

Accommodating Care (Drifffield) Limited

The White House Residential Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 16 October 2018 and was unannounced.

At the last inspection of the service on 23 May 2018, we found that there were breaches of two of the fundamental standards of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. In addition, we made one recommendation to improve infection prevention and control practices.

At this inspection we found that there were two continued breaches of the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance.

This is the second consecutive time this service has been rated requires improvement.

The service is required to have a registered manager in post. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been registered with the Care Quality Commission since 1 October 2010.

The White House 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 provides residential care for up to 20 older people including people living with dementia. The service offers accommodation over two floors.

We identified a lack of management oversight. Processes in place did not identify all the issues raised during this inspection. In addition, the provider was unable to evidence sustainable improvements since our last inspection, this resulted in repeat breaches of regulation.

The provider was taking steps to refurbish the home and this was a work in progress during the inspection. We identified several areas where measures needed to be put in place to reduce fire hazards. This included the updating of the fire risk assessment. We shared our findings with Humberside Fire and Rescue Service and they are currently supporting the service to ensure they are compliant with current legislation in terms of fire safety.

Medicines, including sharps were not stored securely. This meant that people were able to gain access to large amounts of pain killers, insulin and various other medicines that were not locked away.

Accidents and incidents management was not proactive in preventing risks to people. There was no overall

analysis in place to highlight themes to ensure preventative measures were in place.

Recruitment procedures were not always robust, we found that the provider had not completed additional checks and assessments to ensure prospective employees were of a suitable character to work with vulnerable people.

Infection prevention and control practices were not always effective and we highlighted concerns in relation to odours, mattress cleaning schedules, general cleanliness, fire, food hygiene and environmental safety.

Some risk assessments were in place. However, these did not always contain specific information to guide staff to mitigate risks to people and risk assessments were not always in place for specific risks associated to people's health conditions.

Information in relation to people's care and support needs would benefit from more detail to include all health conditions from the pre-admission assessments shared with the provider.

People told us they felt safe living at the service. Staff had received regular safeguarding training and could describe how they would keep people safe from potential harm or abuse.

Staff had completed training as outlined by the company and felt supported by the registered manager. Records showed that staff received regular supervisions and appraisals.

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

People told us they could see healthcare professionals when they needed to and records showed that people were referred to health professionals when required.

People's nutritional needs were met. People told us the food was good and that staff offered them regular drinks and snacks throughout the day.

People told us they were attending day care facilities and people were out with their relatives or shopping in the local town on the day of our inspection. People we spoke with told us there were activities organised three days a week and that they enjoyed them. Records supported this information.

People were positive in their feedback about staff describing them as lovely, caring and kind. End of life care and palliative care within the service was linked to advance care plans. People and their families, had been included in meetings to plan and agree to the care provided.

People knew how to make a complaint and where there had been complaints these had been dealt with in accordance with appropriate company policy and procedures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Medicines had not been stored safely.

Risks to people had not always been identified and sufficient measures were not always put in place to guide staff in mitigating them. Accidents and incidents were not analysed to identify themes to enable preventative measures to be put in place.

Recruitment procedures were not robust and risk assessments were not completed when necessary to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good 

The service was effective.

Staff told us they received regular training and although there were some gaps in completed training, the registered manager had scheduled training dates for these topics.

People told us that staff looked after them well and were knowledgeable about their needs.

Further improvements had been made to the interior of the building and further work had been scheduled to improve and update the internal and external environment.

Is the service caring?

Good 

The service was caring.

We observed positive interactions between staff and people. Staff approached people in a friendly and relaxed manner, taking time to chat with them.

Staff respected people's dignity and privacy.

Staff could describe how they maintained people's

independence and care plans supported staff with information around people's dependency levels to support this practice.

Is the service responsive?

The service was not consistently responsive.

People's specific health conditions were not always included in care plans and patient passports. This meant that staff did not always have guidance on how to support people's individual needs.

Observations showed staff supporting people to make choices and respecting their preferences.

People knew how to make a complaint and told us they would speak with the staff or registered manager if they needed to.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

Audits that identified issues did not always have action plans in place with timeframes by which actions needed to be completed.

Some records were inconsistent and did not always include relevant information to support staff to meet people's current needs.

Quality assurance processes had not identified all the issues we found during the inspection. In addition, we found no evidence of learning lessons, reflective practice and service improvement since our last inspection. Some audits and overall analysis were not in place and where issues had been identified it was unclear to see actions taken by the provider. This demonstrated a lack of management oversight.

Requires Improvement ●

The White House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 October 2018 and was unannounced. The inspection team consisted of one inspector and an inspection manager.

Before the inspection we checked our systems for any notifications the provider had sent to us. These would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service. We contacted the local authority and emailed health professionals for their feedback about the service delivered. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took the above information into account when we inspected the service and made the judgements in this report.

We spent time in communal areas and observed staff interactions with people, this included during mealtimes. We spoke with four people who used the service and two relatives. We spoke with the registered manager, one senior care worker, two care workers and the cook. We also spoke with one health and social care professional during the visit.

We looked at three care files including risk assessments which belonged to people who used the service. We also looked at other important documentation such as medication administration records (MARs), accident and incidents management and reviewed fire safety and infection control practices within the premises. We looked at how the service used the Mental Capacity Act 2005 (MCA) to make sure people's rights were protected.

We looked at a selection of documentation relating to the management and running of the service. This included three staff recruitment files including training, supervision and appraisals. We looked at minutes of meetings, quality assurance audits, complaints management and maintenance of equipment records.

Is the service safe?

Our findings

At our last inspection of this service, we identified a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to unsafe storage of medicines and measures not being put in place to effectively manage risks to people's safety. During this inspection we found the provider continued to be in breach of this regulation as they had failed to make sufficient improvements in this area.

Medicines records showed staff had administered medicines safely. Medicines no longer required had been clearly documented in the returns book and signed by the pharmacy to confirm collection. The medicine room and fridges used to store medicines had temperatures recorded within the recommended range. Records we reviewed for the administration of medicines had been accurately completed, except for one missing signature. Staff had noted times of administration for 'as and when required' or PRN medicines. However, the medicines storage room was unlocked during the inspection. We found large amounts of pain killers, insulin, laxatives, an open sharps bin, just in case box with further sharps and a bag of medicines due to be returned to the pharmacy which included omeprazole. Just in case medicines also known as 'anticipatory medicines', are medicines which are usually given to help relieve pain or other symptoms if you need it, especially during the night or at the weekend. Omeprazole is mostly used to prevent upper gastrointestinal bleeding in people who are at high risk and is unsafe if ingested by people for whom it is not intended. We discussed this with the registered manager, as storage of medicines had been an issue at the last inspection. The registered manager ensured the medicines room was locked following our feedback and was looking to review the responsibility in terms of key holders to minimise the risks of this reoccurring.

Risk assessments were in place and included areas such as, personal client risk assessment, moving and handling, nutrition and falls. However, risk assessments were not in place to monitor the use of equipment such as bed rails. Risk assessments that were in place had not been updated regularly to reflect people's current needs and lacked detail to guide staff in mitigating risks to people. For example, one person's nutritional risk assessment had not been reviewed and updated since January 2018. This person's last assessment showed them as medium risk of malnutrition and dehydration. This meant that we could not be sure that the provider was fully meeting this person's current needs. The registered manager told us this would be reviewed and updated.

Some events in relation to accidents and incidents had been recorded in individual care files. However, the registered manager told us they carried out no analysis of these. This meant that there was no overview to check for themes or patterns to ensure preventative measures were put in place. The registered manager told us this would be an area of focus for them to address.

Infection prevention and control practices were not effective. We identified one room with a strong odour. When we asked staff about this they advised the room had a strong odour when the last resident lived there and they were unable to get rid of the smell. We checked the mattress and saw there were crumbs and sticky fluid on the protective cover. When we spoke with staff they told us this mattress was not on the schedule to be checked or cleaned that day. The cleaning schedule showed that mattress covers were not checked daily

for cleanliness but once a week as room checks were rotated each week. The window ledge, frame and sill were mouldy and dirty. This meant that the provider had failed to ensure effective systems were in place to prevent the spread of infection. The provider advised they would contact the local authority to obtain support with infection prevention and control practices.

The kitchen was clean and tidy. We identified some minor concerns in relation to food storage and storage of rubbish in an open bin. The cook advised these areas would be addressed immediately.

Staff had access to personal protective equipment such as hand gel, aprons and gloves to help prevent the spread of infection. However, we saw that boxes of gloves were left out in communal areas which were accessible to residents. The NHS has sent warnings to providers in the past to ensure gloves are stored appropriately. This was due to an incident where a person with cognitive impairment ingested a glove which had been fatal. The registered manager told us they would ensure PPE was stored securely.

Fire training was provided twice annually for all staff on days and night shifts. Weekly fire alarm tests had been recorded, listing staff that had attended. However, no practice evacuations had been carried out so that staff were confident and knowledgeable about the steps to take in the event of an emergency. All fire extinguishers had been checked in June 2018 and the servicing of fire detection equipment completed to a satisfactory level in July 2018. The last visit from the fire service had been in 2009 and showed that actions had been addressed. This meant that fire checks were carried out but that practice evacuations were not undertaken. We have referred this to the fire service for them to engage with the provider about this in line with their remit.

This is a repeat breach of Regulation 12: Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We referred our concerns about fire safety matters to Humberside Fire and Rescue Service, they advised they would support the provider to achieve compliance with current fire regulations.

Appropriate recruitment systems and processes were in place. Disclosure and Barring Service (DBS) checks had been completed, but we noted that in one case a historic disclosure had not been risk assessed by the provider to ensure the staff member was suitable to work with vulnerable adults. The DBS hold information about people who have a criminal record or who are barred from working with vulnerable children and adults and this is checked to ensure potential staff's suitability to work in a care setting. This appeared to be an isolated incident. The registered manager told us they would take steps to ensure more robust measures were in place to risk assess any future disclosures and that the reasons for their decisions in this case would be fully recorded in a risk assessment.

Staff had time to spend chatting with people and our observations showed there were enough staff on duty to meet people's needs. Rota's showed a consistent number of staff worked both day and night shifts. People told us there was sufficient staff available to support them and that they felt safe living at this service. They told us, "I definitely feel safe here" and "Staff are always available to help me if needed."

Personal Emergency Evacuation Plans were in place to ensure staff were aware of the support people required to evacuate the premises should an emergency occur. Contingency plans were in place in case of emergencies such as, loss of utilities, gas leaks and flooding.

Staff received training in how to safeguard people from the risk of harm and abuse. They described the different types of abuse and knew how to report any concerns to the appropriate agencies.

Whistleblowing policies were in place and staff told us they felt confident to use them if they needed to. Equal opportunity policies were in place to ensure the workplace and environment for people was free from discrimination.

Is the service effective?

Our findings

People described how staff met their needs and supported them. Comments included, "Staff support me when I ask for help" and "They look after me, they can't do enough for you – nothing's too much trouble."

Staff received an initial induction and period of shadowing prior to working alone. Records showed that staff received regular training in subjects relevant to their role. However, we did identify some gaps in training for equality and diversity, MCA and dementia. One member of staff advised, "Dementia - no training but it's coming." The registered manager told us they were arranging training for all staff in these areas. The registered manager had schedules in place to ensure this training was completed by all staff. One member of staff when asked about training said, "I completed first aid last week, fire safety, health and safety, infection control, food hygiene, safeguarding and Mental Capacity Act. I also did EOL care. I do medicines training every year."

Staff received regular supervisions and told us that the registered manager was always available for advice if needed. One member of staff advised, "I have six weekly supervisions and annual appraisals."

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 with appropriate legal authority. 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 were being met.

People's rights under the MCA were respected. The registered manager had systems in place to ensure that applications to deprive people of their liberty lawfully were submitted prior to their expiry date. If people lacked capacity, appropriate procedures had been followed to ensure decisions were made in their best interests, including consulting people's families and healthcare professionals. Care staff understood the principles of the MCA. One member of staff told us, "I always ask people and try to promote their independence."

People's health conditions were noted in pre-assessments completed by the local authority. These were not always transferred into care plans created by the provider. This meant staff did not have guidance in place on how to support people's needs around specific conditions. Despite this staff were knowledgeable about the people they supported and people told us that staff looked after them well. One person advised, "Oh yes, staff have the right skills, they do a great job." We have reported on standards of record keeping further

in the well-led section of this report.

Daily handovers between staff detailed important information such as; appointments, well-being of people and whether additional checks were required due to people feeling unwell. Staff told us that communication was good. Relatives we spoke with felt involved in decision making processes and they told us that they could raise suggestions in terms of improvements should they need to. Records showed that relatives had made suggestions during relative's meetings.

People told us they enjoyed the food and were offered hot or cold options. One person commented, "Food is alright yes." We observed the dining experience, one person advised they did not want what they had ordered and requested an alternative to the menu. This was accommodated by staff. The cook advised that people often suggested changes to the menus and their feedback was welcomed. They said, "Last week someone wanted liver and onions, so we went out shopping and brought some in." In the communal reception area food choices were displayed in a pictorial format for people to see.

Although we observed bare lightbulbs in communal areas there had been some improvements to the environment since the last inspection. Improvements included a new dining area and lounge. Staff told us the dining room worked so much better as it was easier to serve people through a hatch from the kitchen. The old laundry is now used as a hair salon. The registered manager told us that further refurbishments were on-going and their handyman would be supporting them to redecorate the premises.

The provider had taken some measures to adapt the service to create a dementia friendly environment. Dementia friendly signage was used to help people identify bathrooms and toilets, such as picture signs. Menus included pictures of food so that people could visually choose what they would like to eat at mealtimes. Staff told us that one person liked to sit in reception with their friend, they had put an extra chair out to accommodate them.

Is the service caring?

Our findings

People told us the staff were kind and friendly towards them. Comments included; "I enjoy living here, the girls are great" and "Staff are friendly and kind."

Staff were warm and compassionate towards people, taking time to talk with people and ensuring they were at eye level when speaking with them. Staff and people knew each other well and used first names when addressing each other.

Staff told us they encouraged people to be as independent as they could be. During lunchtime we observed staff passing cutlery to one person bearing their preferences in mind. The member of staff knew about their specific needs and asked if they wanted any support to cut their food into smaller portions to eat. One person told us, "I'm quite independent and the girls make sure I always have a cup of tea or a snack, they really do care."

One relative sent a recent email to the service thanking them for the wonderful care their loved one received. It read, "They [Staff] need to be commended on the high standard of care [Name] receives, I cannot praise them highly enough. [Name] loves it at The White House and I know she is well cared for, it's so good for me to know that [Name] is safe. All the staff treat [Name] with such kindness and respect. I know as their dementia is getting worse they will continue to give the support and care they will need."

People felt their privacy and dignity was respected by staff. One member of staff advised, "I close doors, make sure people are covered up and draw curtains. I always knock before entering someone's room." Staff understood the importance of maintaining people's confidentiality and told us, "We make sure files are locked away."

Staff meetings were held three monthly to discuss any issues or concerns. Records showed meetings had been held with people, and records showed people and their relatives had raised suggestions for improvements. For example, requests had been made in the August 2018 meeting to have quarterly meetings and to purchase plants for the garden. The registered manager told us this was a work in progress.

The provider had information available that people could access for advocacy services should they need them. Advocacy services seek to ensure that people, particularly those who are most vulnerable in society can voice their opinions and wishes on matters that are important to them.

Policies and training were in place to support equality and diversity in the workplace and the registered manager told us how in the past they had supported employees with protected characteristics. We discussed with the provider about promoting the service in terms of meeting people's diverse needs so that prospective residents that may have protected characteristics were welcomed by the service. Care plans noted people's religious or cultural beliefs and encouraged staff to support people's preferences, such as visits from the religious minister.

Is the service responsive?

Our findings

Although staff were knowledgeable about people's needs care plans lacked detail in relation to people's specific health conditions. For example, one person had angina but this was not mentioned in their care plan. Two care plans we reviewed detailed several health conditions, but there was no information about how these conditions affected people, any associated risks from their health conditions or guidance on how best to support them. These conditions included diabetes, epilepsy and chronic obstructive pulmonary disease which can affect people's ability to breathe normally. This meant there was a lack of information to guide staff on how best to support people. The registered manager advised they were being supported by the local authority to update all their care plans to promote a more person-centred approach. The registered manager said they would ensure information was updated and reviewed during this process.

Patient passports we viewed did not always include important information about people's health conditions, one person's care plan advised they had diabetes but this was not included in the patient passport. The Patient Passport is intended to help the staff from health care services to be able to offer people the right help at the point of contact with the services and provide the necessary care and treatment needed during the person's stay in hospital. The provider told us this would be updated.

This is a repeat breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans had been regularly reviewed and stated when people had refused care or support, such as refusing to be weighed this had been noted by staff. Mobility care plans detailed people's level of need and whether any equipment needed to be used. Continence care plans were detailed and included the type of support people required including for example the type of continence aids to be used. One person's records showed they had refused personal care, the staff had worked alongside the family and sought advice from health professionals to support this person. Recent reviews showed that regular staff were making progress and the person had become more trusting; this resulted in them being more accepting of support.

Life story books included important information about people's backgrounds, such as; important places, hobbies and interests, beliefs, communicating with me, favourite things, special photos, and my calendar. The registered manager told us that they used picture cards for some residents to support with communications.

People told us they could make their own choices and staff told us the importance of offering people choices whilst respecting their preferences. During mealtime we observed people requesting food that was not on the menu and one person asked for an alternative when their meal was served. Staff were patient with people and accommodated their requests.

A visiting health professional told us, "The manager is good at ensuring people's needs are re-assessed when appropriate. My client has had a really positive experience and my dealings with the manager have been positive particularly for respite and urgent admissions. They [registered manager] are very proactive

and will access relevant support for equipment, when required." This demonstrated the registered manager's commitment to ensuring people received care and support to maintain their well-being and changing needs.

During the inspection staff spent one to one time with people creating meaningful interactions with them. We observed staff talking to people and encouraging them to knit, others were laughing and joking together. Records showed that activities were organised in the service and we saw pictures of activities and events people had recently participated in.

The provider had Herbert Protocols in place for some people. The Herbert Protocol is a national scheme which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing. This meant that vital information would be available for emergency services if needed.

Advanced care plans had been discussed with people and their preferences noted. One person's records showed they wanted to remain at The White House to receive their care and treatment should their condition deteriorate. We saw evidence that staff noted information in relation to people's well-being on daily handover records. This enabled staff to provide additional support to people when necessary.

The complaints policy and procedure was displayed in the home for people and their relatives to read should they need to make a complaint. People were aware of the correct processes to follow and told us they would speak with staff or the manager if they had any issues to raise. There had been no complaints since our last inspection at this service. We noted that the complaints and compliments book was empty and discussed with the provider about ensuring positive feedback and any positive outcomes from complaints were captured for future inspections.

Is the service well-led?

Our findings

At our last inspection of the service we identified a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the provider's systems to assess and manage risks relating to the safety of people who used its service being ineffective. The issues identified at that time related to infection control practice, the safe management of medicines and risks to the safety of people living at the service and they had not been identified by the home's quality assurance processes. During this inspection we found the provider continued to be in breach of this regulation as they had failed to make sufficient improvements in these areas.

The provider's quality assurance systems did not highlight all the issues we found during this inspection. We identified issues in relation to; infection prevention and control, storage of medicines, records, fire safety and health and safety. In addition, accidents and incidents were recorded, but no overall analysis had been completed to identify themes to mitigate future risks to people. Most of these issues had been highlighted during our previous inspection which demonstrated a lack of management oversight and ability to ensure sustainable improvements were made.

The provider was not always following best practice guidelines in respect of infection prevention and control and fire safety. For example, we saw ineffective cleaning schedules were in place that failed to check the daily cleanliness of people's bedrooms. All mattresses had not been checked for cleanliness each day. There was no maintenance audit for the whole building. The registered manager advised these issues would be addressed.

Some records were inconsistent and did not always include information about people's current needs, health conditions or guidance for staff to mitigate risks to people. This meant that important information was not always accurate or readily available for staff to carry out their role. However, staff we spoke with were knowledgeable about people's needs which meant there was less impact on people's safety.

Policies and procedures were not always detailed to provide specific guidance for staff to follow. For example, the recruitment policy had been reviewed in September 2018 but did not include advice about exploring gaps in previous employment and ensuring checks were in place to ensure people were of a suitable character to work with vulnerable people.

This is a repeat breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made attempts to capture feedback using an annual satisfaction survey. A suggestions box was also available for people to use. The registered manager told us they felt supported and that the area manager visited every six to eight weeks to support them. The registered manager was also able to contact them by telephone if they needed to at any time. They told us the owner was in touch with them regularly to provide additional support and records confirmed the provider completed their own audits of the service to address any immediate issues. The provider was currently focusing on updating and redecorating the

premises.

People we spoke with told us they considered the home to be managed well. One person said, "The manager's very nice, they pop and say hello." Staff told us they felt supported by the registered manager, comments included; "I can speak with the registered manager at any time. It's really organised here" and "Yes, I definitely feel supported."

The atmosphere was very homely and friendly, staff were always smiling and told us they loved working at the service. The registered manager was open and transparent during the inspection process and was confident they could drive improvements within the service. This created a positive culture where staff felt able to raise any issues or concerns.

Daily handovers had been completed so that staff had important information about people, such as any change in needs or health appointments they needed to attend.

Health professionals we spoke with told us the registered manager worked alongside them to promote effective outcomes for people. The local authority was working with the provider to ensure care plans and risk assessments were improved, this was a work in progress. This showed the provider was making plans to address some of the issues identified and they promoted partnership working with other agencies to drive improvements.

The registered manager had submitted statutory notifications to the Care Quality Commission of significant events, which had occurred in line with their legal responsibilities. A statutory notification is information about an incident or event that the provider is required by law to send.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines had not been stored safely. Risk assessments were not always in place to mitigate potential risks to people. Accidents and incidents had not been analysed to ensure preventative measures were adopted to protect people. Infection prevention and control measures were not robust. Regulation 12(1)(2)(a)(b)(g)(h)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems did not monitor and drive improvements throughout the service. Health records were not always contemporaneous and lacked detail to guide staff to mitigate risks to people. The provider was unable to demonstrate sustainable improvements had been made in this service. Regulation 17(1)(2)(a)(b)(c)(f)