

# Justcare Homes Limited

## The Beeches


### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

### Overall summary

We performed the unannounced inspection on 18 May 2015. The Beeches provides residential care for up to 26 people. On the day of our inspection 24 people were using the service. The service is provided across two floors with a passenger lift connecting the two floors.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons.’ Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 2 December 2013 we found people who used the service could be put at risk of receiving unsafe or inappropriate care and treatment as an accurate record of their individual care was not maintained. The provider sent us an action plan

# Summary of findings

telling us they would make these improvements by 31 January 2014. We found at this inspection that whilst some progress had been made further developments were required in this area.

The risk of abuse was minimised as staff training had ensured staff had a good understanding of their roles and responsibilities if they suspected a person was at risk of abuse. We also found people were encouraged to take risks and staff supported and encouraged people to increase their independence.

People were supported by a sufficient amount of staff to meet their needs. Staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and were aware of what to do when a person did not have the capacity to make a decision.

People received a balanced nutritious diet and were protected from the risks of inadequate nutrition and hydration. Referrals were made to health care professionals when needed and people received their medicines as prescribed.

People received their medicines as prescribed and medicines management promoted peoples safety.

Further developments were required to encourage people who used the service, or their representatives, to contribute to the planning of their care.

People were treated in a caring and respectful manner by staff that provided support in a considerate and understanding way.

People who used the service, or their representatives, could be involved in the development and running of the home. People also felt they could report any concerns to the management team and felt they would be taken seriously.

The systems in place to monitor the quality of service provision required further development to ensure an effective auditing process was achieved.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe and the risk of abuse was minimised as the provider had systems in place to recognise and respond to allegations of abuse.

We found people were encouraged to take risks and staff supported and encouraged people to increase their independence.

People received their medicines as prescribed and medicines were managed safely.

People felt there were enough staff to meet their needs and we saw there were sufficient staff to respond to people's needs.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People had access to health care professionals and staff had sought professional advice to support for people when required.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



### Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected. People were treated in a kind and caring manner and were encouraged to make individual choices.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



### Is the service responsive?

The service was not always responsive

Care plans and risk assessments did not provide sufficient detail to provide staff with guidance on how to respond to people's individual needs.

People were not provided with sufficient opportunity to contribute to the planning of their care.

People were supported to pursue a varied range of social activities within the home and the broader community.

Requires Improvement



# Summary of findings

People were supported to make complaints and concerns to the management team.

## Is the service well-led?

The service was not always well led.

There were not effective procedures followed to monitor the quality of the service.

People felt the registered manager was approachable and had an active presence in the home.

Staff received a good level of support and could contribute to the running of the service.

**Requires Improvement**



# The Beeches

## Detailed findings

### Background to this inspection

We carried out this unannounced inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 19 and 20 May 2015. The inspection team consisted of one 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.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events that the provider is required to send us by law. We contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the inspection we spoke with eight people who were living at the service and three people who were visiting their relations. We spoke with two members of staff, the registered manager and the provider. We also spoke with health care professionals who were visiting the service on the day of our inspection.

We looked at the care records of three people who used the service, two staff files, as well as a range of records relating to the running of the service.

# Is the service safe?

## Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "I certainly feel safer here than I did at home as there is always someone about," whilst another said, "It's like my home, I can't say anything bad about it, they look after you, and they do it very well."

People could be assured staff were confident in reporting, and acting on, any issues which could compromise their safety. We found staff had received training in safeguarding people which ensured they were aware of their roles and responsibilities in reporting any issues of concern relating to people's safety. They were able to provide a description of the types of abuse that people could experience within a residential home setting and appreciated they were responsible for promoting people's safety. Staff were also aware of the local authority safeguarding procedures and the contact details of the local authority which were displayed in a prominent position in the home.

One member of staff told us, "I would report any issues to the manager and document everything. I would take photographs if there was any bruising and seek advice from the manager. I would also talk to the safeguarding team if needed but I have never witnessed any concerns." A visitor to the home also told they felt the home provided a safe environment for their relation.

We spoke with the registered manager. Whilst they confirmed there had never been any incidents which had required a safeguarding referral to be made we found they were aware of their managerial role in reporting safeguarding issues when required.

People told us they were encouraged to take risks and staff supported and encouraged them to increase their independence. They told us they were encouraged to move freely throughout the home without restriction and could access the broader community if they wished. One person told us, "I spend my days as I please it's up to me what I do."

We found risk assessments had been undertaken which identified where people needed mobility aids such as hoists, walking frames and stand aids. These were provided to assist people in promoting their independence and freedom within the home. We also found risk assessments were in place support people to participate in activities within the local community, such as going shopping. We

found care staff responded to risks and provided the support people needed. For example, one person enjoyed helping staff to mop the dining room floor. Staff supported this person in a discreet manner in a way that reduced the risks to them and other people. This showed staff were proactive in promoting people's choice and appreciated that where necessary people should be encouraged to take risks to enhance their independence and wellbeing.

People felt there were sufficient staff to meet their needs throughout the day, but one person expressed concerns regarding the staffing levels throughout the night. One person told us, "Yes, there are enough staff, I think so anyway, to meet my needs," whilst another person said, "No not at night, when you buzz for someone they're always busy elsewhere."

We discussed this person's concerns with the registered manager and it was confirmed that the staffing levels at night had been recently increased to three staff to ensure staff could respond to people's needs. Whilst there were no formal systems in place to determine the staffing levels based on people's needs we found, on the day of our inspection, that staff were able to maintain a constant presence in the communal areas throughout the home. We also found that when people activated their call buttons these were responded to in a timely manner so people received their support when needed it.

Staff told us that they felt there was always enough staff to meet people's needs. One member of staff told us, "I mostly do the day shifts and I feel the staffing levels are okay. We have four care staff and the seniors, it's been working really well. We have just started having three carers on nights which is good." The member of staff also said, "We have the manager, cook, three cleaners, the activities coordinator and the handy man. This is normal for this home, we are very lucky but we do need that many carers in the mornings to help people." A visitor to the home also felt there were sufficient staff deployed and told us, "Yes, there's always staff available."

Whilst systems were in place to ensure staff recruitment was effective the registered manager could not evidence that these had been followed in all instances. For example a member of staff, who had been in employment for several months, told us they had undergone a pre-employment screening procedure which included a Disclosure and Barring Service (DBS) check. These checks are undertaken to aid employers in making safer recruitment decisions. We

## Is the service safe?

found that their staff recruitment file did not have their references available for examination and they could not be located on the day of our inspection. We later received confirmation that the references had been located.

People who used the service told us they were happy with how they received their medicines, and said they were given these regularly and knew why they were receiving them. We found some people were encouraged, following an appropriate risk assessment, to manage their own medicines to promote their independence. One person told us. "I take medicines myself, I don't have to be prompted to take medicine."

People could be assured that their medicines would be administered safely and they would receive their medicines

as prescribed. Only senior care staff administered medicines and training in this area and had been provided to them. Senior staff also told us they had received supervision from the registered manager to ensure they remained competent in this area.

We observed a member of staff administering medicines and saw they followed appropriate procedures to do this. We saw staff ensured people had a drink to help them take the medicine and staff observed people taking their medicines before they signed medication administration records. We also found medicines were stored securely in a treatment room which was in good order which was maintained at an appropriate temperature to ensure medicines remained effective.

# Is the service effective?

## Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us they were happy that they were skilled and competent at responding to people's care needs when necessary. They said, "Whoever wants anything they press the buzzer and the carers go to them." Another person said, "They (care staff) look after you here very well, they come to see that you are well several times a day, they're good in everything they do."

On commencing employment staff were required to undertake an induction process. Staff told us they felt the induction was sufficient to meet their needs. They told us the induction process allowed them to familiarise themselves with the needs of people who used the service and also gave them the opportunity to read the organisation's policies and procedures. We also found the induction process included a period of 'shadowing' more experienced staff until the less experienced staff felt ready to work independently. A member of staff also told us they had been made to feel very welcome by their peers on commencing employment.

Staff told us they were supplied with ongoing training to ensure they could remain competent and confident in performing their roles and responsibilities. One member of staff told us, "I like the training, it's appropriate and it's necessary to do our job properly." This information was supported by records examined on the day of our inspection. They verified that staff received regular training in a wide range of subjects such as moving and handling, food hygiene, mental health awareness and safeguarding vulnerable adults.

We found staff had received formal supervisions but these had not been undertaken at the registered manager's preferred frequency. One member of staff said, "I had one supervision session last year after my three months probationary period. I can approach the manager with any concerns and discuss my training needs." The registered manager felt they could improve this area of service provision as staff supervision had been sporadic in 2014. In addressing this issue the registered manager had recently completed formal supervision for all staff in March 2015 with additional supervision planned for June 2015. This showed that whilst not all staff had received regular supervision in line with the provider's policy this had been recognised and there was a plan in place to rectify this.

People could be assured they would be supported to make independent decisions about their care and support. One person told us, "The staff always asks me if it's okay when they help me and wait for me to say it is." Another person told us, "If I want to I can go out when I like, but have to take my walking frame, I do go out for a walk occasionally."

We found staff were appreciative of people's rights to spend their time as they pleased and respected people's day to day decisions. One member of staff told us, "We always make sure we are available to people and ask them if they are okay and if there is anything they need. We always ask for their consent before we do anything for them, its basic stuff but it's respectful." Throughout our inspection we observed staff asking people for their consent before providing support.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people's capacity to make specific decisions. Where it was determined people did not have the capacity to do so the correct process was followed to make a decision in the person's best interest. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed.

At the time of our inspection the registered manager told us that all of the people residing at the home had undergone a capacity assessment to determine their ability to make informed decisions. We were also informed that no one was deprived of their liberty.

People were complimentary about the quality and variety of food. They told us they were provided with enough to eat and drink. One person said, "They (care staff) ask you what you want, they know what I don't like so they don't bring that, there is more or less a choice, and they ask if there anything I would like changing."

We were invited to participate in the midday meal. We observed people enjoying their meals and noted people were provided with good sized portions. The meals were appetising and incorporated a variety of vegetables which were cooked from fresh ingredients on a daily basis.



## Is the service effective?

We found that where people needed assistance to eat this was provided on a one to one basis in a discreet and unrushed manner. Supportive equipment such as plate guards was available when needed to aid people's independence. We found that where people had been assessed as needing special diets, for example soft or pureed food, these were recorded in people's care plans and catered for. We also found that meals for people who chose to adopt a meat free diet such as vegetarians and vegans could be catered for, but these were not required at the time of our inspection. People were offered drinks throughout the meal and we noted that drinks were made available throughout the day to ensure people remained hydrated. One member of staff told us, "Our staff ensure fluids are always available. If people are thirsty they will ask us for a drink, it's all team work in ensuring people get enough to drink. We go around with the drinks trolley in-between meals and there's a tray in each lounge with drinks for people."

People told us they had access to health care professionals and staff had sought their advice to support people with their health care needs when required. Staff also confirmed they ensured health care professionals were involved in people's care package when required. One member of staff told us, "If people feel unwell we ensure their GP is called. In fact I did that this morning as one of our residents did not feel themselves. We always call the doctor if needed. We also contact the community nursing team when needed for advice. We don't have any pressure sores at the moment, and we don't want any." The member of staff also said other health care professionals visited the home such as chiropodists, dentists and opticians. Records supported this information.

On the day of our inspection we spoke with a visiting healthcare professional. They told us staff made referrals to their team when any concerns were identified. They also told us that when they provided advice to promote people's health and wellbeing their advice was followed in practice.

# Is the service caring?

## Our findings

People felt happy living at the service and felt the staff were caring and compassionate. One person told us, “Most of the staff are caring,” whilst another person said, “Yes, I am quite happy, I know someone’s there to watch over you.” A visitor to the home also told us the staff provided their relation with a great deal of support and they were very appreciative of the caring staff, they said, “I think they (caring staff) seem to have empathy for residents and I think that’s worth more than all the qualifications, I think that definitely determines how they relate to residents.”

Our observations supported what people had told us. We saw staff responded to people’s requests for assistance in a timely way and provided people with time to converse with them. We saw staff assist and help people to settle into seating and move between different areas of the home. Whilst the care staff were readily available to assist with tasks we noted there was, on occasions, limited exchange of conversation between the care staff and people. We did however observe the activities coordinator facilitate activities as well as moving between people and spending time ensuring people were happy and engaged.

The registered manager told us they observed staff interacting with people on a regular basis, albeit on an informal basis. The registered manager told us that this provided them with the opportunity to ensure that all interventions were undertaken in a caring and respectful manner. The registered manager also told us that, should any issues of concern be identified, they would be discussed with the care staff and additional training would be provided if needed. This information was confirmed by staff who told us, “The manager really cares about all the residents. She observes our practice to make sure we are doing our job properly and we are providing safe care and using the equipment properly.”

Whilst people were supported to make decisions about their own care, and people’s relatives were involved in making decisions if they were authorised to do so, none of the people we spoke with were aware of their individual care package. When we asked people about this they told us they had very little interest in being involved. One person told us, “I cannot be bothered with all that.” A person’s relative also told us that whilst the registered manager kept them fully informed of any developments

relating to their relative’s care, and felt they were encouraged to contribute to their relations care package their contribution had not been recorded in their relative’s care plan.

We asked the registered manager how they intended to address this issue. They told us the care planning process had recently been revised and over the following weeks they would ensure people would be encouraged to sign they agreed to the content of the plans if able, or wished to do so.

People residing at the home, and their representatives, could access information about how to use an advocacy service. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. This showed that whilst advocacy services were not required at the time of our inspection the registered manager had ensured people could access the facility when required to help them express their views.

Throughout our inspection we observed staff interacting with people. We saw staff actively involved people in making decisions about where they preferred to sit and what activities they wished to participate in. We also noted that staff respected people’s decisions if they did not wish to take part in the planned activities or if they wished to spend time in their bedroom.

People we spoke with told us that staff respected their privacy and dignity. One person told us, “They (care staff) respect my privacy all the time.”

We found members of staff were aware of the importance of maintaining people’s privacy and dignity. One member of staff told us, “If we are doing anything of a personal nature we close people’s bedroom doors and curtains. We also ensure people’s confidentiality is maintained and issues of a personal nature are not discussed beyond the home. It’s important to maintain people’s dignity at all times, and we do.”

Throughout the inspection we observed staff assisting people in a caring and patient way which promoted people’s privacy and respect. For example when a person requested assistance to go to the toilet a member of staff responded to the person’s request in a timely and discreet way. The interaction demonstrated a warm and caring attitude from the member of staff.

## Is the service caring?

A visitor to the home told us they were always made welcome and were actively encouraged to visit their relation at any time. They told us they had access to areas within the home where they could have privacy if they

wanted to talk to their relative. This information was confirmed by the registered manager who told us that people's friends and relatives were not restricted in any way and the organisation operated an open door policy.

# Is the service responsive?

## Our findings

When we last inspected the service on 2 December 2013 we found people who used the service could be put at risk of receiving unsafe or inappropriate care and treatment as an accurate record of their individual needs was not always maintained. The provider sent us an action plan telling us they would make these improvements by 31 January 2014. We found at this inspection that whilst some progress had been made, further developments were required in this area.

Although people's care planning documentation had been reorganised and a significant amount of time and effort had been used in an attempt to make the required improvements we found some information recorded within the documentation required greater detail. For example a person's care plan relating to communication contained very little information to inform staff on how to communicate effectively with them. Another care plan in relation to the management of diabetes also lacked sufficient instructions to inform staff of strategies to respond to concerns should people experience difficulties in maintaining appropriate blood glucose levels. Furthermore the care plan did not specify what actions should be considered in the event of an emergency such as a hypo or hyperglycaemic episode (high and low blood glucose levels) although staff could demonstrate an awareness of their responsibilities in this area. The aforementioned shortfalls in the quality of the information could, if not addressed, compromise the health and wellbeing of people.

People could not always be assured that staff would respond to potential risks which could compromise their health and wellbeing. We found people who used the service were assessed to identify risks to their health and wellbeing. However we found the assessments were not always utilised effectively. For example a risk assessment tool had been used to identify a person's susceptibility to pressure ulcer formation. We found that the tool had not been completed correctly and there was a misunderstanding by some staff on how to use the assessment tool effectively. Whilst this did not have a detrimental effect on people on the day of our inspection

the registered manager appreciated that the lack of understanding by some care staff could, if left unaddressed, compromise their ability to be responsive to people's needs effectively.

Whilst staff told us they valued the information in people's care plans they felt the care planning process could be improved. One member of staff told us, "Sometimes we find it difficult to sit and focus on the care plans. I have had to deal with care plans but I have not had a lot of training in filling them in and would benefit from more training."

We found that people's care plans contained a document designed to inform emergency services and hospital staff of the holistic needs of people should they be required to attend hospital in an emergency situation. We found the documentation did not have details such as what equipment was required to aid their mobility or a person's past medical history. The lack of relevant details could, if left unaddressed, delay people's access to a hospital environment.

We discussed the aforementioned issues of concern with the registered manager. They appreciated that there was a shortfall in the quality of the documentation. They also told us that they were addressing the issues by accessing additional training for the care staff from an external accredited training organisation to ensure this element of service provision could be improved upon.

We found the organisation had employed an activities coordinator to provide activities which would reflect people's interests. Whilst the coordinator had only been in post for a short period of time they were making good progress in developing this element of service provision.

We found the activities coordinator had chosen to take a proactive approach to their role and were very involved in providing a varied and engaging programme of activities. They had designed a personal preferences profile as a starting point for each person. The profile was compiled in conjunction with people's families to identify people's social requirements. We found the activities co-ordinator was knowledgeable about the social outings each person enjoyed and plans were in place to provide these trips. The activities coordinator was also part of a network of activities coordinators which provided resources and professional guidance on the provision of activities for the older person. This meant the provision of activities could be tailored to people's individual needs and preferences.

## Is the service responsive?

On the day of our inspection we saw people participating in group activities within the lounge area. It was evident that people were enjoying the experience and were laughing and joking with the staff and their peers. One person told us, "It's really great" and asked us "Do you want to join in." A visitor to the home also told us, "The activities lady does a brilliant job and gets a person involved in anything that's on offer. She does things that are easy for people to do, singing, playing instruments and making things like paper flowers. She does reminiscence things with them too."

The organisation's complaints procedure was on display in the foyer of the home to aid people residing at the home, or those acting on their behalf to report any concerns they might have in relation to the quality of the service. Whilst the majority of people we spoke with were not aware of the location of the procedure they told us they were not inclined to raise any complaints as they were satisfied with

the quality of service provision. A visitor to the service told us they were aware of the complaints procedure and had confidence that any concerns would be addressed to their satisfaction by the registered manager.

Staff told us they felt confident that should a concern be raised with them, they could discuss it with the management team. One member of staff told us, "If someone made a complaint to me I would speak to my manager about it. I would make sure it was documented as well. I have not had any complaints made to me personally and I am not aware that any has ever been made". Staff also confirmed they had access to a complaints policy and felt confident that the registered manager would address any complaints effectively.

Whilst there had not been any formal complaints made the registered manager told us they would take any complaints seriously and use them as an opportunity to improve the service.

# Is the service well-led?

## Our findings

There was a lack of robust quality auditing procedures as issues we found during our inspection had not been identified. For example whilst care planning and risk assessment audits were being undertaken by senior care staff the registered manager did not have effective processes in place to assure themselves the information within the records was accurate and up to date.

Furthermore the registered manager told us, “The auditing procedures are not good. I let the staff come to me with any problems. I do not go through all of the documentation as I trust the staff to do that but I see that needs to be improved.” This showed that, whilst a system for monitoring the quality records was in place it was not effective in developing service improvement which could have compromised people’s safety and wellbeing if left unaddressed.

Whilst the quality of care staff intervention was regularly assessed and monitored by the registered manager they told us that the assessment process was only performed on an informal basis and records were not maintained. Therefore we could not establish if the monitoring process would have been effective in identifying where improvements could be made. We also found that systems were not in place to analyse adverse incidents at the home therefore it would not be possible for the registered manager to identify strategies for minimising the risks of similar incidents happening again which could have compromised people’s wellbeing.

Whilst we found that whilst staff supervision sessions had been sporadic in 2014 improvements had been made in this managerial responsibility. The registered manager told us, “The owner did staff supervisions on one occasion in 2014. I have now done supervisions for all staff in March 2015 and the next is planned for June 2015.” Staff spoken with told us they felt supported by the registered manager, one member of staff told us, “I have had my supervision and I feel supported by the manager.” This showed that people received interventions from staff who were supported by the registered manager.

Providers are required by law to notify us of certain events in the service, these are called statutory notifications. Our records showed that the registered manager had notified us when required.

People felt there was a good atmosphere within the home and felt comfortable in approaching the registered manager. They felt there was an open and honest culture within the service and people told us they felt there was a “close knit community of residents” within the home. A visitor to the home also told us the registered manager was approachable and said they could contact them at any time. They told us, “The manager keeps us informed of any developments with my relatives care and they are available should I need to speak to them either at the home or over the telephone.”

People were supported by staff who told us they had regular contact with the registered manager and felt able to raise issues with them. One member of staff told us “I have never had an issue with the manager I have always felt I can go to them with anything.” The staff member told us they were able to make suggestions at staff meetings to improve the quality of service provision. For example, suggestions had been made for, new lights and pillows and new blinds which had been provided. The staff member said, “We also have a new foyer carpet and all the corridors downstairs have been carpeted. That was suggested in our staff meeting and it was done.”

Staff told us they felt comfortable in highlighting when they, or a colleague, had made a mistake and felt the registered manager would be supportive in helping them to whistle blow on bad practice. One member of staff told us, “I would not hesitate in whistleblowing on bad practice, at the end of the day people need to be cared for and that’s what we are here for, to protect them. I would definitely use the whistle blowing procedure if needed.”

People residing at the home and their relatives were encouraged to provide feedback about the quality of the service. Satisfaction surveys had been sent out to people in 2014. Whilst the results of the survey showed that there was a high level of satisfaction with the quality of service provision on the day of our inspection some people stated they were not particularly bothered with filling out the questionnaire. One person said, “I wouldn’t fill it in if I’d been given a survey, they know me and look after me. I have no complaints; they really and truly look after you here. It’s like my home.”

We established the survey process would be repeated in June 2015 and the registered manager told us the activities coordinator would facilitate the process and would

## Is the service well-led?

attempt to increase people's interest in taking part in this survey. This showed that the registered manager was proactive in exploring initiative ways of gaining feedback about the quality of service provision.

This section is primarily information for the provider

## Action we have told the provider to take

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to maintain and accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatments provided to the service user and the decisions taken in relation to the care and treatment provided.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems or processes must be established and operated effectively to assess monitor and mitigate the risks relating to the health, safety and welfare of service users which arise from the carrying on of the regulated activity.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Robust quality auditing procedures must be established and operated effectively to assess, monitor and improve the quality and safety of the service provided in carrying on the regulated activity.