

# Dolphin Homes Limited

# The Laurels

## Inspection report

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24 June 2021  
25 June 2021

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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people.

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

The service could show how they met the principles of Right support, right care, right culture. People lead confident, inclusive and empowered lives where they were in control and could make meaningful choices. The ethos, values, attitudes and behaviours of the management and staff provided personalised support for each person.

The needs and quality of life of people formed the basis of the culture at the service. Staff understood their role in making sure that people were always put first. They provided care that was genuinely person centred.

The leadership of the service had worked hard to create a learning culture. Staff felt valued and empowered to suggest improvements and question poor practice. There was a transparent and open and honest culture between people, those important to them, staff and leaders. They all felt confident to raise concerns and complaints.

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.

- People's medicines were reviewed to monitor the effects of medicines on their health and wellbeing. However, we found some concerns in the storage and management of medicines.
- People's care and support was provided in a mostly safe, clean, well equipped, well-furnished and well-maintained environment which mostly met people's sensory and physical needs. We observed that there were some outstanding maintenance works that had not been completed.
- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs.
- People had their communication needs met and information was shared in a way that could be understood.
- People's risks were assessed regularly in a person-centred way, people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.

- People who had behaviours that could challenge themselves or others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
  - People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to maintain independence and promote choice.
  - People's care, treatment and support plans mostly reflected their sensory, cognitive and functioning needs.
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- People received support that met their needs and preferences. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given, involving the person, their families and other professionals as appropriate.
  - People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
  - People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
  - Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
  - People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems mostly ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them, worked with leaders to develop and improve the service.

Our last inspection found a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities). This inspection found not enough improvement had been made at this inspection and the provider was still in breach of regulation 17. Governance processes were not always effective in helping to keep people safe, protect their human rights and provide good quality care and support.

Our last inspection found a breach of regulation 11 (Need for Consent). This inspection found people that the service assessed as lacking mental capacity for certain decisions, had clearly recorded assessments and any best interest decisions. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards.

### Why we inspected

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support right care right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Enforcement

We have identified a breach in relation to governance; governance and quality assurance systems were not fully effective at monitoring the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Laurels

## 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 carried out by two inspectors, an assistant inspector, a medicines inspector 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. Two inspectors visited the home on the 22 June 2021. One inspector and a medicines inspector visited the home on 24 June 2021. One inspector and an assistant inspector visited the home on 25 June 2021 and an Expert by Experience made phone calls to relatives on 25 June 2021.

#### Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan the provider sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of

this information to plan our inspection.

#### During the inspection

We met all the people living at The Laurels, two people were able to share their feedback with us. We spoke with six staff members including, four care staff, deputy manager and registered manager. We spoke with six family members. We reviewed a range of records. This included five people's care records and seven people's medication records. We looked at four staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service. 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

# Is the service safe?

## Our findings

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

- People's medicines were reviewed to monitor the effects of medicines on their health and wellbeing. The staff gave medicines prescribed to people and recorded this on the electronic medicine administration record system.
- Expiry dates of prescribed medicines were not regularly checked in accordance with the provider's medication policy. We found expired rescue medicine prescribed for one person who experienced seizures. For another person we found expired cream in their room. Also, the staff did not annotate the date of opening for prescribed creams. This meant it could not be verified if the creams were suitable to be applied as per the manufacturer's instructions. We found no evidence that people had been harmed however expired medicines could be clinically ineffective or could cause actual harm.
- We spoke to the provider about the concerns we identified in relation to medicines and they took prompt action during the inspection. They removed the expired medicines and replaced with new annotated medicines. We have reported on this in more detail in the well-led domain of this report.
- Leaders understand and implement the principles of Stopping over-medication of people with a learning disability, autism or both (STOMP) and ensure that people's medication is reviewed by prescribers in line with these principles. Staff used the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) to only administer medicine that benefitted people's recovery or as part of ongoing treatment.
- People's care and support was provided in a mostly safe, clean, well equipped, well-furnished and well-maintained environment. We observed that there were some outstanding maintenance works that had not been completed. For example, the kitchen sideboard had been identified as an increased infection, prevention and control risk due to some visual damage. The registered manager was open and honest about the challenges the pandemic had had on the service and demonstrated how they had consistently escalated the outstanding works.
- The environment mostly met people's sensory and physical needs. There were three different communal areas available to people to spend time in which were decorated and set up for different activities. This meant there was space for people to spend time with others or on their own. We observed music being important to people and there was music available in every communal room.
- One person preferred a different sensory environment to others and staff were aware of this and supported one of the communal rooms to be made available to them as they preferred when they wanted. However, they had some sensory items which were not working at the time of the inspection. We were told the COVID-19 pandemic had impacted on repairs being made.
- People were kept safe from avoidable harm. A family member told us, "[family member's name] is safe here ... she always comes across very happy to me and I would certainly know if she was not."
- The service had enough staff, who knew the people and had received relevant training to keep them safe. A

family member told us, "The staff know [family member's name] so well and give her such great care. The manager is very hot on training there."

- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff told us they were confident in the management team to take appropriate action.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way, there was a culture of positive risk taking. They had a high degree of understanding of people's needs. People's care and support was provided in line with care plans.
- The service recorded all incidents where people's behaviours could challenge themselves or others including where restrictive interventions were used. Leaders reviewed these incidents and offered debriefs to both the person involved and their staff team. Learning from this was actively taken forward to reduce the likelihood of the incident reoccurring.
- People's care records were accessible to staff, and it was easy for them to maintain care records. However, the care records did not always reflect the person-centred support we observed being offered to people. We spoke to the registered manager about this who acknowledged this was something they were working on with the staff team to improve on.
- The service kept people and staff safe. The service had a good track record on safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety and investigated incidents and shared lessons learned with the whole team and the wider organisation.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Where an increased risk to IPC had been identified in the kitchen, the registered manager had taken action to manage the risks. Chopping boards were in place over the damaged surface and were changed frequently. The chopping boards were able to be cleaned effectively.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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 our last inspection the provider had failed to act in accordance with the Mental Capacity Act 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives. We observed people being supported to make meaningful choices and being listened to by staff. For example, we observed people making real choices in what they ate, the activities they took part in and in the structure of their day.
- People had been supported to explore assistive technology opportunities to develop their independence. For example, the provider had purchased equipment for one person which enabled them to be lowered to, and from, the floor. This had resulted in them being able to independently move around the home. A family member told us, "[family member's name] is unable to speak but has a new type of iPad that she is able to express herself with. The staff are wonderful at sitting with her and helping her get to know her way around it."
- Care and support plans were holistic and mostly reflected people's needs and aspirations. Whilst they reflected a good understanding of people's needs, and there were some relevant assessments in place, we identified two people who would benefit from more in-depth communication and sensory support. For one person this had been identified by the registered manager and a referral was in progress at the time of the inspection. A referral for the other person was made during the inspection.
- People were referred to other professionals such as neurology and speech and language therapy where appropriate. The registered manager told us how the pandemic had impacted on some people getting timely support from some community professionals and were working to address this.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly. We observed people and staff communicating effectively using people's preferred methods of communication in line with their care plan.
- People were able to input into choosing their food and planning their meals. Staff supported people to be as involved as they wanted to be in preparing and cooking their meals. Although the size of the kitchen made it difficult for people who used wheelchairs to access it effectively, the service adapted by moving equipment and ingredients to the bigger, and more accessible, dining room to enable people to engage more fully. People could access drinks and snacks at any time.
- Support focused on people's quality of life outcomes and met best practice. Support was provided in line with people's care plans including communication plans, sensory assessment and positive behaviour support plans. Staff demonstrated their knowledge and skill to effectively communicate with people using

both verbal and non-verbal communication. We observed people being supported with intensive interaction and they were supported to lead and be in control the interactions.

- Staff took the time to understand people's behaviours and what may be causing them. They completed functional assessments for people who needed them and referred to other professionals for support where necessary. Whilst this had resulted in some positive outcomes for people, we did observe that functional assessments had only been completed for behaviours which may have resulted in injury and/or challenged others. For example, staff had identified a repetitive behaviour for one person that appeared to be sensory related. However, a functional assessment had not been completed.
- The provider had a positive behavioural support lead who completed functional assessments for people, provided positive behavioural support training and supported de-briefs and learning from any incidents relating to behaviours. The registered manager told us they would explore additional functional assessments for people where repetitive nonaggressive behaviours were identified.
- People had access to a range of meaningful activities in line with their personal preferences. Support with self-care and everyday living skills was available to people who needed it, this was provided in a person-centred way. We saw people engaged in a range of activities from shopping, ball games, wheelchair dancing and interactive book reading. We observed one person animatedly planning where they were going to shop and what they were going to buy.
- People had good access to physical healthcare and were supported to live healthier lives. The individual health action plans and daily notes retained detailed records of visits to health professionals. The provider had supported each person to have a COVID-19 hospital passport. This was a document supporting people's rights to make decisions about restrictions and actions about the coronavirus.
- People received support from staff who had received relevant training, including around learning disability, autism, mental health needs, human rights and restrictive interventions. The registered manager was passionate about supporting staff development and knowledge. For example, one staff member was supported to research a medical condition in more detail and then delivered a presentation in it at a staff meeting to share their knowledge.
- A staff member told us how people were included in what they had learnt from their training. For example, after attending Makaton training they told us they played video songs with Makaton for people to encourage the use of Makaton within The Laurels. One person had been supported to create bespoke Makaton signs for activities personal to them. Makaton is a language programme that uses symbols, signs and speech to enable communication.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new or temporary staff. A staff member told us, "First week was a lot of shadow shifts, looking through care plans and seeing what they like and don't like."
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards. For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions. A staff member told us, "never assume, always offer choice."

# 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.

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their treatment and support. We observed staff engage with people in a respectful and kind manner. Staff were unhurried in their interactions with people and consistently engaged positive body language when communicating with people. For example, lowering themselves to the person's height if they were sat down so they were not stood over people.
- People, their families and staff gave us multiple examples of how people had been supported to make choices and be in control of their lives. For example, one person had been supported to purchase a voice activated audio device which enabled a personalised musical playlist to be created and played. We were told how they spent as much time as they wanted with the registered manager choosing songs from a large catalogue of music tracks. We could see how much it meant to the person that they had complete control over which tracks were on the device.
- People or their families told us that they received kind and compassionate care. Staff protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. Comments from family members included, "They are well trained as they are 100% with [family member's name]. I have never left the home seeing anything I do not like" and "[family member's name] has very good care and I could not wish for anything more."
- People, and those important to them, took part in making decisions and planning of their care. People were empowered to feedback on their care and support. They felt listened to and valued. People and their family members told us they were involved in creating their care plans and participated in reviews.
- The registered manager had introduced audio touch buttons into the home. These were located throughout the home and in people's bedrooms. They contained information for people, new staff and visitors. For example, descriptions of the complaints process, Coronavirus and the Mental Capacity Act 2005 in the communal areas. In people's bedrooms the audio information was essential information about the person; their preferred communication methods and their likes and dislikes. This meant that people could listen to the information shared with others.
- People had easy access to independent, good quality advocacy. Staff supported people to maintain links with those that are important to them. Family members were supported to visit people in the home and when there were restrictions on visits during the COVID-19 pandemic, alternative methods of contact were fully supported. For example, window visits, car park visits, video calls, e-mails, newsletters, postcards and telephone calls.
- Staff maintained contact and shared information with those involved in supporting people, as appropriate. Family members told us, "Very good there for updating you on what is going on and any new policy which comes into place", "We receive emails regularly" and "I am always updated on things going on."

## Is the service responsive?

### Our findings

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

- People's privacy and dignity was promoted and respected by staff. Each person had their own bedroom. People could personalise their room and keep their personal belongings safe. One person took an inspector on a tour of their room and communal areas. They pointed out specific things that were meaningful to them. They used their preferred communication method to tell us that they liked their bedroom and had been involved in its design; they preferred a different sensory environment to the communal areas in their bedroom and this had been supported by the provider.
- People had access to their bedroom and different communal areas for privacy. The service's design, layout and furnishings supported people and mostly met their individual needs. The physical size of the kitchen and laundry rooms made full access for people who used wheelchairs difficult. However, the provider was aware of the physical restrictions of the building and adapted activities to enable people to be included as much as they wanted to be by using other communal rooms.
- The provider had improvements planned for the environment which was in the process of being carried out at the time of the inspection. For example, an overhead hoist was being fitted in one room on the first day of inspection. A path was due to be put in the garden to increase access for wheelchair users. We received confirmation from the provider that this had been completed following the inspection.
- The registered manager and staff team was very aware of people's experiences of their home. They had arranged pictures, information posters and furniture to meet people's needs. For example, pictures and posters displayed at wheelchair height and furniture arranged to maximise space and create an inclusive environment. Where people were unable to independently mobilise, we observed people consistently being asked where they wanted to go within the home, being asked for permission before being supported to move and staff communicating throughout the manoeuvre to check they were happy.
- The service met the needs of all people using the service, including those with needs related to equality characteristics. Staff helped people with advocacy, cultural and spiritual support. People's communication needs were always met. People had access to information in appropriate formats. For example, information related to health conditions and procedures was available in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons from the results. They shared the learning with the whole team and the wider service. A family member told us, "I have never needed to complain about anything."
- The service worked in a person-centred way to meet the needs of people with learning disability and autistic people. They were aware of best practice and the principles of Right support, right care, right culture and were ensuring that these principles were carried out.

# 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 our last inspection we found the governance and quality assurance systems were not fully effective at monitoring the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Our findings from the other key questions showed that governance processes were not always effective in helping to keep people safe, protect their human rights and provide good quality care and support.
- We found that some of the provider's quality assurance processes were not always sufficiently robust. For example, we found that the quality assurance audits for medicines, or the weekly internal medicines checks, had not identified the medicine concerns we found during the inspection.
- In addition, where actions had been identified, such as in the IPC audit, whilst these were reported promptly and continuously escalated by the registered manager, we found that some outstanding maintenance tasks which had the highest priority level had not been actioned in a timely manner.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective monitoring of the quality and safety of the service. This placed people at an increased risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. All expired medicines were removed and replaced with new annotated medicines. Additional quality assurance audits were implemented to make the medicines management processes more robust. Maintenance works started to be completed.

- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used the service. They were visible in the service and approachable for people and staff. Staff told us how the registered manager had supported them to create a positive culture within the home and how it had changed for the better.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. The provider's vision and values focused on person-centeredness, being passionate about making a difference to people's lives and ensuring positive outcomes for people. We observed that staff understood and cared for people in a manner that was in keeping with these principles and during the inspection staff were relaxed, confident and engaged with people consistently.
- The provider was in the process of implementing an 'outcome measurement tool', the aim of which was to support people to build skills, access opportunities and achieve their wishes and aspirations. Care plans and risk assessments will be linked with goals and progress regularly reviewed.

- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. Comments from staff included, "I definitely feel listened to and valued", "[Registered manager's name] is very supportive and always has been since he has started" and "Anybody is allowed to speak up with any suggestions or anything they feel needs speaking about. Get feedback, normally straight away."
- Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally. Family members told us how well staff knew people and how people had been respected and listened to when interacting with medical professionals when supported by staff.
- People, and those important to them, worked with managers and staff to develop and improve the service. The provider sought feedback from people and those important to them and used the feedback to develop the service. The provider had set up a quality assurance team of people who used their services who visited other services to feedback on their opinions and experiences of the service. They shared this feedback with both the service and the board members.
- Staff meetings were held regularly, and minutes showed these had been used to reinforce the values, vision and purpose of the service. We saw evidence of lessons learnt being shared with staff and opportunities for staff to provide feedback. Staff told us they were able to make suggestions for improvements, feedback any changes or learning and felt listened to. One staff member told us, "It's nice to feel so valued."
- The registered manager told us they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. They participated in the local registered managers meetings, to learn from others and share good practice. We saw evidence of lessons learnt being shared across the organisation.
- The provider had developed close links with external agencies and worked in partnership with other professional teams and departments. Such as the local GP surgery, community learning disabilities team and district nurses. For example, we saw how the provider had worked with the GP surgery to review and monitor one person at risk of falls. This effective partnership working ensured the best outcomes for people.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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 were either not in place or robust enough to demonstrate effective monitoring of the quality and safety of the service.