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Epsom Lodge

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 ●

Summary of findings

Overall summary

About the service: Epsom Lodge is a care home providing accommodation and personal care for up to 13 older people, some of whom may also be living with dementia. At the time of our inspection there were 7 people living at the service.

People's experience of using this service: At our previous 6 inspections in April and September 2016, March and October 2017 and March and October 2018 we have identified breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following enforcement action, our inspection on 15 March 2018 found that improvements had been made regarding some aspects of how the service was managed. However, at our inspection on 17 October 2018 we found these improvements had not consistently been sustained. This demonstrated a continued lack of management oversight and failure to sustain improvements within the service.

At this inspection we found the service had made improvements in all areas identified within our last inspection. However, a number of these improvements had been made recently by the new manager in post. This demonstrated the provider had not ensured all required improvements were actioned in a timely manner. Quality assurance processes had improved although continued development of auditing systems was required to ensure any shortfalls in the service were identified and addressed.

People were supported take part in activities in-line with their hobbies and interests although an increase in the variety of activities available and community trips would be of benefit to people. We have made a recommendation regarding this.

People told us they liked living at Epsom Lodge and there was a relaxed and pleasant atmosphere. People were supported by staff who knew them well and understood their needs and preferences. People told us they felt safe in the care of staff and risks to people's safety and well-being had been identified and addressed. The environment was comfortable and adapted to meet people's mobility needs. The manager was exploring different ways to ensure the environment fully met the needs of people living with dementia.

People had access to a range of healthcare professionals. Prompt referrals were made where healthcare concerns were identified which had led to positive outcomes for people. Medicines were managed safely. Staff received the training they required to support them in their roles. This included training specific to supporting people with their healthcare needs.

People told us the provider and manager were approachable and felt that any concerns would be addressed promptly.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is

no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Rating at last inspection: At the last inspection the service was rated Requires Improvement with the area of Well-led rated as Inadequate (report published on 7 December 2018)

Why we inspected: This was a planned inspection based on the previous rating of the service.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. We will check that the provider has made the improvements we identified as necessary through further inspections.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Epsom Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was conducted by two inspectors.

Service and service type: Epsom Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was no registered manager in post. A manager had recently been appointed to the service and had begun the process of registering 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: The inspection took place on 11 April 2019 and was unannounced

What we did: Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We reviewed the action plans sent to us by the provider regarding the progress they had made. Feedback was also sought from professionals involved in the service.

As part of our inspection we spoke with three people who lived at the service and two relatives. We observed the care and support provided to people. We also spoke with the provider, manager and three staff members. In addition, we spoke with one healthcare professional who visited the service. We reviewed a range of documents about people's care and how the home was managed. We looked at five care plans, one staff file, medication administration records, risk assessments, complaints records, accidents and incidents, training records and internal audits that had been completed.

Following the inspection, the registered manager sent additional information requested on the day in relation to recruitment checks and provided regular updates on actions discussed.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in October 2018 we identified concerns regarding the failure to ensure safe medicines management processes, to ensure risks to people were appropriately managed, safe infection control measures were followed and emergency evacuation procedures were in place. We also found equipment had not been serviced at the intervals required. At this inspection we found that improvements had been made in all of these areas.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Epsom Lodge. One person told us, "I do feel safe, of course I do. I get on well with them all." One relative told us, "Mum is safe here, I'm glad she's on the ground floor as she has a fear of fire so it's nice peace of mind for her."
- Staff were aware of the different types of potential abuse and were able to clearly describe reporting procedures. One staff member told us, "If we think anyone is being abused or bullied we have to go to the manager and safeguarding have to be told."
- Systems were in place to remind staff of their responsibility to report concerns. Posters were displayed and staff had completed safeguarding training.
- Records demonstrated that any concerns were reported to the local authority safeguarding team to enable a full investigation to be completed. The provider ensured additional information was submitted when requested.

Assessing risk, safety monitoring and management

- Risks to people's safety and well-being were assessed and control measures implemented to keep people safe.
- Risk assessments were completed in areas including personal care, falls, moving and handling and behaviours which may impact on others. Risk management plans were also in place to cover risks arising from specific health conditions such as catheter care, sensory impairment and stoma care. A small number of inconsistencies within risk assessments were noted. These were immediately actioned by the manager to ensure records were accurate.
- Risks to people in relation to the environment had been considered such as access to radiators and people's access to the open staircase and the support people required from staff.
- Specific risk assessments were not routinely monitored for areas including skin integrity or the risk of malnutrition. However, care records evidenced that people's needs in these areas had been considered including people's weight being monitored, the application of prescribed topical creams, fluid targets monitored and regular support to help people reposition where required.
- Personal emergency evacuation plans were in place to provide information to staff and emergency services on the support people would require to evacuate the building in an emergency.

- Regular health and safety checks were completed which included water temperature testing, flushing unused water outlets and fire equipment testing. Routine maintenance checks were undertaken and certificates were available. These included gas safety checks, electrical installation checks, legionella testing and checks on moving and handling equipment. Portable appliance testing had been arranged and was due to take place the following week.
- A contingency plan was in place to ensure that people would continue to receive their care in the event of an unplanned event or emergency.

Staffing and recruitment

- People and their relatives told us they felt there were sufficient staff and they didn't have to wait for their care. One person told us, "They are always in and out, asking if I need anything." One relative told us, "They've got enough staff for the number that are here."
- During our inspection we found there were sufficient staff deployed to meet people's needs and people did not need to wait for their care. However, rota's showed that at on occasions there were only two staff available. This was particularly an issue for weekend cover. As a number of people required two staff members to support them with their personal care this meant other people would be without staff supervision for periods of time. This presented an increased risk to people who were assessed as being at risk of falls. The manager and provider acknowledged this concern and rotas were adjusted to ensure that sufficient staff were deployed on all shifts.
- Appropriate recruitment checks were completed prior to staff starting work. These included Disclosure and Barring Service (DBS) checks, references and evidence of the right to work in the UK

Using medicines safely

- People received their medicines safely.
- Each person had a medicines administration chart which included an up to date photograph and information regarding their date of birth, allergies and GP. Staff signed MAR charts following each administration and no gaps in recording were found.
- Protocols were in place for as and when required medicines (PRN) to guide staff on when and how to administer these safely.
- Stock checks of medicines were correct and the manager was in the process of introducing daily medicines counts.
- A staff signature list was in place although this did not contain an example of signatures using initials. Following our inspection, the manager confirmed this had been rectified.
- At our last inspection competency assessments records were not available for staff who were administering medicines. At this inspection there was evidence the manager had started this process.
- A recent pharmacy audit had identified similar issues to those raised following our inspection in October 2018. Whilst these issues had been rectified the providers internal auditing process had not identified these concerns and they had not been acted upon in a timely manner following our last inspection.

Preventing and controlling infection

- Cleaning schedules had been implemented and were being followed by staff. This ensured all areas of the service were being cleaned on a regular basis. The heavy staining to the bathroom floor identified at our last inspection had improved but further action was required regarding both this and the staining to the stair carpet. The manager and provider told us ways to resolve these issues were being looked into.
- Cleaning chemicals were safely stored and cleaning equipment was colour coded for use in different areas to minimise the risk of cross infection.
- Staff had access to personal protective equipment such as gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and appropriate action taken to minimise them happening again.
- One person had recently sustained a large bruise to their leg believed to be from their wheelchair. Prompt action was taken to ensure the person was reassessed and a different wheelchair obtained to minimise the risk of this happening again.
- Accidents and incidents were reported to families and relevant authorities in a timely and transparent matter.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection we found the service had failed to record assessments prior to people moving into the service. We also made recommendations regarding the management of the Mental Capacity Act 2005 and regarding the choices provided to people at mealtimes. At this inspection we found that improvements had been made in all of these areas.

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

- People told us they liked the environment they lived in and described it as very comfortable and cosy.
- Improvements had been made to support people's individual needs with regards to the equipment available to them such as more appropriate seating, wheelchairs and hoists.
- At our last inspection in October 2018 the provider told us they were looking to make the environment more dementia friendly through the use of signs and pictorial information for people. At this inspection we found the changes discussed had not been fully implemented. We were informed the manager had been tasked with taking these ideas forward and they were able to describe their plans to us. We will check the progress and effectiveness of these changes at our next inspection.
- People's rooms were personalised and their photograph and name was displayed on the door to help orientate them.
- There was a lift available to enable people to access all floors of the service and bathrooms had been adapted to meet people's mobility needs.

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

- Assessments for people who had recently moved to the service were comprehensive and included information about their life history and what was important to them. This ensured the service was able to meet the persons needs prior to them moving into Epsom Lodge.
- People were involved in the assessment process and the information gained was used to develop people's support plans.

Staff support: induction, training, skills and experience

- Records showed staff received training which was relevant to their roles. This included safeguarding, dementia awareness, health and safety communication and falls prevention.
- Training was also offered in relation to people's specific needs such as catheter care, stoma care and dysphagia.
- People and their relatives told us they felt staff were competent in their roles. One relative told us, "The staff seem well trained."
- Staff told us they found the training provided useful in the support they provided to people. One staff member described how the dementia awareness training had helped their understanding of the difficulties

people may encounter in expressing themselves and how they could support them with this.

- Staff received regular supervision and told us they found this useful in reviewing their performance and development needs.
- An induction programme was in place to support new staff joining the service.

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

- People and their relatives told us the food was of a good standard and choices were offered. One person told us, "I have no complaints about the food, dinner was lovely." One relative told us, "She's happy with the food here. They're very good with the food. She requested liver and they got it for her."
- People were offered a choice of food at mealtimes although for some people a visual choice may have been more beneficial. However, we observed when one person didn't like the menu options available an alternative was prepared for them.
- People's nutritional needs were assessed and monitored on an on-going basis and a choice of food was available to people.
- People's weight was monitored and where variations were identified advice from healthcare professionals was sought. One person who had lost weight was referred to a dietician who recommended a high protein diet. Records showed that the person had now gained weight and we observed they had access to snacks of their choice throughout the day.
- People received support to eat their meals in safe manner. Staff had completed training in supporting people with swallowing difficulties. We observed people to be seated in a safe position and support offered at the person's own pace.
- Fluid intake was monitored for people where this was required. Records showed that people met the target limits set and we observed people being offered drinks throughout the day.

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

- People had access to a range of healthcare professionals to support their needs. This included GP's, occupational therapy, dieticians, speech and language therapy (SALT), opticians and district nurses.
- One visiting healthcare professional told us the service updated them on any changes to the persons health. They told us their experience of visiting the service was positive and said, "They are always friendly and nice and (person) always seems happy and content."
- Referrals for healthcare support were made promptly where required. One person had been assessed as requiring a pureed diet during a hospital stay. Staff noted the person was eating less and starting to lose weight. A referral for a reassessment from the SALT team was made. This resulted in the person being able to have their food in a normal consistency. Their appetite had increased following this change resulting in their weight increasing.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

- People's legal rights were protected as the principles of the MCA were followed. We observed staff offering people choices and ensuring their decisions were respected throughout our inspection.
- Capacity assessments had been completed for specific decisions including consent to care and people receiving constant supervision from staff.
- Where capacity assessments determined people did not have capacity to make the decision, best interest decisions were recorded. Relatives and others who knew the person well were consulted about best interest decisions as appropriate.
- DoLS applications had been submitted to the local authority as required. Relevant information was provided to assist the local authority in prioritising applications for review.
- Records showed that two people's DoLS' applications had previously been authorised by the local authority for a specific period of time. Re-applications had been submitted although this had been later than the timescales set. The manager showed us evidence they had been in contact with the local authority to discuss guidance around the submission of DoLS and were in the process of developing a system to track applications and conditions. We will review the effectiveness of this during our next inspection.

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 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

- People and their relatives told us they felt staff were caring and treated them with kindness. One person told us, "I'm very happy here. They are all so nice and they give me what I want." Another person said, "I'm very looked after here by all the staff." One relative told us, "All the staff are really nice and friendly. Mum wouldn't want to be anywhere else."
- We observed staff taking time to sit with people and offer reassurance when required. When one person became anxious during the activities staff moved to reassure the person and talked to them about their interests.
- Staff were seen to use appropriate touch such as rubbing people's hand or back when supporting them. When speaking to people staff knelt or sat beside them to make eye contact. Staff talked about people in an affectionate way.
- The service had established links with the local church who visited Epsom Lodge on a regular basis.
- Visitors were made to feel welcome to the service. Staff greeted visitors by name and offered refreshments. One family member told us, "One of us [family members] is here most days. They're very good and we can come anytime."

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

- People were supported by staff who had worked at the service for some time and understood people's needs and communication styles well. Staff were able to demonstrate their knowledge of people's life histories, past occupations and their family involvement.
- People were involved in the care planning process and asked about their preferences. One person told us, "They're always asking me about the paperwork. They do everything I want them to."
- Where appropriate, relatives were involved in people's care. Records showed that family members were informed of any changes to people's well-being and relatives confirmed this was the case. One relative told us, "They always tell us if they've needed to call the GP."
- Staff asked people's permission or informed them of what was going to happen before providing their care. Where people indicated they did not want to be supported staff respected this and returned later.
- People told us they were able to make decisions regarding their day to day routines such as what time they got up and went to bed. One person told us, "Staff come and help me early. I like to be up early." One staff member said, "We have to talk to them and ask them if they're ready to get up, ask what clothes they want to wear, what they want to eat."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and right to privacy. Staff ensured doors to bedrooms and bathrooms were closed when supporting people with their personal care. One staff member told us, "When you go into

someone's room with them you need to make sure the curtains are closed and you won't get interrupted. Give them a towel to cover up. You do what you'd want for yourself."

- We observed staff announced themselves before entering people's rooms and greeted people warmly.
- Where appropriate, people were asked if they would like a key to their bedroom door and records reflected their response.
- People's independence was supported. People were able to move freely around the building without restriction. Care plans contained details of the things people could do independently and areas they required support.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

At our last inspection we found that people's needs were not always responded to effectively and their wishes regarding the care they wanted at the end of their lives was not recorded. At this inspection we found that improvements had been made in these areas. However, we have made a recommendation regarding the activities provided to people.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they felt their needs were met by staff. One person said, "The way I'm looked after here I'll probably carry on forever." Another person told us, "I'd rather be at home but if I can't be I want to be here. I can talk to all the staff."
- People were receiving care in line with their care plans. We observed people's personal care was provided as described in their care plans. The manager had developed summary information regarding people's daily routines and the care they required. In addition, more detailed recording of people's personal care was maintained by staff.
- Care plans had been reviewed and adjustments made where required. However, this had led to small contradictions which presented a risk of people not receiving the care they required. The manager ensured these concerns were addressed during the inspection.
- Improvements in the care people received had been made as a result of care plan reviews such as people's seating changed to ensure they were more comfortable.
- People had access to both individual and group activities. During the inspection we observed staff move between people trying to engage them in activities such as looking at books, magazines, chatting about television programmes or playing bingo and board games. Staff ensured that the resources available were in line with people's interests. One person was interested in the royal family and had a range of books to look through on this subject. Daily records reflected that these were common activities for people and more creative ideas to support people's interests may be of benefit. The manager shared a number of ideas they were looking to implement to ensure people past lives and interests were fully incorporated into their daily routines. These included developing personalised memory boxes and providing one person who enjoyed administration tasks with an office area
- External activities staff visited the service regularly and people clearly enjoyed the group activities offered. These included quizzes, silent discos, ball games, musicians and exercises.
- One person had their own television in the lounge area as they liked to choose the programmes they watched. However, this led to it being difficult for people to hear either television. One person told us they found this frustrating although staff had not identified this as a concern. The manager assured us they would look at ways to resolve this.
- People did not have regular access to community activities. Staff told us in the summer months people may go for local walks or day trips although this was not part of the day to day routine of the service.

We recommend that the range of activities available to people are reviewed, including community activities.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which gave clear guidance how complaints could be made and how they would be responded to.
- People and their relatives told us they would feel comfortable in raising any concerns with the manager or provider. One relative told us, "If there was anything Mum would tell us and we would tell them. They're very approachable and would deal with anything."
- The service had not received any complaints since our last inspection.

End of life care and support

- Care plans regarding the support people wanted to receive at the end of their life had been developed. These contained basic information in relation to people's wishes such as where they wished to be, any religious preferences and who they wanted to be informed. Where appropriate families had been involved in this process.
- The manager acknowledged that the information currently in place would benefit from being developed to include more personalised information and told us this was an area they were continuing to work on.
- The service had received messages of gratitude from relatives regarding the care their families had received at the end of their life.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

At our previous 6 inspections in April and September 2016, March and October 2017 and March and October 2018 we have identified a breach of regulation 17 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service. This related to a lack of management oversight of the service and the failure to ensure robust auditing processes were in place to identify and improve any shortfalls in the service. In addition, at our last inspection we found the provider had failed to clearly display the rating which had last been awarded by the CQC in line with their statutory responsibilities.

At this inspection we found that although improvements had been made throughout the service these had not always been actioned in a timely manner and that auditing systems were not always robust

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There had been no registered manager in post since July 2016 which meant the conditions of the providers registration had not been met. A manager had recently been employed at the service and evidence of them starting the registration process with the CQC was provided. We will closely monitor the management provision and registration process to ensure this condition is met going forward.
- As reported, improvements had been made in all areas of the service. However, many of the improvements noted had been recently implemented by the new manager who had only been in post a short time. This meant the provider had not ensured concerns identified during the last inspection had been promptly addressed following feedback and receipt of the report. This included areas of concern such as medicines management, the development of end of life care plans, robust oversight of personal care and a full review of risk management plans.
- Following previous enforcement action additional conditions had been placed on the providers registration requiring regular updates to action plans to be submitted to the CQC. At our last inspection we reported these had not been submitted as regularly as required. Since this time action plans have been submitted in a timely manner. However, these were not always fully updated to clarify if deadlines for improvements had been achieved. During the inspection the provider acknowledged a new action plan was required to support the manager in taking the service forward.
- Although audit systems had improved and checks were being completed more regularly, there were still shortfalls in processes to ensure that the quality of the service provided was comprehensively monitored on a regular basis. The provider had not ensured a full audit schedule had been developed with the frequency of different audits stipulated.

- Audit systems were not always effective in identifying concerns. For example, medicines audits had not identified the shortfalls found by the audit completed by the consultant for the service, care plan audits had not identified the contradictions found in care records or the late submissions of DoLS applications. Whilst these concerns have now been rectified it is important to ensure that going forward audit tools are fit for purpose.
- The provider had ensured notifications of significant events had been forwarded to CQC in line with their regulatory responsibilities.
- The provider demonstrated a greater understanding of their responsibilities in areas including health and safety and maintenance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Meetings to discuss the service and any additional support required had not been consistently held with people, residents and staff. Records showed that until the appointment of the new manager no resident, relative or staff meetings had taken place since before our last inspection. The manager had implemented a meetings schedule and initial meetings had been held with staff. A planned resident and relatives meeting took place on the day of the inspection.

The failure to ensure the quality of the service was continually monitored, that systems to review action plans were in place and that meetings to feedback opinions about the service were regularly held was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, relatives and staff told us the manager was having a positive influence on the service and in supporting the provider. One person told us, "I think they do very well all of them." One relative told us, "They're obviously working very hard and it's good to meet [manager]. She's very friendly." One staff member told us, "Things slowed down with not having a manager but even during the short time [name] has been here we've learnt a lot. Daily notes are more detailed now and we understand care plans more."
- Satisfaction questionnaires were completed by people and their relatives. All completed surveys contained positive feedback regarding the service provided.
- The rating awarded following our last inspection was clearly displayed in the entrance to the service.

Working in partnership with others

- The manager had ensured that links with health and social care professionals made in previous roles were being utilised. These links were proving useful in ensuring the manager was able to seek advice and support in developing the service their own skills.
- Links with the local church and external entertainers were also in place.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure the quality of the service was continually monitored, that systems to review action plans were in place and that meetings to feedback opinions of the service were regularly held.</p>