

## Care And Support Partnership Community Interest Company

# Whitbourne House

### 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



#### Overall summary

We inspected Whitbourne House on the 27 and 29 October 2015 and the inspection was unannounced. Whitbourne House provides care for up to 41 older people, all of whom are living with dementia. On the day of our inspection 39 people were living at the service and one person on a respite (temporary) stay.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Risks in relation to people's needs were not always recorded accurately and staff we spoke with gave conflicting information to what had been recorded. Medicines were stored and administered safely but protocols for 'as required' (PRN) medication, were not in place.

# Summary of findings

People were protected from the risk of harm and abuse by staff that understood their responsibilities in relation to safeguarding and systems and procedures that were used effectively. People were protected by effective infection control procedures and the environment was clean.

People received a choice of good quality food which they enjoyed. However we found that the nutritional risks were not always assessed accurately.

People were supported by staff that felt confident in their roles and felt supported. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework that protects people's right to make their own choices. DoLS are in place to ensure that people liberty is not unlawfully restricted and where it is, that it is the least restrictive practise.

People were supported by caring staff who respected their privacy and dignity and promoted their independence. Staff were described as caring by the people we spoke with and we also observed a number of caring interactions.

The staff were aware about the people's needs but records were not always updated clearly to reflect care needs and the level of assistance required to meet these needs. We found that peoples experience of activities had changed and many felt it could be improved.

There were a number of monitoring systems and processes to ensure that the service delivery was monitored. We found that some of the issues we found around the care documentation had not been identified prior to our inspection.

People spoke positively about the management. The manager was aware about the improvements required to the service. The manager and staff told us they wanted to provide good quality care for people. The registered manager explained she was looking at improving the environment to help promote the principles of dementia care. For example, better use of colour contrast.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. You can see what action we told the provider to take at the end of the full version of the report.

# Summary of findings

## 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.

Risk assessments and care plans did not always accurately detail risks to people and provide guidance with how to manage them.

Medicines were stored and administered safely, however we found that the protocols for 'as required' medication were not documented appropriately.

People told us they felt safe and comfortable in the service and staff we spoke with demonstrated an awareness of how to report abuse.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who felt supported and had received effective supervision.

People liked the meals provided and were supported to eat and drink if required in line with documented guidance.

People were supported by a culture that understood the principles of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had access to healthcare support which met their needs.

Good



### Is the service caring?

The service was caring.

People told us staff were caring and we observed that staff were compassionate and caring in their approach to people.

Staff communicated clearly with those they supported and were mindful of their needs.

People's confidentiality, privacy, independence and dignity were respected.

Good



### Is the service responsive?

The service was not always responsive.

People's care plans were not always personalised and did not provide guidance and detailed direction to staff about people's care needs.

It was not always possible to evidence that people received the care and treatment detailed in their care plan.

Some people told us that the activities programme could have been improved.

People's concerns were dealt with proactively and complaints were responded to in a timely manner.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not always well led.

The provider had systems in place to monitor quality of the service, however we found that the issues around documentation had not been identified.

Staff were clear about their roles and responsibilities.

The manager acted on feedback received from people who use the service and their relatives.

Action plans were in place which ensured that the progress required to improve to the service was monitored.

**Requires improvement**



# Whitbourne House

## 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 unannounced inspection was carried out on 27 October 2015 by two adult social care inspectors and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We obtained people's views by speaking with people who lived at the service, their relatives and staff members. We also observed the delivery of people's care within the home. The second day of this inspection was carried out on 29 October 2015 by two adult social care inspectors.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. A notification is information about important events, which the service is required to send us by law. Before the inspection, we asked the

provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority commissioners of the service for feedback.

As part of this inspection we spoke with 12 people who used the service and three people's relatives. We also spoke with four professionals who were in regular contact with the service. We spoke with five care staff, a member of the kitchen staff and the registered manager. We also made observations through the day including Short Observational Framework for Inspection (SOFI) observation. SOFI is a way of observing the experiences of people that may not be able to speak with us verbally.

We looked at records, which included six people's care records, the medication administration records (MAR) for people living at the home and eight staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, environment maintenance documentation, staff training and support information, staff duty rotas, meeting minutes and the arrangements for managing complaints.

# Is the service safe?

## Our findings

People were not always kept safe because their risk assessments and care plans did not always accurately detail up to date risks. Some of the records did not provide evidence that appropriate interventions were carried out. For example, one person's nutritional assessment reflected that their weight loss score was recorded inaccurately. Another person who was at risk of malnutrition and dehydration did not have a risk assessment that reflected their actual level of risk. We have raised this with the staff responsible for recording the nutritional scores and they were going to review these. We also noted that guidance was not always being followed in relation to recording their food and fluid. One person's care plan stated that their food and fluid intake needed to be recorded but the records were not completed in full and we found that there was no evidence available that their nutritional needs were met.

This was a breach of Regulation 17 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that medicines were given to people safely and as prescribed. Staff explained how they ensured that the amount of medication in stock corresponded correctly to stock levels documented on the Medicines Administration Records (MAR). A MAR is a document which shows the medicines a person has been prescribed and recording when they have been administered. One staff member who was responsible for administering medicines confirmed that they had undergone a competency assessment each year. However, we found that the protocols for 'as required' (PRN) medicine, were not always in place. One person was prescribed Paracetamol 'one or two tablets' to be administered when required. We asked the staff if the person was able to tell them when they needed the pain relief. The staff told us that the person was not able to say and they said: "We would look for facial expressions and signs of agitation if they were in pain". This person's care plan said that they were able to let the staff know if they were in pain and that the staff should ask the person if they required pain relief. Another person also was prescribed Paracetamol to be administered up to four times per day, however there was no protocol was in place surrounding the administration of this medicine.

We also identified that topical medication MAR did not contain required directions for staff to follow. One person was prescribed a cream and the MAR charts only stated 'use as required'. Another person was prescribed four different creams and the instructions stated 'use as directed'. We asked the staff who were knowledgeable about the reason for these medication to be administered and they knew where and when these should be applied. The staff told us: "There should be a body map with the detailed instructions in the person's room file". When we checked, we could not see the evidence of the body map. This was raised with the manager who advised that they were going to address this.

This meant that the records around medicine administration did not always reflected prescriber's instructions. The evidence was not available that the medicine was offered in line with the directions. These issues are a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said: "Yes, I do feel safe here. I am well looked after". Another person said: "Oh yes, I feel safe, we have some nice people here. It's very good all round". A relative said "Oh I think he (relative) is definitely safe here". One relative, who has visited the home regularly, was asked if they felt staff treated people well. They replied "From what I have seen they are fantastic. They show a lot of care. I have never seen anything that has worried me". One external professional said: "They (staff) do try very hard".

On the day of our inspection we observed staffing levels to be adequate. We saw that people were assisted in a timely manner and that the call bells were answered promptly. Two people were receiving one to one support and two regular agency staff had been employed to provide this. A relative said "Yes, there is always someone around if I need them".

However, we received varied feedback about the staffing levels from staff. Comments included, "Staff are running off their feet and covering", "Sometimes I feel that if I could take them (resident) for a walk when they want this would help them", "We are a bit pushed at the moment. The rota had changed and there may be gaps at times where there is a sickness. Two (staff) are going onto nights, two leaving and one's going to be a housekeeper" and "More staff

## Is the service safe?

would be helpful but the manager is trying to sort it out". The manager told us that they were actively recruiting and that they planned to increase the staffing numbers as soon as sufficient staff were in posts.

The manager explained that all necessary checks had been conducted before people were employed. This demonstrated good practice surrounding recruitment had been adopted by the home. This meant those who were appointed were deemed fit to work with this vulnerable client group and therefore people's health, safety and welfare was sufficiently safeguarded. The manager told us that the people who use the service were involved in an interview process to determine how the potential applicants would interact with them. We saw evidence that the disciplinary procedures were appropriately followed. The manager said that they received good support from the HR department.

People were cared for by the staff who were familiar with procedures surrounding safeguarding and whistleblowing. There was a safeguarding champion at the home. Staff spoken with were able to say what they would do if they witnessed abuse. One said "I would ring the on call manager and call the safeguarding team". Another said they would call the safeguarding team and said that there was a safeguarding file containing guidance for staff. We saw the information about safeguarding displayed throughout the home. The manager told us that the new welcome pack for people was being produced and that these would contain information about safeguarding. We saw a copy of the template pack which confirmed this.

The environment was safe. The main entry, as well as the internal door were either protected by a swipe card access or a key code. The inspection team were met by a member of staff who asked us for our ID and to sign in the visitors' book for fire evacuation purpose. People had Personal Emergency Evacuation Plans (PEEPS) in place which meant, in an evacuation emergency services would know what level of care and support people may need.

The environment was welcoming and clean. One person told us: "Yes, the home is clean. I have my own key and they (staff) come and ask for it so they can clean my room and when I go back it's done". We also found the environment was secure. People were encouraged to sign in and identification was requested. We noted that areas of the home that could be harmful to people were not always locked due to a shortage of keys. We raised this with the manager who took immediate action.

Accident and incident recording procedures were in place and showed appropriate action had been taken where necessary. A monthly analysis of accidents and incidents records was produced to identify any trends or patterns. This was used to identify ways in which the risk of harm to people who lived at the home could be reduced. The manager told us that number of falls has been significantly reduced in the last few months.

# Is the service effective?

## Our findings

People we spoke with said staff were caring and friendly. One person told us: “Oh yes, the staff are friendly. Being well looked after is personal. Some are fussier than others”. A relative commented, “I’ve been really pleased with the way (relative) is cared for”. Another relative said: “The carers are excellent”. We saw that staff respected people’s choices. One person chose to take her medicine at a certain time and staff facilitated this. Another person appeared disorientated and took her plate back to the serving area. We saw that the staff respected her choice to do so safely and discretely supported them to carry on with this.

People were cared for by the staff that had received the training to perform their role effectively. One support worker confirmed that they had received mandatory training. They also said that they were a moving and handling trainer themselves and had been involved in training new staff during their induction period. Another staff member confirmed that they had received training, which included a leadership course. They had also undertaken training in relation to mental capacity, deprivation of liberty safeguards and safeguarding vulnerable people. The staff praised the training which was class room based rather than online modules. We saw the staff supporting one person who was having problems standing up to transfer from a dining chair to a wheelchair. They did this safely applying appropriate moving and handling techniques.

The manager told us that they were working with the company’s Dementia Lead person to enhance the training around supporting people who suffer from dementia. The manager has also identified further development required for the staff around risk assessments and gaining qualifications.

There was a system in place to provide staff with regular supervision and staff meetings. Supervision is a meeting where staff are encouraged to reflect on their practise and receive feedback on their performance. It is a time where areas of improvement can be identified and planned to improve. We saw the evidence of various staff meetings including night staff meeting, general and senior staff meetings. The staff confirmed that they had received regular supervision, one person said: “it’s about every six to eight weeks”.

The registered manager had understanding of the Mental Capacity Act 2005 (MCA). The MCA is a framework to ensure, where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest. Care staff we spoke with had a general awareness of the Mental Capacity Act and had received training to help them understand how to protect people’s rights. We also asked staff how they would seek consent generally. Comments included: “It’s about knowing the person, you can’t force anyone”. They added that if consent related to a complex decision “Then you involve the GP, social worker and family and make a best interest decision”. When asked what they would do if someone refused support they said that they would try using a different support worker, or involve the family.

The registered manager had made referrals in relation to the Deprivation of Liberty Safeguards (DoLS). DoLS aim to protect people who lack mental capacity, but who need to be deprived of liberty so they can be given care and treatment in a hospital or care home. They said that they had, to date, received one authorisation. A copy of the authorisation was seen and was kept with the person’s care documentation.

People benefited from a service that ensured a positive dining experience where people who required support received this from skilled carers. We saw positive interactions between the staff and the people whilst assisting them with their meals. One person was observed asking: “Are you ready (for the next spoonful)?” The staff ensured that people were supported to sit properly, offered napkins, offered drinks and condiments throughout a meal. We saw the staff were going down to eye level of the person they supported whilst talking to them. This meant that the staff were ensuring that a good communication was maintained.

People were also offered regular drinks and refreshments throughout the day. Staffs were going around the home with a drinks trolley. Staff told us: “There is a separate trolley for each floor. We offer tea, coffee, biscuits or yogurts for soft diets”. We saw there was a list in the kitchen of people’s dietary requirements such as likes and dislikes, pureed foods and foods suitable for people with special dietary needs. Staff we spoke with knew these requirements.

People were supported to maintain good health and had access to healthcare services. We saw that people were



## Is the service effective?

referred to health professionals when their condition changed. One person had developed blisters on their heels. One of the senior support workers said that the staff alerted them to this in the morning and they had contacted the community nursing service regarding this. We saw that a member of the community nursing team visited the home during the afternoon and saw the person.

Records in people's care files indicated that they had received visits from their GP's and staff were heard arranging GP appointments and referrals. One client was visited by a team from the Dentist Community Team on the day of our inspection. The feedback received from one the external professional about the service was positive, they said: "They are very receptive to advice from us".

# Is the service caring?

## Our findings

One relative told us: "It's a nice place. Very friendly and very good. I have no worries about my (relative), it is all fine". Another relative said: "it's a very good home, there were one or two little mishaps but nothing major. The staff are excellent, very caring and I feel like they care for me too, I enjoy the fact that I feel like a part of the home". Relatives we spoke with said they could visit without restriction. We saw visitors coming and going during our inspection visit.

People were looked after by staff that developed positive caring relationships with them. People told us staff were very kind and polite. Comments included, "I like it here". Staff were observed to be kind and supportive towards people living in the home throughout the day.

We spoke to an external professional who commented: "I don't have any concerns, every time I go there the staff seem to care about the people, I can see that they respect their privacy and dignity. I would not hesitate to place my father at the home". Another professional said: "I think the care is good and have no concerns about the care".

People were treated with dignity and respect. When people were being supported with personal care doors were closed. We saw staff knocking on people's bedroom doors before entering. People's confidentiality was respected; conversations about people's care were held privately and care records were stored securely. Handovers between staff were held in a separate room so that information could not be overheard by people or their relatives.

People benefitted from a staff team that considered their emotional well-being. For example one staff member responded quickly when one person became agitated and upset. They spoke with them calmly and put an arm around the person's shoulder. Another was seen laughing and joking with a person and spending time with them as the person wanted to chat.

Another member staff was observed asking a person: "Are you well?" The staff member assisted the person to stand and said to them: "You don't seem very steady on your feet. I think you need to sit back down". The member of staff then said they were going to report this to the team leader. Later we saw the same member of staff asking the person: "How are you feeling now? You were a bit wobbly earlier". The person responded: "I'm feeling better now."

We saw the staff assisted people with their care and attention. People who became anxious were effectively supported. For one person who became confused about money, comfort was given to reduce the person's anxieties. The staff reassured them: "Is your meal nice? No, you don't have to pay. Don't worry about it. You sit down and I'll get you pudding. Don't worry". Another member of staff was observed asking a person: "Are you warm enough, you look chilly. Do you want your fleece on? Just sit forward a little bit. It's OK, just put your arm in."

We saw people's choices in where they wanted to be were respected, with some people choosing to stay in their rooms while others sat in communal areas.

# Is the service responsive?

## Our findings

People needs were assessed when they entered the service. These assessments were used to design care plans around people needs. Quick reference support plans were also designed for care staff, where there may not be enough time to read the whole care file.

However whilst we found the care delivered was appropriate towards people's needs, we found that the records in relation to people's support were often unclear and hard to follow. Many of the original printed entries on the care plan had been crossed out and hand written amendments added. Many of the amendments had not been dated and it was difficult to ascertain the support the person currently required. We asked the staff if they felt that the care plans reflected people's needs accurately and in detail. One person stated: "I don't think so. But it's just that people do come first (than paperwork)".

We noted a number of examples that had a potential impact on people as a result. For example, we reviewed the care file of one person who was immobile and at risk of developing pressure sores. Although there was some information documented on the daily living plan, there was no specific care plan in place detailing the support they needed, such as pressure relief equipment and frequency of checks and assessments. The care plan relating to skin care only mentioned support required for some of their conditions. However, we found that the person had a suitable pressure relief air mattress on their bed. The inflation pressure had been set at an appropriate level to the person's weight. The person was sat in their wheelchair; on a pressure relief cushion. They also spent some time back in bed during the afternoon, in order to relieve pressure on vulnerable areas. The person had aids available to prevent pressure to their heels whilst in bed. This meant that the person was receiving care and support that reduced the risk of developing pressure sores however their records did not reflect this.

Another person's file contained care plans which had been written over two years ago. A number of hand written amendments were added, however it was difficult to identify this person's up to date needs. Updates to this document did not support this clarity as information was a generic statement of, 'currently no changes'. We also reviewed the file for a person who was at risk of choking. There was limited guidance in place for staff to follow. The

guidance that was in place was unclear due to ongoing amendments made to the record by hand written notes. We saw SALT (Speech and Language Therapist Service) recommendation had not been updated in this support plan. Staff we spoke with were aware of the risk in relation to this person but were not aware of the SALT recommendations.

This meant that there was a risk the quality of personalised care depended on individuals rather than a documented system that new staff could follow. There was a risk that in the absence of staff, people's care would be compromised as a result.

These issues are a breach of Regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received varied feedback about activities. The designated activity person was not on duty during the visit. The PAT (Pets At Therapy) Dog's visit was arranged for the afternoon on the day of our inspection. One member of staff told us: "There is a general programme of activities and staff do more individual things". There was no weekly activity sheet available, but there was an activities board on display in the main reception area. This meant that people were able to see what activities were available on the day.

One person told us: "We used to have quizzes and music, and 'name that tune', she (former activities co-ordinator) was good". One staff member felt that more social activity was required in the home saying, "You need someone to oversee activities as it's not a lot." One relative told us: "I believe the activity lady had left. She was brilliant; there was painting, music, dancing, there were so many activities. I walk in now and there is nothing. Sometimes the TV is on and sometimes not." Another relative said: "There aren't as many activities as there used to be. She was really good. I hear that a new person has taken on this job now".

We saw that the person who received one to one support was engaged in a various activities. The staff who provided the support told us: "they like to walk and we go for a walk 2-3 times a day. We go to buy bread and then feed the birds. It helps them with their anxieties when they can get out and walk. If it is raining we have to make a plan to get

## Is the service responsive?

out when it stops". The home had a hairdressing salon and the hairdresser visited during the day of the inspection. We observed positive interactions between the hairdresser and the people using her service.

People told us that they knew how to complain if they needed to. One person said: "Oh, yes I know the manager and would speak to her if I had any concerns". The relatives spoken to all knew how to make a complaint. One relative said: "I do speak to staff if I ever need anything".

The provider's complaints procedure was in place. The manager told us that they were going to ensure this was incorporated in the welcome pack for any new service users. We saw that complaints that had been made throughout the year had been investigated thoroughly and responded to promptly.

# Is the service well-led?

## Our findings

A registered manager was in post at the time of our inspection.. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The manager told us that she hoped to develop strong links with families, visitors and professionals to support a good quality care for the people using the service. We saw evidence that various meetings and a summer fete had taken place to facilitate more personal contact. The manager told us that she was aware about the improvements required and that she was working towards improving the culture of the service. We had a discussion with the manager who had realistic expectations about the timescales to achieve the improvements. We were reassured that the manager had the right desire and showed the commitment to achieve this.

This view was supported by people and staff we spoke with. People's comments about the new manager were overall positive. One person told us: "I'd speak to the manager if I had any concerns". One of the external professionals commented: "The new manager seems to be making a huge effort to improve the culture and standards". The feedback received from the professionals was positive, one professional said: The manager seems to be making a huge effort". One of the external professionals said: "We have arranged a meeting with the management to ensure that the communication is improved".

We asked relatives if they found the manager approachable. Comments included "Yes, but I don't see her very often. I've bumped into her at the meetings". We asked if they had any concerns would they be happy to raise them. Comments included, "Oh yes, I'd make sure I would". Another relative told us that the new manager was "Very approachable" and added that they see her walking around the home. We saw the minutes from the relatives meetings.

We asked staff about their views of how the service was led. The feedback we received was varied. One member of staff said that there had been lots of changes in the home, but described these as positive adding: "I can see why they are put in place". They said that regular staff meetings were held and they found the manager approachable stating: "If

I have a problem she resolves it, or explains why she can't", "I think she is a good manager and she is trying". Another one said: "Some staff are reluctant to change, the change is happening and I think we are on the right track. We have ongoing recruitment and the new staff will not compare (with the old management style)". Another member of staff said: "It's been quite unsettling time for the team especially for those who find the change difficult". Another person stated: "The keyworker system has gone to pot" saying that they felt staff were delegated to areas away from those people they were keyworkers for. The manager told us she was in a process of rewriting the roles and responsibilities of the key workers.

We saw evidence that various audits had been used to make sure policies and procedures were being followed. These included health and safety audit and medication practices. This enabled the management to monitor how the home was operating. We saw that the manager proactively improved the format of the provider's auditing tools to ensure these were fit for purpose for the service. The manager told us she was going to introduce a new audit tool for care planning documentation. However, whilst the provider had systems that already encouraged improvements these were not effective as on the day of our inspection we were able to identify concerns around the documentation.

We saw evidence of staff meetings on a regular basis. Staff were aware about their roles and responsibilities. One member of staff told us: "We all have a lead role, for example, an infection control lead or nutrition lead". One member of staff said: "I am happy with the new manager. I can openly talk to her". We saw that the new way of inspecting and the new Care Quality Commission regulations were discussed during the staff meetings.

The manager acted on feedback received from people who used services and staff. The manager identified that the senior staff had raised concerns regarding the quality of food therefore she involved the catering department and it had been agreed that the fresh meals will be prepared on the premises. The feedback received confirmed that the quality of food was significantly better.

We saw that the home manager successfully worked towards the improvement plan suggested by the commissioners of care and addressed majority of the areas identified during the last monitoring visit. We saw an action

## Is the service well-led?

plan that outlined further improvements which included areas as staff development, encouragement of open and honest culture and further development of the care records.

There was a notice entitled 'You said – We did' displayed in the home. This recorded actions taken in response to requests made regarding the service. The manager told us that they carried out an audit of the environment. They

used the "Is your Care Home Dementia Friendly" audit tool issued by the Kings' Fund. The King's Fund is an independent charity working to improve health and health care in England. The results were compiled and a letter was sent out to all relatives. These described improvements of better signage, new curtains and chairs. Further refurbishment plan was in place which included more colours as recommended by dementia experts.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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>We found that the registered person had not ensured systems were in place for effectively identifying the risks relating to the health, safety and welfare of service users.</p> <p>We found the records relating to the care and treatment were not always accurate, complete and contemporaneous.</p> <p>Regulation 17 (2)(b)(c)</p>