

Linkage Community Trust

Spencers Lodge

Inspection report

Toynnton All Saints
Spilsby
Lincolnshire
PE23 5AE

Tel: 01790752499
Website: www.linkage.org.uk

Date of inspection visit:
03 September 2019

Date of publication:
22 October 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Spencers Lodge is a residential care home registered to provide accommodation and personal care for up to eight people who experience needs related to learning disabilities. The home is on a campus style setting with four other homes and the provider's Adult skills provision.

The service was a large home, bigger than most domestic style properties and was located on a campus style setting. It was registered for the support of up to eight people. Eight people were using the service at the time of inspection. This is larger than current best practice guidance

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

We found that were supported to take positive risk, however this was not always documented on how the risk was mitigated. Infection control best practice was not always followed. There were a lack of systems and processes to analyse accidents and incidents. People who used the service felt safe. Staff received safeguarding training and understood their responsibilities around this. Medicines were administered safely, and people received prescribed medicines. Relatives told us they felt their loved one was safe in the service.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 safe care and treatment.

People's nutritional needs were not always risk assessed and managed effectively. People were supported to access on-going health care support in the community. People were assessed prior to admission to the service. Staff had on-going and regular supervisions and appraisals. The premises were fit for purpose but would benefit from refurbishment. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, this was not always evidence to show the involvement of people during decision making. People were able to choose decoration and furnishings for personal areas of the service. People were able to set goals for themselves.

People's dignity was not always protected. Staff and people had good relationships and had good knowledge of their support needs. People who used the service said the staff were kind. We observed positive interaction between staff and people. People told us staff had a kind and caring approach. Staff supported people and their relatives to maintain relationships and visits when there had been barriers to this. People who used the service felt they were listened to by staff and could speak to them if they wanted to give feedback.

People had care plans but were not always reflective of their current needs. People did not always feel their

concerns were listened to and responded to appropriately. Information was accessible to people in the service. People were involved with activities and had education and work opportunities available to them. People allocated additional support hours on a one to one basis, did not always receive the full hours. People always had access to their care records and were involved in the development and review of these. People were supported to maintain personal interests.

Systems and process were not always effective in identifying concerns and driving improvements in the service. People who used the service were supported to be involved. Staff and people felt the registered manager was approachable. The provider did not notify us of some events which happened in the service. This was a breach of regulation. There was a positive culture in the home and the team felt supported by the registered manager.

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 (last report published on 1 November 2016). At this inspection the rating had changed to requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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 Spencers Lodge on our website at www.cqc.org.uk.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring 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 ●

Spencers Lodge

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 Care Act 2014.

Inspection team

This inspection took place on 3rd September 2019 with a team of two inspectors.

Service and service type

Spencers Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with three members of staff including the provider, registered manager and deputy manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures and quality assurance records. We spoke to one relative, one support worker and the provider.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
People told us they felt safe. A person said 'Yes, I feel safe here, it's really nice.' Another told us "Yes, I feel very safe, they look after us well." However, accidents and incidents were not safely identified and monitored.

- Some information was only recorded in the handwritten daily notes and therefore it was not possible for the registered manager to analyse the information for trends or to take action to reduce the occurrence of similar incidents in the future.
- One incident record stated two people had allegedly been involved in an incident. We were unable to find an investigation and action taken from the provider to identify whether this incident had taken place. Therefore, there was a risk that people were not protected from further incidents of this nature.
- One person's records showed they had choked on two occasions. We raised this with the registered manager and she explained the person had coughed during a meal, not choked. However, coughing whilst eating can indicate a choking risk. While there had been no further incidents the registered manager had not referred the person for an assessment to ensure that there had been no deterioration in their ability to eat safely.
- Staff received training in safeguarding and understood their responsibilities to protect people. However, we saw incidents recorded in people's daily notes had not always been correctly identified by staff as a safeguarding concern. In addition, the registered manager did not routinely review incidents in the home to see if they had been correctly categorised. Therefore, we could not be assured that all safeguarding concerns had been identified.
- The registered manager had not ensured information about safeguarding incidents was reported accurately. For example, the safeguarding log recorded four incidents for one person in March 2019. the information on the log did not reflect the dates of incidents.

The registered persons had failed to record, investigate and analyse accidents and incidents to enable them to minimise the risk of them happening again. In addition, the registered persons had failed to identify when incidents should have been referred to other health and social care professionals. This placed people at increased risk of harm.

This was a breach of Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.

Assessing risk, safety monitoring and management

- Risks to people had been identified and action taken to keep people safe. For example, where people had

mobility issues equipment needed to support them to move safely was listed.

- Records showed that people were supported to take positive risks. For example, by developing personal relationships or accessing the community independently. Staff had taken some action to keep people safe and were aware of people's abilities in maintaining their own safety. However, these risks were not fully documented in people's care plans and so we could not be sure that people's safety was maintained.
- We spoke to one person and they told us they leave the service independently to access the community for trips out. Whilst the person was able to choose to go where they wish, there were not measures in place for staff to assure themselves that the person would be or had returned safely.
- Care plans noted how people should be supported when they became distressed. We saw that staff followed the care plans and supported people in the ways people preferred.

Staffing and recruitment

- The provider had carried out a range of checks before any new staff started work in the home. They did this, so they could make sure their employees were suitable and safe to work with people who lived in the home.
- However, on reviewing references for a member of staff, we found one person had only one reference in place. Follow up information was requested from the provider, after inspection, with what risk assessments are in place to protect people using the service. The provider told us that although there was no risk assessment in place, measures were put in place to ensure the person was monitored closely during their induction.
- We reviewed staffing levels of the service and although the provider had set out a standard ratio, there were occasions where this impacted people's ability to do activities. We also looked at additional support hours which some people had been allocated for leisure and support. We identified that people were not always receiving their additional support hours which meant people were not fully supported at times.

Using medicines safely

- Medication Administration Records (MARs) were fully completed and accurately completed to reflect when people had their medicines. However, some people received medicine which was a homely remedy, the records for this did not always describe of why and when the medicine was being administered. Where people were having these medicines more than once, this was not reviewed. This meant staff may not consistently administer medicine to support people's health.
- Where people were able staff supported them to manage their own medicines, for example by ordering them in an dosage system to reduce errors. However, there was no ongoing monitoring to ensure that the person was taking their medicines in line with their prescriptions
- The registered manager had ensured that where people needed access to rescue medicines the use of the medicines was clearly documented to support staff. For example, we saw information on medicines to support people living with Epilepsy when they had a seizure. However, the use of other medicines taken as needed such as pain relief was less clearly documented.
- Medicines were stored appropriately, and stock was monitored effectively, and Staff received training in administering medicines and a medicine competency were complete. Staff received an annual update.

Preventing and controlling infection

- All staff received training around infection control and staff had access to disposable protective items, such as gloves, aprons and shoe protectors. However, during inspection we observed a member of staff did not follow good infection control practices. We raised this with the registered manager during inspection. We raised this with the registered manager during inspection.
- There was a daily cleaning schedule in place and this gave staff guidance of what needed cleaning.
- There was an infection control lead in place which was a member of staff who had attended the LINCA

training provided for service in Lincolnshire. They supported the registered manager to ensure infection control measures were in place.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Although the premises was fit for purpose, it was worn and we observed heavily stained carpets, unused brackets on the walls and damaged wall paper in communal areas. This did not create a nice environment for people to live in.
- The service would benefit from more private bathing facilities. The bathroom is situated near the front doors which are glass and there are large windows. This meant that people had to walk past the windows and doors to get back to their personal room from using the facilities. We observed this during inspection.
- The service was situated on a campus style setting. People were required to travel to access the local community, however, the provider had transportation vehicles to support people.
- People were able to choose the decoration in their bedrooms; therefore, bedrooms were personalised to the individual and had objects which were important to them. Some people decided to decorate their bedroom door. This staff and registered manager encouraged people to do this.

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

- Weekly house meetings took place, where people could attend to talk about the menu for the following week. People who chose not to attend, were given the opportunity to be involved separately. However, on reviewing the actual menu, it was different to what the people who use the service had discussed.
- People told us they helped with meal preparation. We observed this during inspection. This enabled people to maintain independence and skills of daily living.

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

- People's needs were assessed prior to coming in to the service. During the assessment information was sought about the persons physical, mental and social needs, which included people's preferences. Pre-admission assessments took place with the person, chosen relatives and social workers, alongside the registered manager. This meant that people had a voice during their assessment.
- One person was assessed as needing assistive technology to remotely monitor them while increasing their independence. We saw that the assistive technology was in place. It alerted staff when they needed immediate support. This helped the person to stay safe.
- Care records showed people had 'All about me' booklets which had information about the person and what was important to them. The information included people's goals and wishes.
- People told us they were happy living in the service. Some people had chosen to move from other locations to this service. One person said "It's amazing, I love living here, that's why I decided to move here and I am glad I did."

Staff support: induction, training, skills and experience

- Staff told us they had received enough training to carry out their role. One member of staff said 'When I first started, I received loads of training. Now we get annual updates and if we require extra training, we just ask.' This was reflected in staff training files.
- The registered manager identified a training need and sought training for the staff after a person who used the service was diagnosed with a new long-term condition. This gave staff a basic understanding of the condition and the additional support the person may need.

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

- Staff worked collaboratively with doctors, mental health services, social workers and other healthcare professionals.
- People who used the service had been supported to access on going health. To enable people to know when they accessed this, there was a medical action plan in peoples care files. This had both written and pictorial information about the health care support accessed, the date it had taken place and what happened during the visit.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider had submitted applications under the MCA and DoLS to the supervisory body for authorisation. When authorised these were monitored and reviewed by the registered manager.
- There were no conditions relating to any of the DoLS which were in place, however, the registered manager had indicated that this is checked when an authorisation is granted.
- Staff supported people with managing and storing their personal monies. However, there was no record of how people were involved with this decision and peoples wishes. People also received the same amount of personal monies per week. We discussed this with the provider following inspection and they assured us that the money allocation was based on personal need and leisure activities.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During inspection, we observed one person's dignity not being protected. A member of staff was walking a person from the shower room to their room. They had a towel round them and a dressing gown over their shoulders.
- There was a daily cleaning rota for people to maintain independence in the service. Staff did not always support people fully to live in a clean and tidy environment. One person living at the home was aware that they often neglected to keep their bedroom tidy. This had been discussed with them during their monthly reviews and it had been agreed that staff would support them with this chore. However, the person told us that this had not happened, and the registered manager explained that they had not advised staff that this must be done.
- When people were in their own rooms, staff protected their privacy. We spoke to one person who told us, "When I close my door, staff knock before coming in to see me."
- Each person had a memory book with photo's and captions of activities they have done and places they have been. People were keen to show us their memory book and enjoyed tell us about them. One person said "When I look through my book it makes me happy. Look that's me with my friends at the Halloween party."

Ensuring people are well treated and supported; respecting equality and diversity

- We observed positive interaction between staff and people who used the service.
- People were given a choice of where to sit a meal times. One person did not like to sit with other people during meal times and did not like groups of people. Therefore, they were supported to eat their meal in an area of their choice, this was the lounge area.
- People and relatives told us staff are kind. One person told us 'They [staff] are kind and caring.' A relative said, "The staff are very helpful, caring and understanding. They will help in any way they can."
- A relative we spoke with told us that it was difficult for them to get to the home using public transport. The provider and registered manager had made arrangements for the person to visit the relative in their own home and at other locations in the community, The relative told us "They [the staff] have been absolutely wonderful.'

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

- Weekly house meeting took place. Where people did not wish to attend, people's views were sought. A person told us " I don't like going to them, so staff come and ask me if there is anything I want to say before

the meeting."

- We saw in people's care files that monthly key worker meetings happened with the person. In the meeting they discussed things that had happened the previous month, activities and medical appointments. In the meeting, another discussion took place about what the person would like to achieve in the next month. This meant people had an outcome to work towards.
- People told us they felt listened to by staff and one person told us 'They [staff] always listen to me.'

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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 had care plans in place and these were regularly reviewed. However, they lacked information in some areas on how staff should support people. Staff we spoke with had more knowledge of how to support people's individual needs than was recorded in their care plan.
- People had access to their care plans and could view these at any point. These were set out with written information and pictures so that people could be involved in reviewing their care and support and could understand what information had been documented.
- Where people experience anxiety there were positive behaviour support plans were in place where it details what was important to people during that time. There was evidence that people had been involved in the process of developing these plans.
- Some people preferred routines to structure their morning support. Where personal routines were in place, people had shared their preferred times and how they wish for staff to support them. This meant people were in control of aspects of their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided people with easy read versions of policies and information guides to enable them to have access to organisation information. These documents had less text, more pictures and it was made in larger prints. This meant that people with a visual impairment could also access this information.
- In a communal area, there was a staff notice board which included photographs, the member of staff name and their job role. This supported people to recognise different members of staff and who was on duty that day.
- One person used Makaton to communicate specific words. Makaton is a sign language. Staff used Makaton to communicate with this person and this allowed them to offer their opinion and to make decisions.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care

- We spoke to one relative who was concerned that activities did not always go ahead if other people in the service did not want to do this. This had an impact on their loved one's ability to access the community at times. The relative said, "We read this in [name's] care notes, I feel it is a real shame that other may miss out because others do not want to do it."
- People were encouraged to seek education opportunities. Several people who use the service attended the provider's 'Adult Skills' college located on the Campus, where could people can develop skills. People attended courses such as; performing arts, gardening and creative arts.
- Work experience opportunities were available people. Two people who used the service had regular placements they attended weekly. One person had been supported to obtain a work experience placement in a garden centre restaurant and one person had a placement supporting people at Adult Skills.
- People who used the service had personal relationships. Staff encourage people to maintain these relationships. One person told us "I have my own friends at the pub. I go and see them every week to play pool and darts."
- The service had good relationships with surrounding services on campus. People told us they saw people from other services and attended parties and events with them.
- The people who used the service were able to go on holiday and trips. One person was preparing to go away for a short break, they had bought new clothes especially for the trip. they said, "I am so excited, look at my new shirts for holiday. Its going to be great."

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. This was available to people who used the service in an easy read format. This was also displayed on notice boards throughout the service.
- During inspection we reviewed the complaints and concerns the service had received. Concerns had been noted from people who had used the service and actions the registered manager had taken following this. However, complaints had been received from relatives and we found that the organisation's complaints policy and procedures had not always been followed. One relative told us they still hadn't received an appropriate response to their concerns.
- During inspection, we did not see any action plans following complaints and concerns and how this would improve care quality in the service.
- People and relatives told us that they knew how to raise a concern if they were not happy. One person said, 'If I was not happy, I would definitely speak to staff or [registered manager].'

End of life care and support

- Some people who used the service had end of life care and support plans in place. The provider was in the process of developing plans involving people's parents.
- Staff received training in end of life care and support and knew how they would support people during end of life care. Although some people had end of life care wishes in place, others did not. The registered manager was aware of this and told us this was on going process to obtain these wishes.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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; 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 did not always inform the commission of notifiable incidents. We found that there had been an incident where a person had been taken to hospital for medical attention. We had not received notification of this.
- Staff understood their roles and responsibilities.
- The registered manager understood their responsibilities around the mental capacity act (MCA) and deprivation of liberty safeguarding (DOLs). They were fully aware of the process to follow and when required.
- The service had their last reports ratings displayed in the entrance.

Continuous learning and improving care

- We found systems and processes were not effective at identifying concerns and driving improvement in the service. During inspection we found that there had been a quality assurance internal audit carried out in July 2019 which had identified concerns in the service. There was an action plan in place and some of the actions had been signed off. However, while the registered manager had identified actions as being completed we found similar concerns showing that the action taken by the registered manager had not been effective,
 - During inspection, we found that the service was not following their organisational policies.
 - There was no processes in place to quality assure the service monthly. There was a weekly managers checklist in place which prompted the manager to check on areas of the service, such as: care and support files, medicines, environmental factors and personal monies. However, this was not fully completed on a weekly basis and shortfalls were not always identified.
 - The service gathered people's feedback through house meeting and individual meetings. This enabled people to share their views on their care.
 - The registered manager and staff wanted the best outcomes for people and found comfort in supporting people. A member of staff told us "The relationship I have with our clients is the best thing. I find it satisfying to see them happy and see them change and grow."
 - Following the inspection we spoke with the provider and they had identified shortfalls and had begun addressing these in the organisation. The provider had plans in place to support the registered manager and to implement a closer auditing arrangement.

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

- Staff told us that the culture and moral was good in the service. One member of staff told us, "Staff morale is good here, we are a tight team."
- People and staff told us the registered manager was approachable and supportive. One member of staff said, "I am 100% confident to go to [registered manager] with any concerns, I confident they would deal with any issues or concerns appropriately. They are an amazing manager and I can tell them anything. [Registered manager] has always supported me."
- There was a newly appointed acting deputy who had worked in the service in another role. Relatives told us that they had made a difference to the care their loved ones had received. One relative said, "They are tremendous, we need a few more [acting deputy manager]."
- People who used the service told us they were happy living in the service. One person told us "It's lovely here."

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

- The registered manager had a good understanding about equality and what that would look like in their service. The registered manager could tell us how she would support people with different equality characteristics and previous experiences of doing so.
- People were involved in the recruitment of staff and had an influence on the outcome. One person told us "I like being involved with interviews. I help interview for big roles in the company too." We observed this during inspection.
- Staff, people and some relatives told us they felt included in their care. Relatives told us that they used to have an annual review with the provider and had used this to raise concerns. However, this year the annual review had been replaced with an open day. When a family member tried to raise concerns, they were told that "The Open Day is for parents to meet each other and to look at clients photo albums." No other option to raise concerns face to face was offered.

Working in partnership with others

- People, their relatives and social workers were involved with an annual review. This was an opportunity for people and their loved ones to discuss the progress of the person and their experiences living in the service.
- This year, the service held an open day for relatives to attend and for them to spend time with people who used the service. The service had received compliments on how the day went. One relative wrote 'Thank you for such a lovely event.'

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>Regulation 12, Health and Social Care Act, 2008 (Regulated Activities), Safe Care and Treatment.</p> <p>The registered persons had failed to record, investigate and analyse accidents and incidents. In addition, the registered persons had failed to identify when incidents should have been referred to other health and social care professionals.</p>