

CareTech Community Services Limited

Radnor House

Inspection report

139 Canterbury Road
Hawkinge
Folkestone
Kent
CT18 7AX

Tel: 01303894693
Website: www.caretech-uk.com

Date of inspection visit:
23 July 2019

Date of publication:
04 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Radnor House is a residential care home providing personal care for four people with learning disabilities or autism. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff did not wear a uniform or anything that suggested they were care staff when coming and going with people. The service was provided in a large building near to the centre of the village in a house that was similar to other properties in the area.

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

People were happy living at the service and relatives told us that they wanted their loved ones to remain living there.

However, there continued to be areas where the service needed to make improvements. Checks on the quality of the service had not identified some of the issues we found at inspection, other issues had not been addressed in a timely manner. However, we did not find any impact on people's safety or wellbeing.

People were invited to feedback on their care and their views were listened to. However, the registered manager needed to improve how they gathered feedback from relatives. Relatives views on the management of the service was mixed.

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. However, best interest decisions were not always recorded when they needed to be.

People had positive behaviour support plans in place and we observed that staff followed these. However, staff had not yet completed training in positive behaviour support. This was an area for improvement.

People had been involved in choosing the decorations for the service and their rooms and flats were personalised. However, repairs needed to one person's kitchen had not been completed in a timely manner.

Relatives told us that people had good support to access healthcare services and were supported to maintain their health. However, one relative said that dental hygiene support could be improved.

When people moved in to the service their needs were assessed. Support plans were updated when people's needs had changed. The service had identified where people needed more or less support and supported people to move on from the service appropriately.

People continued to be provided with appropriate support to eat and drink well. People were supported to go shopping for themselves and cook where this was appropriate. Support to people was individualised and staff knew people well. People were supported to achieve goals, increase their independence and participate in a range of activities of their choice.

Risks to people from health conditions and the environment were managed appropriately. Staff understood how to protect people from abuse and knew how to report concerns. Medicines were administered safely, and people received their medicines on time and as prescribed.

There was enough staff to support people and staff were recruited safely. Staff were appropriately managed and had the support they needed.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published 27 July 2018). At the last inspection there were no breaches of the regulations. The service remains rated requires improvement with one new breach of regulation. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the governance of the service. 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 from the provider to understand what they will do to improve the standards of quality and safety. 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 safe.
Details are in our safe findings below.

Good ●

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 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 ●

Radnor House

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.

Service and service type

Radnor House is a 'care home'. People in care homes receive accommodation and 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.

Notice of inspection

This inspection was unannounced.

What we did before 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. However, no feedback was received. 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 spoke with one person who used the service and two relatives about their experience of the care provided. Other people did not engage with the inspector verbally. However, we observed the support provided to them in communal areas. We spoke with three care staff and the registered manager and area manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision records. A variety of records relating to the management of the service were reviewed.

After the inspection

We looked at training data and information on actions the registered manager had taken after the inspection.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the previous inspection risk assessments needed to be improved as they sometimes lacked detail. At this inspection the service had improved and there were no concerns relating to risk assessments. One relative said, "They are meeting [my relatives] needs."
- People were provided with appropriate support with emotional behaviour that could cause distress to themselves or other people. There was information in people's support plans on how to support people to remain calm and what to do if the person was upset. We observed staff followed this guidance. One person's support plan included low risk physical restraint. This was clearly documented in the person's support plan, used as a last resort and was not used regularly. Staff had completed appropriate training for physical restraint. High risk restraints such as holding people down on the floor was not used at the service.
- Where people had long term conditions such as epilepsy there was appropriate information for staff in people's support plans. We talked with staff about people's support needs for epilepsy. Staff knew how to identify if the person was having a seizure and what actions to take to keep them safe.
- People were protected from risks from the environment. For example, checks were completed on the building to make sure the utilities such as gas and electric were safe. There were personalised procedures in place to support people to evacuate in the event of a fire and fire drills had been undertaken.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. Relatives told us the service was safe. Where concerns had been identified records evidenced these had been appropriately reported and addressed.
- There were safeguarding and whistleblowing policies and procedures in place which staff understood. Staff had a good understanding of the signs of abuse and were confident the registered manager would act upon concerns. Staff said, "I would take it to the manager and she would deal with it, one hundred percent." One relative said, "He is safer where he is. They are a good service."
- Staff supported people to manage their finances where appropriate to reduce the risk of abuse. For example, one person wanted to purchase an item which could vary greatly in price. The person was able to shop for themselves. However, staff encouraged the person to accept support for the purchase of this item due to the potential cost to help them choose something which was a reasonable price which still met their requirements. The person was happy to accept this support.

Staffing and recruitment

- There were enough staff to keep people safe and meet people's needs.
- Staffing was arranged flexibly to support people to go out. We observed people were provided with one to one where this was needed.

- Regular agency workers provided cover when staff were off sick or on holiday. The registered manager was also able to provide support to people if this was needed and regularly worked alongside staff.
- Staff continued to be recruited safely. For example, Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Using medicines safely

- People received their medicines as prescribed. Medicine administration records were complete and accurate. Liquids were labelled when they were opened to make sure they were not used after they had been opened for too long. Where 'as and when' medicines were prescribed there was information for staff about these, such as, what they were for and when they should be used.
- People using the service had been assessed as needing support with their medicines. Where people preferred to keep their medicines in their room a cabinet was provided to enable them to do so. There was information for staff on what people's medicines were for and how they liked to take them. One person preferred to take their medicines in liquid form and was supported to do so.
- Medicines were stored, ordered and disposed of safely. The inspection was undertaken on an exceptionally hot day and staff had acted to ensure medicines remained stored at the appropriate temperature. One relative told us, "[My relatives] medicines are managed fine."

Preventing and controlling infection

- Appropriate infection control measures were in place. Staff supported people to keep their own rooms and communal areas clean. We observed the service was clean and free from unpleasant smells.
- Staff used appropriate equipment such as gloves and there were hygiene bags to use when clothing or bedding were soiled. These bags reduce the risk of cross contamination. Staff had undertaken training in infection control and food safety. This meant staff had the knowledge they needed to keep people safe.
- An infection control audit had been completed by staff and no concerns were identified.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Incidents were reported and investigated and where action was needed this had been taken. For example, one person's support plan had been updated following an incident of emotional behaviour.
- Where lessons had been learnt information was shared with staff at meetings and handovers. We talked with staff and found they were aware of changes to people's support following incidents.

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 support was not always consistent.

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.

- There were records of some decisions being made in people's best interest. However, one person's support plan included low-level physical restraint and seclusion. Seclusion is where people are asked to go to a specific area, such as their bedroom, because of emotional behaviour. However, the use of physical restraint had not been added to the person's DoLS or discussed during the DoLS assessment. The person's relative did confirm the decision had been discussed with them and they had no concerns. However, the registered manager was not able to evidence that the decision to use physical restraint had been agreed or reviewed by all relevant parties. Immediately after the inspection the registered manager sent an emergency application to the DoLS office to inform them of this restriction so that these could be reviewed.
- Staff had completed MCA training and had a good understanding of the act. For example, staff understood people with capacity had the right to make unwise choices. Staff were aware people without capacity could make decisions in some areas and sometimes they needed support to do so.

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

- One person had their own flat with access to cooking facilities. However, their kitchen cupboard was broken and in need of repair. The registered manager told us they raised this with the provider in March 2019 and the issue had not yet been resolved.
- People's rooms and flats were personalised with their own decorations to suit their taste and people had been involved in decorating them where this was appropriate. People had chosen the decoration for the communal area.
- People could use the garden, although some areas would benefit from weeding. The service was close to the centre of the village which meant people were able to access the local shops and cafes.

Staff support: induction, training, skills and experience

- Not all staff had not yet completed training in positive behaviour support. The provider was in the process of introducing this training. In the providers information return the registered manager acknowledged this training would 'enhance the support we provide for residents especially when they are anxious.' Relatives feedback was mixed about training. One relative said, "I don't think they have as much training as they could have." However, another told us they did not have any concerns about staff training. However, we did not find any impact on people and staff were following people's positive behaviour support plans. This was an area for improvement.
- Staff training included, safeguarding, manual handling, health and safety, autism awareness and advanced autism awareness, enabling communication through sensory interaction and mental health awareness. Staff had received appropriate training in the use of restraint using 'MAYBO' which is a training course recognised by British Institute of Learning Disability (BILD).
- Training was a mixture of face to face sessions and online learning. Staff were positive about the training provided. New staff continued to complete an appropriate induction and undertook a period of shadowing more experienced staff before working alone. One staff said, "The training is really good. It is pretty intense in the first month."
- The registered manager regularly worked alongside staff and was able to check staff performance and staff were following policies and procedures. Staff supervisions had been undertaken in line with the providers policy and staff said they felt supported in their role. There was a system of annual appraisals in place to review staff performance and support staff to improve their practice.

Supporting people to live healthier lives, access healthcare services and support

- People's relatives told us people were supported to access services when they were unwell such as the GP and dentist. However, one relative said support with oral hygiene could be improved. They told us sometimes their relatives' teeth were not as clean as they could be.
- People continued to have health action plans in place, these included information on people's health appointments and the outcomes of these appointments. This meant staff could support people to manage their health.
- People were active. People went for walks and were encouraged to maintain their health and wellbeing. For example, one person needed support to manage their weight. Staff encouraged the person to make healthier eating choices. The person lost weight and was happy with the new clothes they were able to wear.

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

- People's needs continued to be appropriately assessed. Assessments included what support people needed with personal care, finances, managing their health, emotional behaviour and going out.
- Where people had moved in to the service they had been supported to manage the transition. People had visited the service for periods of time to get to know staff and the other people who lived there. Where the service had identified it was no longer able to meet people's needs they had been supported to identify more suitable accommodation.
- Assessments were used to plan people's care and support. This included making sure support was planned for people's diversity needs such as their religion, culture and expressing their sexuality. However, at the time of the inspection no one needed this support.

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

- People continued to be provided with appropriate support to eat and drink well.
- There was pictorial menu for people which they could use to choose what they wanted to eat. People were supported to do their own shopping and had access to snacks as appropriate. People chose the menu

and where appropriate were supported with cooking or food preparation. One person said the food they were supported to make was "lovely".

- One person needed prompting to drink sufficient amounts, staff were aware of this. It was exceptionally hot when we inspected. We observed the person had been supported to purchase their favourite drinks when they went shopping and were encouraged by staff to drink.
- One person needed support to manage their weight. There was information in the person's support plan about this and we observed staff followed this guidance.

Staff working with other agencies to provide consistent, effective, timely care

- People had information to take with them if they needed to go in to hospital. This included information on how the person communicates, what they can understand and what makes the person feel anxious. This meant hospital staff would be aware of what support the person needed.
- Staff worked with health care professionals where this was needed. For example, staff had worked with a psychologist to identify how best to support one person with emotional behaviours.

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 the same. 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

- One person told us they were happy living at the service and staff were nice to them. Other people were not able to express their views. However, we observed they were comfortable in staff's presence. One person's support plan noted they sung when they were happy, and we heard them signing throughout the day. Relatives told us they were happy for their loved one to remain living at the service. One relative said, "I think [my relative] is quite happy there. They are settled in." Another told us, [My relative] is happy there, they laugh a lot."
- Staff knew people well and had a good understanding of how people communicated and there was clear information about how people expressed themselves non-verbally. People used Makaton signs to communicate and staff understood these signs and were able to communicate back using signs that the person understood. Makaton is a language that uses signs and symbols to help people communicate.

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

- Relatives told us they were involved in people's support planning. One relative said, "They do listen to us."
- There were regular meetings for people where they were involved in decisions such as menu planning and discussing activities. People met with their keyworkers. Keyworkers are staff members who take the lead in coordinating people's care. These meetings gave people an opportunity to feedback on what they were happy or not happy with. Staff also used pictures to support people to choose activities for example there were pictures of what was on at the cinema and people had chosen to go and see a film. Staff said they had enjoyed this.
- Where people needed an advocate to help them express their views they had been supported to access these. An advocate is an independent person who helps people express their feeling and make their voice heard.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent where this was appropriate. One person had finished getting ready for the day and told staff their room needed cleaning. Staff spoke to the person kindly and said they would assist the person to do it for themselves. The person was happy with this and went with staff to undertake the tidying. Afterwards staff congratulated the person on doing a good job.
- During the day staff encouraged people to participate in various tasks such as making drinks, undertaking their own washing and personal care. Where people were able to manage washing and dressing themselves, they did this with staff encouragement.
- One person needed staff support to maintain their dignity. Staff provided this support throughout the day.

- People's privacy was respected. Staff knocked on people's doors before entering and people's records were kept locked in the office. This meant no one had access to people's information when they should not.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's support continued to be person centred. People planned their own day and made their own decisions about where they wanted to go. Where people were able to do things for themselves this was clearly documented in their support plans.
- Where people needed more structured support, this was provided. For example, one person needed structure in their day for support around food. Staff provided this support to the person.
- The registered manager told us one person was planning to move to more independent accommodation as they no longer needed the same level of support. We spoke with the person and told us they were happy about this. Staff were working with the person to support them to get ready to live more independently and the person's goals were focused around preparing them to make this move.

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

- People were supported to maintain contact with those who were important to them. For example, one person's relative told us the person was supported to make regular phone calls to them using their own mobile phone. One person was supported to maintain a relationship with a partner. The person said this was very important to them. Staff supported the person with arrangements to meet their partner the next day.
- People were supported to go out. There was a 'choices' board at the service which included photos of the activities people enjoyed. People used this board to let staff know what they wanted to do. One person went shopping and for coffee in the morning. Other people went to the beach for the afternoon to cool down as the weather was hot. One person said, "The staff let me go out when I want to, and they listen to me." They also told us they were supported to go to the disco which they particularly enjoyed. One relative said, "They do take [my relative] out, I think this is frequently." People accessed a day centre where they were able to learn new skills.
- Where appropriate, people had access to the internet using their own tablets. Other people had access to some internet channels through the TV which they fed back to staff they enjoyed.

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.

- The service was meeting this standard. People's communication needs had been assessed. Information,

about people's support was in picture format. People had chosen the design of their own support plans and staff used Makaton and objects of reference to explain things to people where this was needed.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they chose to do so.
- There was an easy read complaints policy in place and people were supported by their keyworker to feedback anything they were concerned about. One person said, "If I was unhappy I would speak to [the registered manager] and they help me."
- There were no complaints recorded at the service.

End of life care and support

- People living at the service were younger adults and no one at the service was currently being supported with end of life care.
- However, there were end of life plans in place. Plans included information such as how people wanted to be supported at the end of their life, what their preferences were and what they wanted to happen them after they had died.

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 Requires Improvement. At this inspection this key question has remained the same. 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.

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

- This is the third consecutive inspection where the service has been rated Requires Improvement. There was a system in place to check the quality of the service and make improvements. However, auditing had not always been effective. The registered manager and the provider had failed to identify there were no records of a best interest decision for restrictions in one person's support plan.
- Where audits had identified concerns, these had not always been addressed in a timely manner. Audits had identified one person's Kitchen unit needed repair and one unit was visibly broken and useable. This was raised with the provider in March 2019, however at the time of inspection had not been rectified.
- At the last inspection some records needed to be completed more accurately, such as, risk assessments lacking detail. At this inspection risk assessments had improved. However, there continued to be areas where record keeping needed to be improved. There was a specific form for 'behaviour incidents' at the service. There was an incident in July 2019 where staff had guided the person to another area of the service. Whilst there were no concerns about how staff had responded to the incident, the form had not been fully completed. Details had not been included such as the details leading up to the incident and the outcome of the de-briefing. Staff were aware of the incident and the person's support plan had been updated. However, the registered manager would not have the information they needed to analyse trends over longer periods where they may not remember the specific details of the day. Since the inspection this form had been completed, however, this was after the inspector had raised the concern with the registered manager.

We did not identify anyone who had come to any harm. However, the provider and registered manager had failed to maintain accurate, complete and contemporaneous records in respect of each person, including a record of decisions taken in relation to people's care. Audits had not always been used to improve quality at the service. This is a breach of Regulation 17 of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were surveys for people, relatives and professionals. However, no relatives or professionals had provided any feedback. We spoke to the registered manager about this who told us. "We have chats with family but do not document it." The registered manager needed to improve how they sought and recorded feedback from people's relatives about the quality of the service. One relative told us the service could be

more pro-active in seeking their views about the running of the service. They said, "If we have concerns we bring it to their attention, but they don't ask us. It would be nice to be involved a bit more." Since the inspection the registered manager had put a log in place to record feedback. However, this only included one relatives' comment from after the inspection. This is an area for improvement.

- People were supported to complete surveys and feedback was positive. Surveys were in easy read format and no concerns were raised.
- Staff encouraged people to go out in to the community and engage with staff in local shops. People were able to walk in to the village which was close by where there were shops and a pub which people accessed regularly.

Continuous learning and improving care

- The registered manager continued to meet with managers from the providers other services. There were bi-annual away days during which they could discuss ideas and best practice.
- From their learning the registered manager had introduced a new system at the service to improve recording and auditing and said this had enabled them to get a lot more done. However, we found improvement continued to be needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a registered manager in post and people were comfortable approaching them and seemed to know them well. People went in and out of the office and spoke to the registered manager frequently thought the day.
- Staff said they felt involved and supported by the registered manager. One staff said, "I feel supported in what I do, and I have the back up." There were regular meetings for staff which were recorded. The registered manager regularly worked alongside staff and was able to observe staff practice to make sure they were working within guidelines and delivering appropriate support.
- Staff were positive about the management of the service. However, feedback from relatives was mixed. One relative said, "There are a few niggles, but I'd like [my relative] to remain living there. The service has improved but there are times where they could make more progress". Another relative said, "I am happy with them and my [relative] is happy with them."

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

- There had been no incidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs that result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- When things went wrong or there were incidents relatives told us they were kept informed.

Working in partnership with others

- The registered manager and staff worked with funding authorities and other health professionals such as psychiatrists to plan people's support.
- The service referred people to external healthcare services when this was needed.

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 The provider and registered manager had failed to maintain accurate, complete and contemporaneous records in respect of each person, including a record of decisions taken in relation to people's care. Audits had not always been used to improve quality at the service.