertised externally for a chef's position and planned to have a meeting about quality of food with staff and residents.
- Where people had their personal preferences with regard to their diet, these were not always met by the service. One person raised their concerns about the lack of a vegetarian option and about staff not always knowing the person was vegetarian. The person said that when chefs from other homes of the provider were coming, they were not aware the person was vegetarian. Then the person had to wait for their food after everyone else had been served and the only thing they were offered was an omelette. The person told us, "I don't normally eat fish but in an emergency, I can eat it. That is written in the food book but in fact I seem to get it (fish) five times a week or omelettes. There is always an excuse why I don't have a vegetarian meal." The person added, "I love red kidney beans. I have told them over 900 times, or so it feels, that I love red kidney beans, but I have had them twice in five years I've been here. It would be so easy to just order in a few cans; it is not difficult. If they are too busy to prepare vegetarian food for me, why no one goes to the supermarket to buy vegetarian food for one? I think I do not receive adequate diet anymore. The food is appalling, and I go hungry all the time."

We recommend the provider refers to appropriate guidance about preparing a variety of meals to suit people's preferences at all times.

- The service did not always involve people in decisions about what they ate and drank. Some people told us there was a lack of a food choice and they did not always know what was going to be served. One person told us, "I don't know what we are having for lunch today- there will be no choice- it will be written on the blackboard outside the Dining Room." We saw that on the day of the inspection people had a choice of food,

however, the blackboard only contained the menu of food that was to be served on that day. The weekly menu displayed next to the blackboard listed a spring menu 'The Ridings menu spring 2022 Week 3'. This means people were not aware of what was going to be served on the next day.

- Appropriate measures were not always taken to monitor people's nutritional needs. For example, one person's nutritional care plan mentioned the person was obese and they needed high fibre diet and needed two litres of fluid per day. There was no evidence of the service provider monitoring this. We raised this issue with the registered manager who told us they were going to review care plans and to implement appropriate food and fluid monitoring charts where necessary.

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

- The system of communication between staff and emergency health professionals needed to improve to ensure people received consistent, effective and timely care. We received mixed feedback from healthcare professionals regarding the service contacting emergency health services. One healthcare professional told us, "They always report things correctly, normally they are overcautious." However, another health care professional told us, "I do feel the staff do require training/support in identifying the ill patient and the appropriate actions required." We saw there had been two incidents since May 2022 where an emergency healthcare had not been sought in a timely manner which impacted on people's health and well-being. After both incidents the manager held a reflective practice meeting with team leaders and some staff received training in RESTORE 2. RESTORE 2 is a physical deterioration and escalation tool for care homes based on nationally recognised methodologies.

- Guidance from professionals, such as speech and language therapists and occupational therapists, was included in people's care files. However, as people's care plans had not always been updated, it was not clear why some referrals took place. For example, a person was referred to a speech and language therapist (SALT) but there was no information in the person's care plan why the referral had been made. We brought this to the attention of the provider who updated the person's care plan.

- Some guidance from health care professionals was not always followed. For example, it was recommended by the Care Home Support Service that the provider uses a specific pain scale for a person. This had not been implemented by the time of our inspection. We reported this to the provider who told us that a specific pain scale would be implemented for this person

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

- People's needs were assessed before they moved into the service. However, people's care plans and assessments were not always kept up-to-date to inform staff about changes in people's needs.

- The service was consistently implementing government guidelines into practice, to ensure care was delivered safely and in line with expected standards; particularly in relation to the management of COVID-19.

- People's own values, beliefs and preferences were respected by staff, and reflected in people's choice of activities, decoration of their rooms, times they got up and went to bed. However, people's food preferences were not always met.

Staff support: induction, training, skills and experience

- Staff had undergone a thorough induction programme which had given them the basic skills to care for people safely. The induction programme was linked to "Skills for Care". This meant care workers completed the Care Certificate training. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life.

- Staff told us they felt supported by the provider and the registered manager. A member of staff said, "[Registered manager] has always been supportive to me." Another member of staff told us, "The

management are supportive. [Registered manager] is lovely. I feel supported by her, she did my (specific) risk assessment."

- Staff received a mixture of online and practical training to support their learning. Staff told us they felt confident supporting people with their healthcare conditions.

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.

- We saw that where necessary mental capacity assessments were produced, and best interest meetings were held with regard to specific decisions. However, not all best interest forms evidenced those people consulted with in order to make a decision in the best interest of a person.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection.
- Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate. A member of staff told us, "You need to assess the person as lacking capacity before you make a best interest decision for them".

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

- The home was designed to meet people's needs. The whole environment was spacious, decorated and furnished to a very high standard.
- Bathrooms and toilets had been adapted to support safer use and access for people with limited mobility.
- People's rooms were personalised to suit their tastes and needs, and people told us that they were happy with the environment.

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 outstanding. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

End of life care and support

- During our inspection there was one person receiving end of life care. We saw that the person's records were not always reflective of their needs. For example, the person had been prescribed with a controlled medicine for pain relief. However, their pain assessment tool had not been reviewed since May 2022 until the first day of our inspection after we requested the person's up-to-date pain assessment tool.
- The person was on food and fluid monitoring charts; however, the person's nutritional care plan did not mention this. It was not clear why food and fluid monitoring charts were introduced for this person as their care plan did not mention any risk of dehydration or risk of urinary tract infection (UTI).
- There were no set food and fluid targets for the person, so any totals were meaningless in respect of ensuring the person was receiving adequate amounts. We raised this with the registered manager. The registered manager told us that the person's end of life care plan had been re-written and they had liaised with the person's GP who informed them they were unable to set the person's food and fluid targets.

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

- People's care records did not provide sufficient information to inform staff about people's needs and preferences. For example, one person had a behavioural support care plan. However, information contained in the care plan on how to address the person's behaviour was very short and brief. The proactive strategy for this person stated, 'Every time [person] is agitated try to calm her down.' There was no description on how staff were supposed to calm the person down or what technique had worked with the person in the past. The summary of people's needs that was shared with agency staff did not mention that the person might display behaviour that may challenge.
- During our inspection we saw there was sometimes lack of interaction between staff and people. We saw staff talking about residents in the dining room in the presence of people. This did not appear to cause any concerns or agitation, however, indicated that staff were rather task focused and did not always respect people's dignity.

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.

- Care plans identified service users' communication needs. Visual and hearing needs were recorded as well as basic information about how staff should meet people's communication needs.

- Staff were aware of the care plans and knew how to communicate with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed an activity organiser who involved people in planning a wide variety of activities and events. We saw evidence that people were provided with such activities such as arts and crafts, quizzes and seated exercises. People who were unable to leave their rooms received one to one activity such as a hand massage.
- People provided us with mixed but mostly positive feedback about the activities taking place at The Ridings. One person told us, "I enjoy most of the activities. I go to Bingo, I enjoy the Connect Game, the Knit and Natter and the Word Games. We have done some lovely things. I enjoy it when the PAT dog comes in too and I can visit the (home's) hairdresser once a fortnight too". However, some people told us they would like to see a different type of more person-centred activities. One person told us, ""I would like to go out for a walk occasionally, but they say someone will have to accompany me. I walked the coast of England when I was younger. I am not so keen on just doing exercises in my room." Another person told us, "We have been involved in a few activities downstairs but there is not very much for men really." We raised this with the registered manager who told us they were going to review activities to suit them to individual choices of people.
- People told us they were able to maintain relationships with their families and people's relatives confirmed this.

Improving care quality in response to complaints or concerns

- There was a clear complaints policy in place. This included information on who to contact if people and their relatives were not happy with the outcome of a complaint, such as the local government ombudsman and the local authority.
- People and their relatives told us they were aware of the policy and knew how to raise a complaint.

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

- Governance was not always reliable and effective. Although the registered manager had completed a range of checks and audits and put in place an action plan, we found areas of non-compliance during the inspection.
- Systems to identify and act upon concerns reported by people were not always effective. For example, resident surveys had consistently highlighted concerns over the quality of food and availability of staff to interact with people for quite some time, however the provider had not taken action to engage with people around how they could improve the food quality and ensure people's preferences were met, or evidence they had explored further the concerns over staffing.
- Systems and processes in place to ensure the records of peoples' needs and risks reflected their current care needs were not always effective. Some records were out of date and did not always reflect people's current needs.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team understood their regulatory responsibilities. For example, they ensured that the rating from the last CQC inspection was prominently displayed at the service.
- Staff told us they were well supported and felt they all worked as a team. They told us there were clear lines of responsibility through their roles and embedded practices.

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

- People's care records were not always accurate and up to date. There were gaps in recording which meant we could not get a clear overview of care delivery and check if people's needs were fully met. For example, there were gaps in health and safety records and on repositioning charts.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The culture of the home was not always inclusive or empowering. We saw some people received little or no engagement from staff. Staff did not always speak about people respectfully. Staff talked about people in

front of them and other people when discussing how people needed to be supported. One person told us, "Are the staff low paid? I think the place needs a shake up. They seem to change quite a lot and I only know a few by name. If you do ask a question, they often don't answer it and just walk away".

- Staff spoke positively about residents, with kindness and compassion. A member of staff told us, "I came back working here as I have built a bond with residents. They are lovely,"

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 provider encouraged an open and honest culture at the service. The manager understood their responsibilities in relation to the Duty of Candour. If any incidents or accidents occurred, they ensured that all relevant individuals were informed about them.

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

- The manager and staff sought people's views about people's care and support. Residents' and relatives' meetings were used to seek people's feedback. People and their relatives were welcomed to provide their feedback by completing a survey on the quality of the service provided to people. However, some people told us they were not always listened to during residents' meetings. One person told us, "We did have a residents' meeting to talk about the fact that there is no chef here. I am not sure what is happening now. The Home (Manager) disagrees with us regarding the effect of there not being a chef. They don't have a chef and I am afraid it does show". Another person told us, "There are residents' meetings from time to time but I'm not sure whether they are useful or not. They tend to deal with a lot of 'fiddly' things rather than bigger issues". When asked about the recent residents' meeting another person told us, "[Registered manager] chairs these meetings. She closed the meeting very quickly, too quickly. There were other things I had written down that I had wanted to ask. We never get the chance of asking her anything, she always dominates the residents' meetings and she shuts them down so quickly".
- Staff had opportunities to make suggestions and contribute to the development of the service at staff meetings and through the provider's appraisal procedure.
- The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with the local authority and other health and social care professionals. Staff supported people to hospital treatment and regularly worked alongside the Diabetic Nurse team, speech and language therapists (SALT), District Nurses and GP's.
- We received mixed feedback from healthcare professionals working with the service. One healthcare professional told us, "Things have improved over the last few months. They have put in place as much as possible to reduce risks of falls. For example, laser alarms were used to flag up risks of falls. However, another healthcare professional told us, "There is potential for lack of continuity of familiarity with the home and residents."

This section is primarily information for the provider

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not always effective.</p> <p>The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p> |