

Simply CareHome Limited

# Becket House Nursing 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?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service:

Becket House Nursing Home provides nursing and residential care for up to 23 older people, some of who may be living with dementia. At the time of our visit there were 20 people using the service.

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

There were insufficient numbers of staff to fully meet people's needs. Improvements were needed to ensure people were supported to engage in meaningful activities and were provided with sufficient stimulation to meet their needs and wishes.

The provider had systems in place to monitor the quality of the service. Although these were completed regularly there was no evidence of the actions taken when improvements were required.

Some improvements were required to the environment. We found that many people's rooms were very cluttered with large boxes of incontinent pads and we saw a staff member's bicycle parked in a person's en-suite shower room.

People's communication needs, although identified had not been fully met, for example, there was a lack of information in different formats to meet their communication needs.

People received safe care and were protected against avoidable harm, neglect and discrimination. However, one person raised concerns about another person wandering into their room when we asked them if they felt safe. Risks to people's safety were assessed and strategies were put in place to reduce the risks. Staff were appropriately recruited to ensure people were suitable to work at the service.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's basic needs were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration. However, people were not aware of what was on the menu until their meal was provided. One person told us "You get one choice. We only know what we are having when we get it." Staff supported people to live healthier lives and access healthcare services when required.

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

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service worked in partnership with outside agencies. The registered manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

The last rating for this service was Good: The last report was published on 20 January 2017.

Following this inspection, the service met the characteristics for a rating of 'Requires improvement' in four key questions when we inspected. Therefore, our overall rating for the service after this inspection was 'Requires improvement'.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement:

We identified a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to Staffing. Details of the action we have asked the provider to take can be found at the end of this report. We have made a recommendation about Good Governance and The Accessible Standard.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.  
Details are in our responsive findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.  
Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below

**Requires Improvement** ●

# Becket House Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector and one 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. The expert by experience had experience of people living with dementia.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 22 July 2019 and ended on 22 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, a nurse, a cook and three care and support staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care and medication records of five people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were not sufficient to fully meet people's needs. One person told us, "I think they are short staffed all the while." Another commented, "There is nowhere near enough staff, that's why people are sat falling asleep; there is no one to entertain them." Another said that staff were always rushed and didn't have much time to sit with people.
- A relative told us "There never seems to be an awful lot of staff about. When I have looked down the corridor it's always empty. My [family member] needs prompting regularly to eat and drink and I think that's why my [relative] visits every day, because they don't feel they can have a day off knowing that [family member] will be fully supported." Another relative commented, "I have witnessed people saying they need the toilet and they have been asked to wait. Sometimes, when I have arrived, my [family member] has said 'oh thank god you're here I need the toilet'. It makes you wonder just how run off their feet they are. I have never been here and seen any activities going on."
- Throughout the day we observed that people's basic needs were met in a timely manner. However, there were busier times when staff had less time to spend with people and there was also a lack of staff to undertake activities with people. This was reflected in conversations we had with people.
- There were not enough staff to give people the appropriate support they needed at meal times. For example, people were given their main meal and their pudding at the same time. We observed one person who was using two spoons together to eat their meal. They kept putting both spoons into their main meal and their pudding, mixing their lunch and dessert together. Staff were busy and were not able to provide the appropriate level of support this person needed.
- Staff told us they thought staffing numbers were not sufficient. One said, "The staff are struggling." Another commented, "One more [meaning staff member] in the morning would be really helpful." We asked what they thought the service could do better and they told us, "improve staffing numbers."
- The registered manager told us they continued to evidence appropriate staffing levels by assessing people's dependency levels monthly. We looked at the dependency levels for the last four months. We found that although people's dependency levels changed, the staffing levels stayed the same. This did not ensure there were sufficient levels of staff to meet people's needs.
- People we spoke with said there was very little to do at the service except fall asleep or look at the television because there were not enough staff to provide appropriate activities. One told us, "If I go to the lounge I get bored. People are just sat there falling asleep." Another said, "It would be lovely for them [meaning staff] to sit with me like you are doing now." Throughout our visit we did not observe any activities taking place and many people were asleep in their chairs in front of the television.
- One staff member we spoke with worked part time as a carer, a housekeeper and also undertook activities. On the day of our visit they were undertaking housekeeping duties because the main housekeeper

was on a day off. This meant they were not able to provide any activities on the day of our visit.

- We looked at the staff rota over a four-week period. On the staff rota there was a section called 'activities; that recorded the hours and the staff who were expected to provide activities for people. Over the four-week period there was only one occasion where a staff member had been allocated two hours to provide activities with people. The registered manager told us there was a vacancy for an activity coordinator and they were recruiting for this role.
- Housekeeping staff only worked in the morning. This meant that care staff were then responsible for any extra cleaning around the service and for completing any laundry that needed doing. This took them away from their care and support duties.

This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities)  
Regulation 2014 – Staffing

- The provider followed safe recruitment procedures. Disclosure and Barring Service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

#### Preventing and controlling infection

- Although the service was clean in most areas we found there were insufficient housekeeping staff to keep the service clean and safe from the risk of infection at all times. For example, we found several dirty toilets and commodes in the afternoon after housekeeping staff had finished their duties.
- Staff told us, and records confirmed that they completed training in relation to infection control. They told us they had access to personal protective equipment (PPE) such as gloves and aprons when they supported people with their personal care. We observed this during the inspection.
- There were cleaning schedules in place that included daily, weekly and monthly cleaning routines. We saw these being followed on the morning of our visit. There were policies and procedures in place to provide staff with guidance about infection control.

#### Systems and processes to safeguard people from the risk of abuse

- Most people told us they felt safe living at the service. One person said, "I do feel safe, there is always someone I can turn to." Another said, "Oh yes I do feel safe, no-one can come into the building without being vetted. However, one person commented, "I'm safe enough except for the fellow that comes from next door into my bedroom at all times of the day, and at night. It was two o'clock this morning when they woke me fiddling with the door handle. They are harmless enough, but it disrupts my sleep, this has been reported to the manager when I first came here, but they are still doing it." We discussed these concerns with the registered manager who said they would look at how they could prevent this from occurring and would talk with the person who raised the concerns about what they would like to have put in place.
- Staff could tell us about the different kinds of abuse and the steps they would take if they suspected or identified a person was at risk. Staff told us, and records confirmed that they had completed training in relation to safeguarding and whistle blowing.
- There were policies and procedures in place to provide the registered manager and staff with guidance about how to report any safeguarding concerns were raised.

#### Assessing risk, safety monitoring and management

- People's care plans included risk assessments associated with their care and support. For example, some people were at risk of malnutrition and dehydration and there was guidance for staff to take to reduce this risk.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw



staff support people to walk safely.

- Risk assessments were up to date, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

#### Using medicines safely

- People continued to receive their medicines safely. One person told us, "I'm on medication and I get it on time; the nurse is brilliant."
- People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.
- Staff had received training in how to manage and administer medicines. One told us, "I have completed medication training. We deal with medicines safely."
- Medication administration records (MAR) had been completed accurately. Regular auditing of medicines was carried out to identify any errors in a timely manner. However, medication audits did not demonstrate what actions had been taken when errors had been identified.

#### Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- People told us they were happy with the quality of the food and the portion sizes were ample. However, they were not aware of the meals available until they were served their meals. One told us, "I don't see a menu but it's a nice surprise when it comes." Another said, "I have never been shown a menu, and there is just one choice." A third commented, "You get one choice. We only know what we are having when we get it."
- There were no other formats created for people to see what was for lunch, for example pictures of different kinds of food or menus in large print. However, people were confident that if they wanted an alternative meal this would be provided.
- The registered manager said they worked closely with the dietician and speech and language therapists to ensure that people had the right support with their dietary needs. Records confirmed this took place.

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

- Most areas of the service were kept in good order. However, we noted that some improvements were needed. We found that many people's rooms were very cluttered with large boxes of incontinent pads and we saw a staff member's bicycle parked in a person's en-suite shower room.
- One bath had the side panel broken and was coming away from the bath.
- The registered manager sent us an annual works plan for improvements to the premises. This included changing the existing boilers, changing en-suites with baths to wet rooms and improving the drive. However, it did not address the issue of storage to alleviate the cramped bedrooms.

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

- People received an assessment of their care needs before they were admitted to the service. The assessment covered people's health and medical needs, medication needs and support they needed with behaviours.
- Assessments had been completed with the person, or where appropriate, with their family or representatives.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to develop and maintain the skills they needed to support them. One staff member told us, "Our training is good. It's up to date and applicable to what we need."
- Staff told us they had received induction training when they first started. This included shadowing experienced staff within the service. One told us, "I had an induction when I first started. It was helpful." Records confirmed that staff had completed an induction.

- Staff told us, and records confirmed they had completed on-going training that included subjects such as safeguarding, infection control, health and safety and food safety hygiene.
- The system for staff supervision and support was consistently applied. Staff told us they were supported by a senior staff member through one to one meetings.

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

- Staff supported people with their health needs and were alert to changes in people's health. They supported people to access health services when they needed to. One person told us, "I have seen the optician, and basically you see a doctor as and when you would need one." Another commented, "I have had the chiropodist and a doctor visit me. If you have any other little ailments the nurse is brilliant."
- People's care plans included information about their health and medical needs, medication and allergies.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and found they were.

- Staff understood the importance of helping people to make their own choices regarding their care and support.
- Staff consistently obtained people's consent before providing support. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had developed kind and supportive relationships with people. One person told us, "They [meaning staff] know all about me because they have bothered to ask. I get a little 'down' sometimes and they will come and give me a hug and say here you go (name) have a nice coffee and then give me a hug. I instantly feel better." Another said, "They treat us like they would treat their own mother. I think they care for me in a genuine way." A third commented, "They [meaning staff] are very kind. We have a little chat and I tell them about my life and they tell me about theirs."
- We saw caring interactions between staff and people throughout the inspection. One member of staff said, "It's a lovely home and we all care about the people we are supporting. We are all like family."
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. There were regular church services, so people could practice their chosen faith.
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and what snacks they enjoyed. Reviews had taken place, and these provided people and their relatives with an opportunity to discuss their care.

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

- We observed people's opinions being sought on day to day tasks. For example, staff asked people what they wanted drink or where they would like to sit. We saw staff asking people, "Good morning, can I come in and give you a wash" and "Would you like some more juice with your lunch" and "Have you had enough shall I take your plate away."
- Staff supported people with every-day decisions such as helping people decide what to wear and how to co-ordinate clothing so that they looked 'smart' which people told us was important to them. For example, one person said, "They offer me a choice of what I would like to wear; they will open the wardrobe door and ask me what I would like to wear."
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks. One person said, "They always knock on my door even if it is open; they are very respectful towards me."
- People were encouraged to maintain their independence and do as much as they could for themselves.

For example, we saw a staff member encouraging one person to put their cardigan on with minimum help.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to Requires improvement: This meant people's needs were not always met.

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

- Most people we spoke with were not satisfied with the activities available. One told us, "I don't normally do anything just sit here and look at the television." Another commented, "I know there is one activity girl comes once a month from the other home, but I have not seen anything going on whilst I have been here on a daily basis."
- There was no set programme for activities and no timetable available for people to check what activities were taking place on the day.
- There was insufficient staff to support people with a programme of activities.
- One person told us they were happy with the activities and organised their own. They told us, "Staff know I like my television programmes, and they will come and tell me what's on other channels, or if they think I might like a film. I also like drawing and they [meaning staff] have given me some paper and pencils. I do like the musical entertainment, when they visit, we get to go in the garden when it's nice, or go for walks, when there are enough staff."
- Groups from the local community visited the service such as local church groups who visited weekly to provide singing and talking to people. Some people had been involved in celebrations to mark 100 years at the church. People told us they liked the occasional outside musical entertainment that visited and the church choir.

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

- People received an assessment of their needs before they went to live at the service. These were used to develop a care plan.
- People and their relatives, where possible, knew about their care plan and said they were involved in their care. One person said, "Yes I know what a care-plan is. They do a review every year; I suppose that's like an up-date of your care, but I feel I can approach staff if I wanted to change things." Another person commented, "I know what a care-plan is. My [relative] and I were involved in that when the manager from here came over to the other home to assess me."
- People's likes, dislikes were recorded in their individual care plans. Staff were knowledgeable about people's preferences in relation to their care and could explain how they supported people in line with this information.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were not always provided with information in a suitable format about things such as the complaints procedure, menu's and service users guide. However, when staff communicated with people or offered them choices, for example about what clothes to wear, they showed them what was available, so people could decide and choose.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. This was available for people in the service user guide and was displayed in the reception area. However, this was not available in a different format for people with communication difficulties.
- The Care Quality Commission had received one complaint about this service in the last 12 months. The provider had liaised with the CQC to ensure a complete investigation could be undertaken.
- There were systems in place to respond and investigate complaints when needed.

#### End of life care and support

- People's care plans contained information about their preferred end of life care, if people wanted to discuss the topic. There was one person receiving end of life care when we visited the service. They were receiving care in line with their end of life care plan. The PIR informed us that the service worked alongside the GP to support people to put an advanced care plan in place to when they are at the end of their life.
- We saw some comments from relatives about their family members experience of end of life care. One read, 'Dear all, I wish to send my heartfelt thanks to all the staff upon the passing of my [family member]. You have shown them so much love, care and support during their stay with you. Your kindness shown to [family member] and family will always be remembered.'

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- The provider had systems in place to monitor the quality of the service, but there was no record of any improvements undertaken as a result of the quality audits demonstrating a lack of managerial oversight. We saw that regular audits were completed in areas such as medicines, infection control and care plans, but there was no action plan in place to record any improvements made. For example, in the medication audit for May 2019 the audit identified that some people did not have a photo available for identification. We asked the registered manager what they did when they found an area for improvement. They told us they tried to sort it out straight away but didn't produce an action plan. However, we saw that photos were in place for people.
- Quality checks had not identified the areas of concern we found during this visit, for example, staff deployment and activities had not been identified as requiring improvement. Also concerns regarding the cleanliness of the premises and environmental issues.
- The provider had not consistently ensured that people's individual communication needs were met appropriately in line with the Accessible Information Standards (AIS). For example, we were unable to find information for people in a range of formats to meet their communication needs.

We recommend that the provider considers up to date guidance on Good Governance and The Accessible Information Standard to ensure quality audits were effective and people's communication needs could be met.

- People were provided with satisfaction surveys to record their views and feedback about the service. The latest satisfaction survey showed that all comments were positive. One comment read, 'Staff are excellent at Becket House.'
- Team meetings took place to communicate updates and enable an exchange of information and learning. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager ensured there were systems in place to ensure compliance with duty of candour.



The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported. They had regular supervisions and training to ensure they provided the care and support required. One member of staff told us, "The manager is very supportive."
- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

Continuous learning and improving care

- The provider had developed their training provision to ensure it met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training is very good. If we feel we need any different training, we can ask."
- Records showed the involvement of a variety of health and social care professionals were regularly involved in planning and reviewing people's care.

Working in partnership with others

- The service worked with local services such as the local church, so people could follow their chosen faith.
- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the tissue viability nurse and people's GP's.
- A memory clinic visited people living with dementia and the Parkinson's nurse also visited to support people living with Parkinson's.

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 18 HSCA RA Regulations 2014 Staffing  There was insufficient staff to fully meet peoples needs, including appropriate support at meals times and support to ensure people could follow their interests and take part in activities that were socially appropriate to them, There was a lack of housekeeping staff throughout the day to ensure the service was always kept clean and hygienic.