

MBi Social Care Limited

Birchley Hall

Inspection report

Birchley Road
Billinge
Wigan
Lancashire
WN5 7QJ

Tel: 01744894893

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 15 February 2017 and was unannounced.

Birchley Hall is a care home providing accommodation for up to 28 people. Accommodation is provided over two floors. Bedrooms located on the first floor can be accessed via a stair case or passenger lift. There were 25 people using the service at the time of our inspection.

The service has a registered manager who was registered with the Care Quality Commission in June 2016. 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.

This was the first inspection of the service since it was taken over by the current registered provider.

We found during this inspection that the registered provider was not meeting the requirements of the Health and Social Care Act 2008 and associated Regulations in relation to good governance.

You can see what action we told the provider to take at the back of the full version of the report.

There were systems in place to check on the quality of the service and to make improvements. Checks were carried out at various intervals on things such as people's care records, infection control, medication and the environment. However checks on care records did not always identify a lack of reviews and a lack of information regarding people's care. Action plans were put in place to address any improvements identified; however they lacked detail about who was responsible for following up on the action and the timescales for completion.

We have made a recommendation about the environment. Improvements were required to the décor of the environment and to make it more dementia friendly. The décor in parts showed signs of wear and tear and there was a lack of environmental stimulation and signage to support orientation of the building for people living with dementia.

The overall management of medication and associated records was safe. People received their medication on time by staff who had received the appropriate training and competency checks. However protocols for PRN medication, medicines to be taken 'when required', were not in place. Although staff followed instructions given by GPs for the use of PRN medication the instructions did not specify the signs and symptoms exhibited by people which indicate when they require the medication. This was actioned immediately.

People were protected from avoidable harm and potential abuse. Clear procedures for preventing abuse

and for responding to an allegation of abuse were in place. Staff had undertaken safeguarding training and they were confident about recognising and reporting suspected abuse. The registered manager and other senior staff were aware of their responsibilities to report abuse to relevant agencies.

There were sufficient numbers of suitably skilled and qualified staff to keep people safe. Staff from all departments had completed training in emergency procedures and they were aware of their responsibilities for ensuring people's safety.

Safe and fair recruitment procedures were followed and staff received an appropriate level of support for their roles. Applicant's suitability was assessed before they started work at the service. They were required to provide information about their previous employment history, skills and experience and they underwent a series of checks including a check with the Disclosure and Barring service (DBS).

The registered manager and staff had good knowledge and understanding of the Mental Capacity Act (2005) and their roles and responsibilities linked to this. The registered manager worked alongside family members and relevant health and social care professionals to ensure decisions were made in people's best interests when this was required.

People liked the food and they had access to regular meals, drinks and snacks. People's nutritional and hydration needs were assessed and planned for and staff had a good understanding of them. People received the support and assistance they needed to eat and drink, including input from dieticians and speech and language therapists.

Care plans contained good descriptions about people's needs and how they were to be met. Risks to people's safety and welfare and how to manage them were incorporated into care plans. However some care plans had not been reviewed at the required intervals to make sure they were relevant and up to date. Communication amongst the staff helped to ensure that people received consistent care and support.

Staff were well supported in their roles and responsibilities and provided with relevant training. They were inducted into their roles and underwent annual refresher training in a range of topics. One to one supervisions and group meetings which took place provided staff with an opportunity to discuss matters relating to their work and any training and development needs.

People who used the service, family members and staff said they thought the service was well managed. The registered manager was described as being approachable and supportive. There was an open door policy operated at the service which enabled people to speak openly and in confidence with the registered manager. People were provided with information about how to complain and they said they were confident about complaining should they need to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Medication was safely managed. Instructions about the use of 'as required' (PRN) medication were not in place, but have since been developed.

Robust procedures were followed to ensure staff were recruited safely and there were enough staff on duty to keep people safe.

People were protected from harm because staff knew how to recognise and report abuse.

Is the service effective?

Good ●

The service was effective.

The environment was in need of refurbishment and it lacked adaptations for people living with dementia.

Staff received training and support that helped them meet people's needs.

People's rights were protected in line with the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People and family members were provided with information about the expectations of the service.

People's privacy, dignity and independence was respected and promoted.

Staff were kind and patient and they showed a good understanding of people's needs.

Is the service responsive?

Care plans developed on the basis of assessments were in place but not always reviewed as required to ensure they were current and up to date.

People's needs were understood by staff and met in a timely way.

People were confident that any concerns they had would be dealt with properly.

Good 

Is the service well-led?

The service was not always well led.

Systems in place to monitor and improve the quality of the service did not always identify a lack of robust record keeping and drive improvements needed to the environment.

The day to day management of the service was supportive and inclusive. However there was a lack of communication from senior managers.

Policies and procedures which were in place guided staff on best practice and codes of conduct.

Requires Improvement 

Birchley Hall

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 registered 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 was unannounced and took place over one day. Two adult social care inspectors carried out the inspection.

We observed the interaction between people who used the service and staff and we spoke with eight people and five family members. We spoke with the registered manager, and staff who held various roles including, care staff, kitchen staff and domestic staff. We also spoke with a visiting healthcare professional.

We looked at areas of the service including the main communal lounge, dining room, bathrooms, bedrooms, the kitchen and the laundry.

We reviewed a number of records, including care records for four people who used the service and three staff files. Other records we looked at which related to the management of the service included quality monitoring audits and safety certificates for equipment and systems in use at the service.

Before our inspection we reviewed the information we held about the service including notifications that the registered provider had sent us. Other information we looked at included information we received from the local authority and members of the public and the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, including what the service does well and any improvements they plan to make.

Is the service safe?

Our findings

People told us that they felt safe living at the service and that they had no concerns about the way they were treated. People's comments included, "I feel a lot safer than when I lived at home on my own" and "Not sure I could feel any safer than I do here. They [staff] make sure I'm safe". Family members told us that they had no concerns about their relative's safety. Their comments included, "I leave here knowing [relative] is very safe" and "I have total peace of mind because I know [relative] is safe and treated very well indeed".

Each person had a medication administration record (MAR) detailing each item of prescribed medication and the times they should be given. The allergy section of MARs had been completed to show any known or unknown allergies. Staff completed MARs appropriately, for example after people had taken their medication staff initialled the record to show this and used specified codes to identify other circumstances such as when a person had refused their medication. Some people were prescribed 'as required' medication (PRN) medication. Information obtained from people's GPs confirming the use of PRN medication was in place. However protocols for the use of PRN medication were not in place. A PRN Protocol provides staff with guidance about the use of PRN medication, such as when and how it should be used and the risks associated with the use of it. Following the inspection visit we received confirmation that protocols were put in place for those people who were prescribed PRN medication.

Medication was stored securely and administered to people safely. Medication was managed only by staff that had completed the required training and underwent regular competency checks. There was a dedicated room for storing people's medication which was well organised and kept clean, the room was locked when unsupervised. There were safe systems in place for the receipt, storage and disposal of medication, including the maintenance of records. Fridges were used to store medication which needed to be kept cool to ensure their effectiveness and items were dated to show when they were opened. Daily temperatures of fridges were taken and recorded to ensure the fridges remained at a safe temperature. Controlled drugs (CDs) were stored securely in appropriate cabinets and records of the administration of CDs were properly maintained. Controlled drugs are medications prescribed for people that require stricter control to prevent them from being misused or causing harm. We checked a sample of medication and found the stock tallied with the records kept.

The environment was safe, clean and hygienic. Environmental risk assessments had been carried out and measures were in place to minimise any potential hazards. For example equipment to help people with their mobility was stored away when it was not in use, to minimise the risk of trips and falls. Fire exits were free from any obstructions and signs were used when required to alert people to wet floors. Infection control practices were followed to reduce the risk of the spread of infection. This included the use of colour coded bins and cleaning equipment to prevent cross infection and the use of personal protective equipment (PPE) such as disposable gloves and aprons by staff when they provided people with personal care and when handling soiled laundry. Appropriate contacts were in place for the removal of clinical and non-clinical waste from the service.

Risks people faced in relation to their individual care and support needs had been assessed, and identified

risks and how they were to be managed were incorporated into care plans. This included risks associated with aspects of people's care such as moving and handling, nutrition and falls.

A personal evacuation plan (PEEP) was available for each person with details of any help and support they needed in the event of an evacuation of the building. PEEPs were kept near to the main entrance making them easily accessible in the event of an emergency.

Safe recruitment practices were followed to ensure that suitable staff were employed at the service. The registered provider had a safe recruitment procedure and recruitment records held for staff and discussions with them showed it had been correctly followed. Applicants had completed an application form, attended an interview and underwent a series of pre-employment checks prior to starting work at the service. For example, checks to confirm the applicant's identity, character and suitability to work with vulnerable people were carried out with their most recent employer and the Disclosure and Barring Scheme (DBS). A DBS check consists of a check on people's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults.

People were protected from abuse and the risk of abuse. Safeguarding training was undertaken by staff in all departments and they had access to the registered providers and the relevant local authorities safeguarding policy and procedure. Additional information was also made available to staff about keeping people safe, such as guidance about how to recognise and report abuse. Staff had good knowledge of the different types and indicators of abuse and they were confident about reporting any incidents of abuse which they witnessed, suspected or were told about. A record of allegations of abuse which had occurred at the service was kept. The records showed that the registered manager and other senior staff had taken appropriate action by promptly informing the relevant agencies such as the local authority safeguarding team and the Care Quality Commission (CQC). The records evidenced that action had been taken to reduce further risks to people.

There were sufficient numbers of suitably skilled and experienced staff to keep people safe. There was a senior carer on each shift who was responsible for coordinating and overseeing the work of a team of care staff. The registered manager generally worked Monday to Friday during office hours, however she worked outside of those hours when required to ensure staffing numbers were at a safe level. Other staff, including domestic and kitchen staff were also available at various times throughout the day. All staff had completed training in topics of health and safety, including emergency procedures such as first aid and fire awareness. Staff understood what their responsibilities were for keeping people safe.

Is the service effective?

Our findings

People told us that they were confident in the ability of staff. They said they thought the staff did a good job. People were complementary about the food served at the service and they said they got sufficient to eat and drink. People's comments included, "They [staff] are fantastic, they know what they are doing alright", "I couldn't ask for a better service" "The meals are so good I've never felt hungry and if I did I know I could ask for something.

The fabric of the environment was worn and it lacked adaptations for people living with dementia. Carpets on corridors were stained and the decoration around the service showed signs of wear and tear. There was a lack of pictorial signage around the service to help aid the orientation and reduce confusion for people with memory loss. For example signs to enable people to identify their bedrooms, toilets and bathrooms. Areas such as corridors, lounges and the dining room lacked items of interaction or stimulus. This included items which could be used for stimulation and to support reminiscence and wayfinding such as tactile objects, pictures of the local areas and favourite pastimes of people who lived at the service. A plan to refurbish the environment was in place however there was no evidence to show when this would be undertaken.

We recommend that the registered provider refers to best practise guidance on promoting and developing dementia friendly environments such as the Kings College Trust.

People had their needs met by staff who had received appropriate training for their roles. Staff commenced an induction programme when they started work at the service. New staff were initially made familiar with the layout of the building and the registered provider's policies and procedures. They got to meet people who used the service and were given an overview of people's needs. Induction training included the completion of The Care Certificate (TCC). This is a nationally recognised qualification introduced in April 2015 for health and social care workers. TCC sets out the minimum standards expected of staff so that they have the necessary skills and knowledge in line with current and good practice. New staff shadowed more experienced staff for a period of time before being included on the staffing rota as part of the core team.

Throughout their employment staff were expected to complete training specific to their job role. Training completed included updates in mandatory topics such as safer people handling, emergency procedures, infection control and health and safety. In addition staff completed training specific to people's needs such as nutrition and hydration, diabetes, communication and dementia care. Staff accessed training on line and they attended face to face training delivered by accredited trainers. Staff were required to complete a competency check following the completion of each training course. Competency checks helped to assess staffs understanding of the training completed and to determine if additional training was required to further develop their knowledge, skills and understanding. The registered manager had access to data which helped them to monitor the progress and completion of staff training.

People received care and support from staff who received an appropriate level of support and supervision for their roles. The registered manager facilitated one to one supervisions and group meetings for all staff. These provided staff with an opportunity to discuss on an individual basis their work and any training and

development needs. Minutes of staff meetings were made available to all staff so that those that were unable to attend were updated with discussions that had taken place. A staff meeting which had been pre-arranged took place at the time our inspection and it was well attended.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA 2005 and found that they were. Staff had completed training in relation to the MCA and they demonstrated an awareness of the principles of the act. Staff knew that everyone was assumed to have capacity unless they had been assessed otherwise.

Throughout the inspection we heard staff asking people for their consent before providing care and support. People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. A lock on the front door was used to prevent people leaving the service. This was because it was unsafe for some people to leave without someone with them. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. DoLS which had been authorised for people were kept in their care files and an appropriate care plan had been developed and kept under review.

People's nutritional and hydration needs were assessed using a nationally recognised tool. An appropriate care plan had been put in place for people who had been assessed as needing support with eating and drinking. The level of risk people faced and the support they needed to maintain a healthy diet was detailed in their care plan along with the details of any specialist equipment needed at meal times. For example, adapted crockery and cutlery. People's food and fluid intake was encouraged. People had access to fresh supplies of cold drinks which were located in communal areas of the service and in bedrooms which people occupied. People and family members told us that cold drinks were always available and that hot drinks were made available on request.

Food stores were well stocked with items of fresh tinned and frozen foods. People were complimentary about the quality and quantity of food made available to them. One person said "I've never ate so much and it's all lovely, very tasty" and another person said "It's cooked just how I like it. We get good homemade meals". Menus were devised to take account of people's nutritional needs, likes and dislikes and the time of the year. Care staff and kitchen staff had access to information about people's dietary requirements such as food textures, known allergies, dietary preferences, likes and dislikes.

Is the service caring?

Our findings

People told us that staff were patient, kind and caring and they said staff respected their privacy and dignity. People's comments included, "They [staff] are very kind and polite, I like them all" "They [staff] say good morning and brighten up my day. They always knock before coming into my room" and "They do such a good job at looking after me and the others here".

People and their family members were provided with information about the service. They were invited to have a look around and were given a service user guide and a statement of purpose. These documents outlined information about what people should expect from the service, for example, arrangements in relation to meal time, activities, management and staffing. People and family members confirmed that they were given information about the service and provided with a tour of the premises before they made a decision about moving in.

There were a number of notice boards located near to communal areas which displayed information about services and events which people could access if they wished. This included details of a hairdressing service, church services and entertainment. Information about advocacy services was also made available to people. No one at the time of our inspection required the support of an advocacy service; however the registered manager and staff knew the circumstances of when advocacy services would be required.

People were encouraged to personalise their bedrooms as they wished. Bedrooms displayed items such as pictures, photographs, plants and ornaments. Bed linen and towels were provided as part of the service; however people used their own if they wished. Bedrooms were kept clean and tidy and people told us that staff respected their personal belongings. People were given the choice of having a key to their rooms and one person told us how important this was to them.

The laundry service was efficient. People told us that their personal belongings were nicely laundered and returned to them in good time. The laundry assistant demonstrated a caring approach to ensuring people's clothing and other items were treated with respect.

Staff had completed dignity training and they understood the importance of maintaining people's privacy, dignity and independence. Members of the staff team had been appointed as a dignity champion and they were in the process of completing training for the role. A dignity champion promotes and encourages good practice amongst the staff team in relation to ensuring people's dignity. Staff provided examples of how they ensured people's privacy, dignity and independence. Examples included, referring to people by their preferred name or title, encouraging people to do as much as they could for themselves and knocking on doors before entering bedrooms. We observed these practices taking place throughout the inspection.

People and family members who wished to discuss private matters were invited into the office. There were facilities available for people to use a telephone in private and there was a choice of rooms available for people should they wish to spend time alone or meet privately with visitors. Personal records were locked away when not in use and staff understood their responsibilities for maintaining people's confidentiality.

People who were sat in chairs, staff bent down to ensure they made eye contact with the person and they listened carefully to what was being said. We saw examples when staff comforted and reassured people who were anxious. This included holding people's hands, offering people drinks and snacks and guiding people to areas which were less crowded.

Family members and other visitors were welcomed. Staff greeted family members, provided them with information relevant to their relatives progress and offered them with refreshments. Family members said they were always made to feel welcome and that there were no restrictions placed upon them when visiting their relative.

Staff knew people well and took an interest in things which were important to people. People or where appropriate family members were invited to share information about people's lives. For example, where the person was born, important relationships, previous working life, skills and interests. The information gave staff a good insight into people's lives prior to them living at the service. This helped staff to understand people's backgrounds and what was important to them. Discussions with staff showed they knew people well including their preferred routines, things of importance, likes and dislikes.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible. This information was also highlighted to staff during handovers so that staff knew what action to take in the event of a person's death.

Is the service responsive?

Our findings

People told us that staff always responded to their calls for assistance. They also told us that they knew how to complain if they needed to and that they had no worries about complaining. People's comments included, "They [staff] are always there when you need them", "Sometimes I've had to wait but it's never been for too long and it's been when they [staff] have been busy with someone else" "I try to help myself but they [staff] come when I need them" and "I've nothing at all to complain about. I would go to the office if I had a complaint. Family members told us that they would not hesitate to raise any concerns if they needed to. One family member said, "I've raised some small issues in the past and they have always been dealt with quickly and to our satisfaction".

Each person underwent an initial assessment of their needs prior to moving into the service. The registered provider's pre admission assessment documentation took account of people's health, physical and social care needs and any risks associated with them. Need assessments carried out by other health and social care professionals were also obtained in respect of people and care plans were developed on the basis of assessments. People and family members told us that they were fully involved in the assessment process.

Care plans identified the area of need and provided instructions on how to meet the need. A monthly review of each person's care plan was required to take place, however records showed that some people's care plans had not been reviewed each month as required. We saw examples were care plans and supplementary records for three people had not been reviewed since October 2016. As part of their care some people required aspects of their care monitoring, such as weight, skin integrity, behaviour and food and fluid intake. Charts were in place and being completed to reflect the care given, however some lacked important information. Fluid intake charts recorded when a person was given fluids and the amount consumed however they did not indicate the amount of fluid people were required to consume each day to remain hydrated. Whilst we did not evidence any impact on people's care due to the lack of up to date and accurate records there was a risk that changes in people's needs were not identified and met.

People's needs were communicated amongst the staff. Staff handovers which took place during each shift change were used to discuss people's care, communicate any concerns and ensure that each member of the staff team knew exactly what was going on. In addition a daily record was maintained for each person which summarised the care and support they had received, any progress made and changes in people's care which needed to be observed. All contact people had with others including health and social care professionals, family and friends was also recorded in their daily records. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when a concern in a person's condition or when a new concern was identified. A record which was kept showed people had attended regular appointments with primary healthcare services such as dentists, opticians and chiropodists.

The registered provider had a complaints procedure which was made available to people and their family members. The procedure described the process for making a complaint and the response people could expect if they made a complaint. A copy of the procedure was displayed in the main entrance and it was

summarised in information about the service which people received. People and their family members told us they were confident about complaining if they needed to. A complaints log was kept with a record of complaints made, how and when complaints were investigated and the outcome.

Is the service well-led?

Our findings

People who used the service and family members told us that they knew who the registered manager was and they described her as approachable and supportive. Their comments included, "She [manager] is always willing to listen and does her best to put things right" "Very nice indeed, she [manager] makes time for you" and "I think this home is managed very well. I've never had a problem speaking to someone in charge".

The registered manager occupied an office on the ground floor and people knew where it was. People, family members and staff told us they felt comfortable about approaching the registered manager. At intervals throughout the inspection we saw the registered manager welcoming people and family members into the office for discussions. The registered manager was visible around the service and we were told this was usual. However staff felt that other more senior managers within the company were less visible and did not communicate as well as they could do. Examples included a lack of communication about plans to make improvements to the environment, despite a commitment being made some time ago to do this.

There were systems in place for assessing and monitoring the quality of the service and making improvements. Checks were carried out at various intervals on aspects of the service including the environment, infection control, care records, medication, health and safety and staffing. Records of audits showed they were carried out at the required intervals. However action plans to address any areas identified for improvement did not make it clear who was responsible for ensuring the actions were completed and dates for completion. Checks carried out on care plans failed to pick up on a lack of reviews and a lack of important information recorded on fluid balance charts. We did not evidence any impact on people's care as a result of this; however there was a risk that people's needs were not accurately reflected in their care records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems in place to assess, monitor and improve the service that people received were not always effective.

The registered manager and staff knew who they were accountable to and they understood the responsibilities of their roles. As well as holding regular team meetings the registered manager also facilitated daily briefings for staff from all departments. During the briefings staff were provided with any updates which impacted on their work and the day to day running of the service. Learning sessions also took place during the briefings around best practice and current legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were clear lines of accountability in the absence of the registered manager. The staffing rota identified the designated person in charge of each shift during the day and night.

Staff were invited by the registered provider to complete a survey giving them the opportunity to rate and comment on aspects of the service from an employer's perspective. The results of the survey were

prominently displayed in the reception area.

The registered provider had a range of policies and procedures for the service which were made available to staff. Policies and procedures support effective decision making and delegation because they provide guidelines on what people can and cannot do what decisions they can make and what activities are appropriate. Policies and procedures were regularly reviewed by the registered provider to ensure that they were in line with current legislation and best practice. Staff knew where to find policies and procedures and they said they were informed of any changes made to them during meetings.

Staff demonstrated they were aware of whistleblowing procedure and they said they would not hesitate to use it if they needed to. Whistle-blowing occurs when an employee raises a concern about dangerous or poor practice that they become aware of. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for the relevant local authority safeguarding teams and the Care Quality Commission.

Accidents or incidents which occurred at the service were recorded and reported in line with the registered provider's procedure. This included the completion of accident/incident forms and copies were held in the person's care records. The occurrences were also reported through a web based system, which was reviewed by the registered provider each month. Information held on the system helped the registered provider to identify any patterns or trends and plan for any additional measures which needed to be put in place to reduce the risk of further occurrences.

The service had notified the Care Quality Commission (CQC) of significant events which had occurred in line with their legal obligations.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to assess, monitor and improve the service that people received were not always effective.